

Performance Annual Drug List

January 2027

This drug list (also known as a formulary) corresponds with the following plans:

Blue Advantage HMO, Blue Advantage Value Choice HMO

This drug list was last updated on 01/01/2027. The drug list is subject to change, and all previous versions of the drug list are no longer in effect. Please consider talking to your doctor about prescribing preferred prescription drugs, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate drug for you. Please visit **bcbsil.com** or **myprime.com** for the most up-to-date information.

To find a contracting pharmacy, please access the link below:

<https://www.myprime.com/en/find-pharmacy.html>

For specific benefit information, log in to your online member account at **bcbsil.com** or **myprime.com**, or call the customer service number on your member ID card.

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Informational Section

This drug list (also known as a formulary) is a list of prescription drugs that are covered by your health insurance policy under the prescription drug benefit of the policy.

Members are encouraged to show this list to their physicians and pharmacists. Physicians are encouraged to prescribe drugs on this list, when right for the member. However, decisions regarding therapy and treatment are always between members and their physician.

Drug list updates – This list is regularly updated as generic drugs become available and changes take place in the pharmaceuticals market. For the most up-to-date information, visit **myprime.com** or **bcbsil.com** and log in to Blue Access for MembersSM or call the number on your ID card. Physicians can access the list from the provider portal at **bcbsil.com**.

How drugs are selected

Drugs on this list are selected based on the recommendations of a committee made up of physicians and pharmacists from throughout the country. The committee, which includes at least one representative from BCBSIL, reviews drugs regulated by the U.S. Food and Drug Administration (FDA).

Both drugs that are newly approved by the FDA as well as those that have been on the market for some time are considered. Drugs are selected based on safety, efficacy, cost and how they compare to other drugs currently on the list. Newly marketed drugs may not be covered until the committee has had an opportunity to evaluate based on these criteria.

Definitions

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

"Allowed amount" is the maximum amount on which the health insurance issuer bases its payment for a covered health care service. This may be called "eligible expense", "payment allowance", or "negotiated rate". If your health care provider charges more than the allowed amount and is not part of the provider network, you may have to pay the difference.
"Brand name drug" is a drug that is marketed under a proprietary, trademark protected name. The brand name drug must be listed in all capital letters.
"Coinsurance" is a percentage of the cost of a covered health care service, which you are responsible to pay. The cost of the covered health care service is generally deemed to be the allowed amount, which may differ from the retail price that you would pay for the same service without using insurance. If your health product has a coinsurance, it typically does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.
"Copayment" is a fixed dollar amount that you pay for a covered health care service. If your health product has a copayment, it typically does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.
"Covered individual" is an individual enrolled in, subscribed to, or insured under a health product, whether directly or as a dependent or beneficiary.

"Deductible" is the amount you pay for covered health care services before your health product begins payment for all or part of the cost of the health care service under the terms of coverage. If your health product has a deductible, it may have either one deductible or separate deductibles for medical benefits and drug benefits. For some health care services, such as preventive services, the health insurance issuer might waive or lower the deductible to pay for costs of the health care service from the first dollar of coverage, but this tends not to happen for most other covered services.
"Drug Tier" is a group of drugs that corresponds to a specified cost sharing tier in the health product's drug coverage. The tier in which a drug is placed determines your portion of the cost for the drug.
"Exception request" is a request for coverage of i) a nonformulary drug, ii) a drug being removed from the formulary or iii) a quantity of a drug above a quantity limit. If you, your designee, or your attending or prescribing health care provider submits an exception request for coverage of a drug, the health insurance issuer must cover the drug when the drug is determined to be medically necessary to treat your condition.
"Exigent circumstances" are when you are suffering from a health 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 nonformulary drug.
"Formulary" is the complete list of drugs preferred for use and eligible for coverage under a health product, and includes all drugs covered under the outpatient or pharmacy drug benefit of the health product. Formulary is also known as a drug list or prescription drug list.
"Generic drug" is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.
"Nonformulary drug" is a drug that is not listed on the health product's formulary as a covered drug, but may become eligible for coverage under an "exception request".
"Out-of-pocket cost" is copayments, coinsurance, and the applicable deductible, plus all costs for health care services that the health product does not cover.
"Prescribing provider" is a health care provider authorized to write a prescription to treat your health condition.
"Prescription" is an oral, written, or electronic order by a prescribing provider for you that contains the name of the drug, the quantity of the drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by you, the health condition or purpose for which the drug is being prescribed.
"Prescription drug" is a drug that is prescribed by your prescribing provider and requires a prescription under applicable law.
"Prior Authorization" is a health product's requirement that you or your prescribing provider obtain the health insurance issuer's authorization for a drug before the health product will cover the drug. The health insurance issuer must grant a prior authorization when it is determined medically necessary for you to obtain the drug.

How to use this list

How do I find a drug on this list?

Each covered prescription drug is listed alphabetically under the column titled “Drug Name” by its brand or generic name under the therapeutic category and class to which it belongs. This drug list uses the U.S. Pharmacopeia (USP) classification system.

To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

Generic drugs are shown in lower-case **boldface** and *italicized* type.

Example: ***icatibant acetate subcutaneous soln pref syr 30 mg/3 ml***

- If the generic equivalent of a brand-name drug is both available and covered, the generic drug will be listed separately from the brand-name drug. If the brand-name drug is not covered, only the generic drug may be listed.
- When a generic drug is marketed with a brand name, the brand-name drug will be listed after the generic drug name in (parentheses) and in all CAPITAL letters. The generic drug will be listed in regular typeface with the first letter of each word Capitalized.

Example: Oxycodone W/ Acetaminophen Tab 5-325 mg (ENDOCET)

Brand-name drugs are shown in all CAPITAL letters followed by the generic drug name, formulation and strength in (parentheses) and lower-case **boldface** and *italicized* type.

Example: MAVYRET (***glecaprevir-pibrentasvir tab 100-40 mg***)

What are drug tiers?

Drugs are placed into drug tiers based on defined categories. Generally, each drug is placed into one of these member payment tiers:

Drug Tier	Description
p	Preferred Generic
np	Non-Preferred Generic
P	Preferred Brand
NP	Non-Preferred Brand

Based on your health product's drug coverage, drugs can either be in these tiers or you may have fewer tiers, e.g. all generics in one tier. Some brands may be placed in generic tiers and some generics may be placed in brand tiers. Specialty drugs can be in any of these tiers and are marked with an "SP" in the "Coverage Requirements and Limits" column.

Drugs that are also marked with a “ + ” indicate group-specific coverage. Please see your benefit plan materials for coverage details, or call the number on your ID card.

Note: Covered substance use disorder drugs (those FDA- approved for treatment of opioid drug abuse, alcohol abuse and to quit tobacco use) may be in the lowest tiers. Substance use disorder brand drugs may be in the lowest brand tier and generic drugs in the lowest generic tier, based on your benefit plan. These drugs are those with such active ingredients as buprenorphine-naloxone, nalmefene, naltrexone, lofexidine, naloxone, disulfiram, acamprosate, bupropion (smoking deterrent), varenicline and nicotine replacement therapy.

Please refer to the ACA Preventive (ACA) section for drugs marked with an "AC" in the Coverage Requirements and Limits column. More information about other prescription drugs with \$0 or reduced cost share can be found in the Coverage Considerations section.

The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in your specific health product's benefit information. Visit **myprime.com** or **bcbsil.com** and log in to Blue Access for Members. To verify your payment amount for a drug, check your benefits in your online member account or call the number on your ID card. For covered prescription drugs, members will pay at the pharmacy equal to or less than the cost sharing amount owed or retail price of a drug without prescription drug coverage.

Your pharmacy benefit includes coverage for many prescription drugs, although some exclusions may apply. For example, drugs indicated for cosmetic purposes, e.g., Propecia, for hair growth, may not be covered. Drugs that have not received FDA approval may not be covered. Prescription products that have over-the-counter (OTC) equivalents may not be covered. Drugs that are not FDA-approved for self-administration or vaccines may be available through your medical benefit. Check your plan materials for details. Some prescription drugs covered under your pharmacy benefit(s) may need to be filled at a pharmacy that carries your drug.

Drugs used to treat multiple conditions

Some drugs in the same dosage form may be used to treat more than one medical condition. In these instances, each medication is classified according to its first FDA-approved use. Please check the index if you do not find your particular drug in the class/condition section that corresponds to your use.

Please note: Drugs that need a health care provider to administer them and are often given to you in a hospital, doctor's office or other health care setting may be covered under your medical benefit. Some types of these drugs are contraceptive implants and chemo infusions. If you are taking or are prescribed a drug that is not on this drug list, call the number on your ID card to see if the drug may be covered.

Generic drugs

Using generic drugs, when right for you, can help you save on your out-of-pocket drug costs. Generic drugs must be approved by the FDA just as brand drugs are, and must meet the same standards.

There are two types of generic drugs:

- A **generic equivalent** is made with the same active ingredient(s) at the same dosage as the reference drug.
- A **generic alternative** is a drug typically used to treat the same condition, but the active ingredient(s) differs from the brand drug.

According to the FDA, compared to its brand counterpart, an FDA-approved generic drug:

- Is chemically the same
- Works just as well in the body
- Is as safe and effective
- Meets the same standards set by the FDA

The main difference between the reference brand drug and the generic equivalent is that the generic often costs much less.

Brand drugs may be excluded or moved to a higher tier on the drug list after a generic equivalent becomes available. You may be responsible for the applicable member cost share payment amount (copay or coinsurance) *plus* the difference in cost between the brand and generic equivalent if you or your doctor requests the reference brand rather than the generic. Generic drugs usually have the lowest member payment amount.

Consider talking to your doctor about generic drugs

If your doctor writes a prescription for a brand drug that does not have a generic equivalent, consider asking if an appropriate generic alternative is available.

You can also let your pharmacist know that you would like a generic equivalent for a brand drug, whenever one is available. Your pharmacist can usually substitute a generic equivalent for its brand counterpart without a new prescription from your doctor.

Only your doctor can determine whether a generic alternative is right for you and must prescribe the drug.

Coverage considerations

Most prescription drug benefit plans provide coverage for up to a 30-day supply of prescription drugs, with some exceptions. Your plan may also provide coverage for up to a 90-day supply of maintenance medications. Maintenance medications are those drugs you may take on an ongoing basis for conditions such as high blood pressure, diabetes or high cholesterol. Some plans may exclude coverage for certain agents or drug categories, like those used for erectile dysfunction or weight loss. Also, some drugs may only be covered for members within a certain age range due to the drug being used for cosmetic purposes or for safety concerns. Drug coverage may be limited to recommendations based on FDA-approved labeling and recognized evidence-based or clinical practice guidelines.

Over-the-counter exclusions: Your benefit plan does not provide coverage for prescription drugs that have an over-the-counter version. You should refer to your benefit plan materials for details about your particular benefits.

Compounded medications: Your benefit plan does not provide coverage for compounded medications. Please see your plan materials or call the number on your ID card to determine whether compounded medications are covered and/or verify your payment amount.

Repackaged medications: Repackaged versions of medications already available on the market are not covered.

Non FDA-approved drugs: Drugs that have not received FDA approval are not covered.

Prior Authorization (PA): Your benefit plan may require prior authorization for certain drugs. This means that your doctor will need to submit a prior authorization request for coverage of these prescriptions, and the request will need to be approved, before the drug may be covered under your plan. Your doctor can find forms on our provider website at bcbsil.com/provider or call the number on your ID card to start the process. For the drugs listed in this document, if a prior authorization is commonly required, it will generally be noted next to the drug with a "PA" under the Coverage Requirements and Limits column. Members with a Type 2 diabetes diagnosis in their medical history may not require a prior authorization for a continuous glucose monitor (CGM), even if noted. Some plans may have prior authorization on additional drugs beyond those noted in this document. Refer to your benefit plan materials for details about your particular benefits.

A prior authorization approval will be valid for the lesser of six months, the length of treatment determined by the covered individual's prescribing provider, or the renewal of the plan. (This does not apply to benzodiazepines, Schedule II narcotic drugs and maintenance medications to treat a chronic or long-term condition). For maintenance medications to treat a chronic or long-term condition, a prior authorization approval will be valid for the lesser of 12 months or the length of treatment determined by the covered individual's prescribing provider.

If BCBSIL fails to respond to a prior authorization request using the uniform electronic prior authorization form within 72 hours of receiving a non-urgent request and 24 hours of receiving an urgent request, the request is deemed granted.

Dispensing Limits (DL)/Quantity Limits (QL): Drug Dispensing limits help encourage prescription drug use as intended by the FDA. Dispensing limits are placed on drugs in certain drug categories. For the drugs listed in this document, if a dispensing limit applies, it will generally be noted next to the drug with a "QL" under the Coverage Requirements and Limits column. Limits may include: quantity of covered medication per prescription or quantity of covered medication in a given time period. If your doctor prescribes a greater quantity of medication than what the dispensing limit allows, you can still get the medication. However, you may be responsible for the full cost of the prescription beyond what your coverage allows. *Some plans may have a dispensing limit on additional drugs beyond those noted in this document. For a list of prescription drugs and their dispensing limits, visit myprime.com or bcbsil.com.

*Please note: For certain controlled substance medications, some state laws may not allow coverage by a health benefit plan of such drugs if dispensed in a quantity beyond what the dispensing limit allows. You will be responsible for the full cost of the prescription with no benefits applied if the dispensed quantity exceeds the dispensing limit.

Limited Distribution (LD): Medicines marked as "LD" in the Coverage Requirements and Limits column may only be available at select pharmacies. You may need to fill your prescription at a pharmacy that carries your prescription.

Cost Waived (CW): Based on your benefit plan, medicines marked with a "CW" in the Coverage Requirements and Limits column are mandated in state of Illinois to have \$0 member cost-sharing (copay or coinsurance amount). Coverage may vary based on benefit plan. To verify your payment amount for a drug, visit myprime.com or bcbsil.com and log in to your online member account or call the number on your ID card.

Illinois Code Compliance (IC): Prescription drugs marked with "IC" in the Coverage Requirements and Limits column are regulated by the Illinois Insurance Code. These products may have limited or \$0 member cost-sharing (copay or coinsurance amount), when meeting the conditions as outlined under the regulation and filled at a participating pharmacy. Coverage may vary based on benefit plan.

Oral Cancer Medications (OC): These prescribed cancer medications that are taken orally have the same guidelines as injectable or physician-administered cancer medications. Medications marked with "OC" in the Coverage Requirements and Limits column have a maximum limit on the member cost-sharing (copay/coinsurance) amount. See your benefit plan for more info.

ACA Preventive (ACA): Medicines marked as "AC" in the Coverage Requirements and Limits column are under the Affordable Care Act coverage of preventive services. These products have limited or \$0 member cost-sharing (copay or co-insurance), when meeting the conditions as outlined under the regulation. Coverage may vary based on benefit plan.

You, or your prescribing health care provider, can submit a copay waiver or coverage exception request for ACA preventive medicines with or without the "AC" indicator and medicines on the No-Cost Preventive Drug List or Contraceptive Drug List by calling the number on your ID card to ask for a review. Copay waiver and coverage exception forms for your provider to fill out are available at bcbsil.com/provider or myprime.com. If you meet the conditions as outlined under the ACA regulations, these products may have \$0 member cost-sharing (copay or coinsurance) when obtained from a participating pharmacy. BCBSIL will let you, and your prescriber, know the coverage decision after they receive your request. If the request is denied, BCBSIL will let you and your prescriber know why it was denied and offer you a covered alternative drug (if applicable).

Illinois mandated \$0 cost share products: Based on your benefit plan, abortifacient medication, hormonal therapy for gender dysphoria, HIV preexposure prophylaxis and/or post-exposure prophylaxis, and/or opioid antagonist drug(s) have \$0 member cost-sharing (copay or coinsurance) when obtained from a participating pharmacy. Members with a High Deductible Health Plan (HDHP), designed for use with a Health Savings Account (HSA), may need to first meet their deductible before \$0 member cost-sharing begins. To verify your payment amount for a drug, visit MyPrime.com or bcbsil.com and log in to your online member account, or call the number on your ID card to request payment amount or information on a copay waiver exception.

Remember, medication decisions are between you and your doctor. Only you and your doctor can determine which prescription drug is right for you. Discuss any questions or concerns you have about drugs you are taking or are prescribed with your doctor. BCBSIL does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Pharmacies

Participating retail pharmacies

You can fill prescriptions for up to a 30-day supply, with some exceptions, at any participating (network) pharmacy. Your health product and plan benefits may provide coverage for up to a 90-day supply of maintenance medications at select retail pharmacies. To find a network retail pharmacy, visit <https://www.myprime.com/en/find-pharmacy.html>.

Home delivery

Your health product and plan benefits may provide coverage for up to a 90-day supply of maintenance medications through home delivery. With home delivery, you can enjoy the ease of having your 90-day supply maintenance drugs delivered anywhere in the U.S. To verify your plan benefits and find a network home delivery pharmacy service, visit MyPrime.com or bcbsil.com and log in to your online member account.

Specialty drugs

Specialty drugs are used to treat complex, chronic or rare medical conditions. They are only available at select pharmacies due to their limited or exclusive access. They have special handling and storage needs. Patients need to follow a clinical care plan that often changes dosing, monitors clinical results and/or offers counseling, education or individualized disease and drug care therapy. Specialty drugs may be oral, topical or injectable medications that can either be self-administered or administered by a health care provider. Drugs given by a provider are not covered under the pharmacy benefit. For a current list of specialty drugs, visit **myprime.com** or **bcbsil.com** and log in to Blue Access for Members.

Note that some drug classes may be excluded by some plans and may not be covered under your pharmacy benefit. If you have questions about your coverage for specialty drugs or your prescription drug benefit, call the number on your ID card.

Blue Cross and Blue Shield of Illinois, is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross Blue Shield Association. BCBSIL contracts with a separate company, Prime Therapeutics LLC, to provide pharmacy solutions. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

MyPrime.com is a pharmacy benefit website offered by Prime Therapeutics LLC.

Abbreviation key

aer	aerosol	nebu	nebulizer
cap	capsules	odt	orally disintegrating tabs
chew	chewable	oint	ointment
conc	concentrate	ophth	ophthalmic
cr	controlled release	osm	osmotic release
dr	delayed release	pack	packets
ec	enteric coated	powd	powder
equiv	equivalent	pttw	twice-weekly patch
er	extended release	sl	sublingual
gm	gram	soln	solution
inhal	inhaler	suppos	suppositories
inj	injection	susp	suspension
liqd	liquid	tab	tablets
mg	milligram	td	transdermal
ml	milliliter	w/	with

Exception Process

You, your prescribing health care provider, or your authorized representative, can ask for a Drug List exception if your drug is not on (or is being removed from) the Drug List. To request this exception, you, your prescriber, or your authorized representative, can call the number on your ID card to ask for a review. BCBSIL will let you, your prescriber (or authorized representative) know the coverage decision within 72 hours after they receive your request. If the coverage request is approved, BCBSIL will provide coverage for 12 months following the date of approval or until renewal of the plan. If the coverage request is denied, BCBSIL will let you and your prescriber (or authorized representative) know why it was denied and offer you a covered alternative drug (if applicable).

If you have a health condition that may jeopardize your life, health or keep you from regaining function, or your current drug therapy uses a non-covered drug, you, your prescriber, or your authorized representative, may be able to ask for an expedited review process. BCBSIL will let you, your prescriber (or authorized representative) know the coverage decision within 24 hours after they receive your request for an expedited review. If the coverage request is approved, BCBSIL will provide coverage for 12 months following the date of approval or until renewal of the plan. If the coverage request is denied, BCBSIL will let you and your prescriber (or authorized representative) know why it was denied and offer you a covered alternative drug (if applicable). Call the number on your ID card if you have any questions.

You, your prescribing health care provider, or your authorized representative, can ask for a tier exception to continue coverage on the existing tier if your drug is placed on a less preferred or higher cost-sharing tier during the plan year. To request this tier exception, you, your prescriber, or your authorized representative, can call the number on your ID card to ask for a review. BCBSIL will let you, your prescriber, or authorized representative (as applicable) know the coverage decision within 72 hours after they receive your request. If the tier exception request is approved, BCBSIL will provide coverage at the existing tier for 12 months following the date of approval or until renewal of the plan.

For more information about requesting a coverage exception and the appeal process, visit <https://www.bcbstil.com/member/transparency-in-coverage>

If you or your prescriber are asking for a copay waiver or coverage exception request for an ACA preventive product, please see the ACA preventive section.



BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

300 East Randolph Street
Chicago, IL 60601

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	855-661-6965
300 E. Randolph St., 35th Floor	Fax:	855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services	Phone:	800-368-1019
200 Independence Avenue SW	TTY/TDD:	800-537-7697
Room 509F, HHH Building	Complaint Portal:	
Washington, DC 20201	ocrportal.hhs.gov/ocr/smartscreen/main.jsf	
	Complaint Forms:	
	hhs.gov/civil-rights/filing-a-complaint/index.html	

This notice is available on our website at bcbsil.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.

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300 East Randolph Street
Chicago, IL 60601

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和 服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供 商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. ચોક્કસ ઓકિંગલરી સહાય અને એક્સસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
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Diné Navajo	SHOOH: Diné bee yáníłtí'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahíł hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'gígíí éí t'áá jiik'eh hóló. Kohjíl' 855-710-6984 (TTY: 711) hodíłłnih doodago nika'análwo'í bich'í' hanidziih.
فارسی Farsi	توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 855-710-6984 (تله تابی: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomocę i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
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Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون اعداد اور خدمات بھی مفت دستیاب ہیں۔ 855-710-6984 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng để tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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Drug Name	Tier	Coverage Requirements and Limits
Analgesics (Drugs for Pain)		
Nonsteroidal Anti-inflammatory Drugs (Pain and Arthritis Drugs)		
<i>celecoxib cap 50 mg, 100 mg, 200 mg</i>	p	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg</i>	np	QL (30 capsules/30 days)
<i>diclofenac potassium tab 50 mg</i>	p	
<i>diclofenac sodium soln 1.5%</i>	np	QL (2 bottles/30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	np	
<i>diclofenac sodium tab delayed release 50 mg, 75 mg</i>	p	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	np	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	np	
<i>diflunisal tab 500 mg</i>	np	
<i>etodolac cap 200 mg, 300 mg</i>	np	
<i>etodolac tab er 24hr 400 mg, 500 mg, 600 mg</i>	np	
<i>etodolac tab 400 mg</i>	np	
<i>etodolac tab 500 mg</i>	np	
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	np	
HYDROCODONE/IBUPROFEN (hydrocodone-ibuprofen tab 5-200 mg, 10-200 mg)	NP	
<i>ibuprofen tab 400 mg, 600 mg, 800 mg</i>	p	
<i>Ibuprofen Tab 400 mg (IBU), 600 mg (IBU), 800 mg (IBU)</i>	p	
<i>indomethacin cap er 75 mg</i>	p	
<i>indomethacin cap 25 mg, 50 mg</i>	p	
<i>ketorolac tromethamine tab 10 mg</i>	p	QL (20 tablets/30 days)
<i>meloxicam tab 7.5 mg, 15 mg</i>	p	
<i>nabumetone tab 500 mg, 750 mg</i>	p	
<i>naproxen sodium tab 275 mg, 550 mg</i>	np	
<i>naproxen tab 250 mg, 375 mg, 500 mg</i>	p	
<i>oxaprozin tab 600 mg</i>	np	
<i>piroxicam cap 10 mg, 20 mg</i>	np	
<i>sulindac tab 150 mg, 200 mg</i>	p	
Opioid Analgesics, Long-acting (Long-acting Narcotic Pain Relievers)		
BELBUCA (buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent))	P	QL (60 films/30 days)
<i>buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)</i>	np	

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Drug Name	Tier	Coverage Requirements and Limits
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	np	QL (15 patches/30 days)
hydromorphone hcl liqd 1 mg/ml	np	
hydromorphone hcl tab 2 mg, 4 mg	p	
hydromorphone hcl tab 8 mg	np	
methadone hcl conc 10 mg/ml	np	
methadone hcl soln 5 mg/5ml	np	
methadone hcl soln 10 mg/5ml	np	
methadone hcl tab for oral susp 40 mg	np	
methadone hcl tab 5 mg	p	
methadone hcl tab 10 mg	np	
MORPHINE SULFATE (morphine sulfate tab 15 mg, 30 mg)	P	
MORPHINE SULFATE (morphine sulfate oral soln 10 mg/5ml, 20 mg/5ml)	P	
morphine sulfate oral soln 10 mg/5ml, 20 mg/5ml	p	
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	np	
morphine sulfate tab er 15 mg, 30 mg, 60 mg	np	QL (90 tablets/30 days)
morphine sulfate tab er 100 mg, 200 mg	np	QL (90 tablets/30 days)
morphine sulfate tab 15 mg	p	
morphine sulfate tab 30 mg	np	
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	np	
oxycodone hcl soln 5 mg/5ml	np	
oxycodone hcl tab 5 mg, 10 mg	p	
oxycodone hcl tab 15 mg, 30 mg	np	
oxycodone hcl tab 20 mg	np	
oxycodone w/ acetaminophen tab 2.5-325 mg	np	
Oxycodone W/ Acetaminophen Tab 2.5-325 mg (ENDOCET)	np	
oxycodone w/ acetaminophen tab 5-325 mg	p	
Oxycodone W/ Acetaminophen Tab 5-325 mg (ENDOCET)	p	
oxycodone w/ acetaminophen tab 7.5-325 mg, 10-325 mg	np	
Oxycodone W/ Acetaminophen Tab 7.5-325 mg (ENDOCET), 10-325 mg (ENDOCET)	np	
oxymorphone hcl tab 5 mg, 10 mg	np	
TRAMADOL HCL ER (tramadol hcl tab er 24hr biphasic release 200 mg, 300 mg)	NP	QL (30 tablets/30 days)
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	np	QL (30 tablets/30 days)
tramadol hcl tab 50 mg	p	QL (240 tablets/30 days)
XTAMPZA ER (oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg)	P	QL (240 capsules/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
Opioid Analgesics, Short-acting (Short-acting Narcotic Pain Relievers)		
acetaminophen w/ codeine tab 300-15 mg, 300-30 mg	p	
acetaminophen w/ codeine tab 300-60 mg	np	
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5ml)	NP	QL (2700 mls/30 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	np	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	np	
Butalbital-aspirin-caff W/ Codeine Cap 50-325-40-30 mg (ASCOMP/ CODEINE)	np	
butorphanol tartrate nasal soln 10 mg/ml	np	QL (5 mls/30 days)
CODEINE SULFATE (codeine sulfate tab 15 mg, 60 mg)	NP	
codeine sulfate tab 30 mg	np	
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	np	QL (15 patches/30 days)
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	p	
Hydrocodone Bitart-homatropine Methylbrom Soln 5-1.5 mg/5ml (HYDROMET)	p	
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	np	
HYDROCODONE BITARTRATE/AC (hydrocodone-acetaminophen tab 2.5-325 mg)	P	
HYDROCODONE BITARTRATE/AC (hydrocodone-acetaminophen soln 10-300 mg/15ml)	NP	
HYDROCODONE POLISTIREX/CH (hydrocod polst-chlorphen polst er susp 10-8 mg/5ml)	NP	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	np	
hydrocodone-acetaminophen tab 10-325 mg, 5-325 mg, 7.5-325 mg	p	
hydrocodone-ibuprofen tab 7.5-200 mg	np	
HYDROCODONE/IBUPROFEN (hydrocodone-ibuprofen tab 5-200 mg, 10-200 mg)	NP	
hydromorphone hcl liqd 1 mg/ml	np	
hydromorphone hcl tab 2 mg, 4 mg	p	
hydromorphone hcl tab 8 mg	np	
methadone hcl conc 10 mg/ml	np	
methadone hcl soln 5 mg/5ml	np	
methadone hcl soln 10 mg/5ml	np	
methadone hcl tab for oral susp 40 mg	np	
methadone hcl tab 5 mg	p	
methadone hcl tab 10 mg	np	
MORPHINE SULFATE (morphine sulfate tab 15 mg, 30 mg)	P	

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Drug Name	Tier	Coverage Requirements and Limits
MORPHINE SULFATE (<i>morphine sulfate oral soln 10 mg/5ml, 20 mg/5ml</i>)	P	
<i>morphine sulfate oral soln 10 mg/5ml, 20 mg/5ml</i>	p	
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	np	
<i>morphine sulfate tab er 15 mg, 30 mg, 60 mg</i>	np	QL (90 tablets/30 days)
<i>morphine sulfate tab er 100 mg, 200 mg</i>	np	QL (90 tablets/30 days)
<i>morphine sulfate tab 15 mg</i>	p	
<i>morphine sulfate tab 30 mg</i>	np	
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	np	
<i>oxycodone hcl soln 5 mg/5ml</i>	np	
<i>oxycodone hcl tab 5 mg, 10 mg</i>	p	
<i>oxycodone hcl tab 15 mg, 30 mg</i>	np	
<i>oxycodone hcl tab 20 mg</i>	np	
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	np	
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	p	
<i>oxycodone w/ acetaminophen tab 7.5-325 mg, 10-325 mg</i>	np	
<i>oxymorphone hcl tab 5 mg, 10 mg</i>	np	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	p	
TRAMADOL HCL ER (<i>tramadol hcl tab er 24hr biphasic release 200 mg, 300 mg</i>)	NP	QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg</i>	np	QL (30 tablets/30 days)
<i>tramadol hcl tab 50 mg</i>	p	QL (240 tablets/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	p	
Anesthetics (Drugs for Numbing)		
Local Anesthetics (Skin Numbing Drugs)		
<i>lidocaine hcl soln 4%</i>	np	QL (150 mls/30 days)
<i>lidocaine hcl viscous soln 2%</i>	p	
<i>lidocaine oint 5%</i>	p	PA, QL (100 grams/30 days)
<i>lidocaine patch 5%</i>	np	PA, QL (90 patches/30 days)
Lidocaine Patch 5% (LIDOCAN), 5% (TRIDACAINE II), 5% (TRIDACAINE III), 5% (TRIDACAINE XL), 5% (TRIDACAINE)	np	PA, QL (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	p	QL (60 grams/30 days)
Anti-Addiction/ Substance Abuse Treatment Agents (Drugs for Addiction/Substance Abuse)		
Alcohol Deterrents/Anti-craving (Drugs for Alcohol Dependence)		
<i>acamprosate calcium tab delayed release 333 mg</i>	np	
<i>disulfiram tab 250 mg, 500 mg</i>	np	
<i>naltrexone hcl tab 50 mg</i>	np	

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Drug Name	Tier	Coverage Requirements and Limits
Opioid Dependence (Drugs for Opioid Dependence)		
BELBUCA (<i>buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)</i>)	P	QL (60 films/30 days)
<i>buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)</i>	np	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv)</i>	np	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv), 8-2 mg (base equiv)</i>	np	
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	p+	
LUCEMYRA (<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>)	P+	
<i>methadone hcl conc 10 mg/ml</i>	np	
Methadone Hcl Conc 10 mg/ml (METHADONE HYDROCHLORIDE INTENSOL)	np	
<i>methadone hcl soln 5 mg/5ml</i>	np	
<i>methadone hcl soln 10 mg/5ml</i>	np	
<i>methadone hcl tab for oral susp 40 mg</i>	np	
Methadone Hcl Tab For Oral Susp 40 mg (METHADOSE)	np	
<i>methadone hcl tab 5 mg</i>	p	
<i>methadone hcl tab 10 mg</i>	np	
<i>naltrexone hcl tab 50 mg</i>	np	
SUBOXONE (<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv)</i>)	P+	
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq), 1.4-0.36 mg (base eq), 2.9-0.71 mg (base eq), 5.7-1.4 mg (base eq), 8.6-2.1 mg (base eq), 11.4-2.9 mg (base eq)</i>)	P+	
Opioid Reversal Agents (Drugs for Opioid Overdose)		
KLOXXADO (<i>naloxone hcl nasal spray 8 mg/0.1ml</i>)	P	CW
<i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i>	p	CW
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	p+	CW
Naloxone Hcl Nasal Spray 4 mg/0.1ml (FT NALOXONE HYDROCHLORIDE), 4 mg/0.1ml (GNP NALOXONE HYDROCHLORIDE), 4 mg/0.1ml (NARCAN)	p+	CW
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	p	CW
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	np	CW
NALOXONE HYDROCHLORIDE (<i>naloxone hcl soln cartridge 0.4 mg/ml</i>)	NP	CW
OPVEE (<i>nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)</i>)	P	CW

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Drug Name	Tier	Coverage Requirements and Limits
REXTOVY (<i>naloxone hcl nasal spray 4 mg/0.25ml</i>)	P	CW
REZENOPY (<i>naloxone hcl nasal spray 10 mg/0.11ml</i>)	P	
ZURNAL (<i>nalmefene hcl soln auto-injector 1.5 mg/0.5ml (base equiv)</i>)	P	
Smoking Cessation Agents (Drugs to Help Quit Smoking)		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	np	AC, IC
nicotine polacrilex gum 2 mg, 4 mg	np	AC, IC
Nicotine Polacrilex Gum 2 mg (CVS NICOTINE POLACRILEX STARTER), 2 mg (CVS NICOTINE POLACRILEX), 2 mg (CVS NICOTINE), 2 mg (EQ NICOTINE POLACRILEX), 2 mg (FT NICOTINE), 2 mg (GNP NICOTINE GUM), 2 mg (GNP NICOTINE POLACRILEX), 2 mg (GOODSENSE NICOTINE POLACRILEX GUM), 2 mg (HM NICOTINE POLACRILEX), 2 mg (KLS QUIT2), 2 mg (NICORELIEF), 2 mg (NICORETTE STARTER KIT), 2 mg (NICORETTE), 2 mg (RA NICOTINE GUM), 2 mg (RA NICOTINE), 2 mg (SM NICOTINE POLACRILEX), 2 mg (THRIVE), 4 mg (CVS NICOTINE GUM), 4 mg (CVS NICOTINE POLACRILEX), 4 mg (CVS NICOTINE), 4 mg (EQ NICOTINE POLACRILEX), 4 mg (FT NICOTINE), 4 mg (GNP NICOTINE GUM), 4 mg (GNP NICOTINE POLACRILEX), 4 mg (GOODSENSE NICOTINE POLACRILEX GUM), 4 mg (HM NICOTINE POLACRILEX), 4 mg (KLS QUIT4), 4 mg (NICORETTE STARTER KIT), 4 mg (NICORETTE), 4 mg (RA NICOTINE GUM), 4 mg (RA NICOTINE), 4 mg (SM NICOTINE POLACRILEX), 4 mg (SM NICOTINE)	np	AC, IC
nicotine polacrilex lozenge 2 mg, 4 mg	np	AC, IC
Nicotine Polacrilex Lozenge 2 mg (CVS NICOTINE LOZENGE), 2 mg (CVS NICOTINE POLACRILEX), 2 mg (EQ NICOTINE POLACRILEX), 2 mg (FT NICOTINE MINI), 2 mg (FT NICOTINE), 2 mg (GNP NICOTINE MINI LOZENGE), 2 mg (GNP NICOTINE POLACRILEX), 2 mg (GOODSENSE NICOTINE), 2 mg (KLS QUIT2), 2 mg (NICORETTE MINI), 2 mg (NICORETTE), 2 mg (NICOTINE MINI LOZENGE), 2 mg (NICOTINE POLACRILEX MINI), 2 mg (RA MINI NICOTINE), 2 mg (RA NICOTINE POLACRILEX), 2 mg (SM NICOTINE), 4 mg (CVS NICOTINE LOZENGE), 4 mg (CVS NICOTINE POLACRILEX), 4 mg (EQ NICOTINE LOZENGES), 4 mg (EQ NICOTINE POLACRILEX), 4 mg (FT NICOTINE MINI), 4 mg (FT NICOTINE), 4 mg (GNP NICOTINE MINI LOZENGE), 4 mg (GNP NICOTINE POLACRILEX MINI), 4 mg (GNP NICOTINE POLACRILEX), 4 mg (GOODSENSE NICOTINE POLACRILEX), 4 mg (GOODSENSE NICOTINE), 4 mg (KLS QUIT4), 4 mg (NICORETTE MINI), 4 mg (NICORETTE), 4 mg (NICOTINE MINI LOZENGE), 4 mg (RA MINI NICOTINE), 4 mg (RA NICOTINE POLACRILEX), 4 mg (SM NICOTINE POLACRILEX)	np	AC, IC
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	np	AC, IC

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Drug Name	Tier	Coverage Requirements and Limits
Nicotine Td Patch 24hr 7 mg/24hr (CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3), 7 mg/24hr (EQ NICOTINE STEP 3), 7 mg/24hr (FT NICOTINE TRANSDERMAL SYSTEM/STEP 3), 7 mg/24hr (FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR), 7 mg/24hr (GNP NICOTINE TRANSDERMAL SYSTEM), 7 mg/24hr (NICODERM CQ), 7 mg/24hr (NICOTINE STEP 3), 7 mg/24hr (NICOTINE TRANSDERMAL SYSTEM STEP 3), 7 mg/24hr (NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR), 7 mg/24hr (SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR), 14 mg/24hr (CVS NICOTINE TRANSDERMAL SYSTEM STEP 2), 14 mg/24hr (CVS NICOTINE TRANSDERMAL SYSTEM), 14 mg/24hr (EQ NICOTINE), 14 mg/24hr (FT NICOTINE TRANSDERMAL SYSTEM/STEP 2), 14 mg/24hr (FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR), 14 mg/24hr (GNP NICOTINE TRANSDERMAL SYSTEM STEP 2), 14 mg/24hr (NICODERM CQ), 14 mg/24hr (NICOTINE TRANSDERMAL SYSTEM STEP 2), 14 mg/24hr (NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR), 14 mg/24hr (QC NICOTINE TRANSDERMAL SYSTEM/STEP 2), 14 mg/24hr (RA NICOTINE), 14 mg/24hr (SM NICOTINE TRANSDE	np	AC, IC
NICOTINE TRANSDERMAL SYST (<i>nicotine td patch 24 hr kit 21-14-7 mg/24hr</i>)	P	AC, IC
NICOTROL NS (<i>nicotine nasal spray 10 mg/ml (0.5 mg/spray)</i>)	P	AC, IC
<i>varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)</i>	np	AC, IC
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	np	AC, IC
Antibacterials (Drugs for Bacterial Infections)		
Aminoglycosides		
ARIKAYCE (<i>amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)</i>)	NP	LD, PA, QL (28 vials/28 days), SP
HUMATIN (<i>paromomycin sulfate cap 250 mg</i>)	P	
KITABIS PAK (<i>tobramycin nebu soln 300 mg/5ml</i>)	NP	PA, QL (280 mls/56 days)
<i>neomycin sulfate tab 500 mg</i>	p	
TOBI PODHALER (<i>tobramycin inhal cap 28 mg</i>)	NP	PA, QL (224 capsules/56 days)
TOBRAMYCIN (<i>tobramycin nebu soln 300 mg/5ml</i>)	NP	PA, QL (280 mls/56 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	np	QL (280 mls/56 days)
<i>tobramycin nebu soln 300 mg/4ml</i>	np	QL (224 mls/56 days)
Antibacterials, Other		
CAYSTON (<i>aztreonam lysine for inhal soln 75 mg (base equivalent)</i>)	NP	QL (1 kit/56 days)
<i>chlorhexidine gluconate soln 0.12%</i>	p	
Chlorhexidine Gluconate Soln 0.12% (PERIOGARD)	p	
<i>clindamycin hcl cap 75 mg, 150 mg, 300 mg</i>	p	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	np	
CYCLOSERINE (<i>cycloserine cap 250 mg</i>)	NP	

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Drug Name	Tier	Coverage Requirements and Limits
fosfomycin tromethamine powd pack 3 gm (base equivalent)	np	
linezolid for susp 100 mg/5ml	np	QL (600 mls/180 days)
linezolid tab 600 mg	np	QL (56 tablets/180 days)
methenamine hippurate tab 1 gm	np	
metronidazole tab 250 mg, 500 mg	p	
metronidazole vaginal gel 0.75%	np	
nitrofurantoin macrocrystalline cap 25 mg	np	
nitrofurantoin macrocrystalline cap 50 mg, 100 mg	p	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	p	
nitrofurantoin susp 25 mg/5ml	np	
NUVESSA (metronidazole vaginal gel 1.3%)	NP	
SIVEXTRO (tedizolid phosphate tab 200 mg)	NP	QL (6 tablets/180 days)
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	np	
Sulfamethoxazole-trimethoprim Susp 200-40 mg/5ml (SULFATRIM PEDIATRIC)	np	
sulfamethoxazole-trimethoprim tab 400-80 mg	p	
sulfamethoxazole-trimethoprim tab 800-160 mg	p	
tinidazole tab 250 mg, 500 mg	np	
trimethoprim tab 100 mg	np	
vancomycin hcl cap 125 mg (base equivalent), 250 mg (base equivalent)	np	QL (120 capsules/30 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent), 50 mg/ml (base equivalent)	np	
VANDAZOLE (metronidazole vaginal gel 0.75%)	NP	
XIFAXAN (rifaximin tab 200 mg)	NP	QL (9 tablets/30 days)
XIFAXAN (rifaximin tab 550 mg)	P	QL (60 tablets/30 days)
Beta-lactam, Cephalosporins		
CEFACLOR (cefaclor cap 250 mg, 500 mg)	NP	
CEFADROXIL (cefadroxil tab 1 gm)	NP	
cefadroxil cap 500 mg	p	
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	np	
cefdinir cap 300 mg	p	
cefdinir for susp 125 mg/5ml	np	
cefdinir for susp 250 mg/5ml	p	
CEFIXIME (cefixime for susp 100 mg/5ml)	NP	
cefixime cap 400 mg	np	
cefixime for susp 200 mg/5ml	np	

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Drug Name	Tier	Coverage Requirements and Limits
CEFPODOXIME PROXETIL (<i>cefprozime proxetil for susp 50 mg/5ml, 100 mg/5ml</i>)	NP	
<i>cefprozime proxetil tab 100 mg, 200 mg</i>	np	
<i>cefprozil for susp 125 mg/5ml, 250 mg/5ml</i>	np	
<i>cefprozil tab 250 mg, 500 mg</i>	np	
<i>cefuroxime axetil tab 250 mg, 500 mg</i>	p	
<i>cephalexin cap 250 mg, 500 mg</i>	p	
<i>cephalexin cap 750 mg</i>	np	
<i>cephalexin for susp 125 mg/5ml</i>	p	
<i>cephalexin for susp 250 mg/5ml</i>	np	
Beta-lactam, Penicillins		
AMOXICILLIN (<i>amoxicillin (trihydrate) chew tab 125 mg, 250 mg</i>)	NP	
<i>amoxicillin (trihydrate) cap 250 mg, 500 mg</i>	p	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	p	
<i>amoxicillin (trihydrate) tab 500 mg, 875 mg</i>	p	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml</i>	p	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	np	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	np	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	np	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	np	
<i>amoxicillin & k clavulanate tab 500-125 mg, 875-125 mg</i>	p	
AMOXICILLIN/POTASSIUM CLA (<i>amoxicillin & k clavulanate chew tab 200-28.5 mg, 400-57 mg</i>)	NP	
<i>ampicillin cap 500 mg</i>	p	
AUGMENTIN (<i>amoxicillin & k clavulanate for susp 125-31.25 mg/5ml</i>)	NP	
<i>dicloxacillin sodium cap 250 mg, 500 mg</i>	np	
PENICILLIN V POTASSIUM (<i>penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml</i>)	NP	
<i>penicillin v potassium tab 250 mg, 500 mg</i>	p	
Macrolides		
<i>azithromycin for susp 100 mg/5ml</i>	np	
<i>azithromycin for susp 200 mg/5ml</i>	p	
<i>azithromycin tab 250 mg</i>	p	QL (60 tablets/180 days)
<i>azithromycin tab 500 mg</i>	p	QL (60 tablets/180 days)
<i>azithromycin tab 600 mg</i>	np	QL (60 tablets/180 days)

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Drug Name	Tier	Coverage Requirements and Limits
CLARITHROMYCIN (<i>clarithromycin for susp 125 mg/5ml, 250 mg/5ml</i>)	NP	
<i>clarithromycin tab er 24hr 500 mg</i>	np	QL (28 tablets/180 days)
<i>clarithromycin tab 250 mg, 500 mg</i>	np	
DIFICID (<i>fidaxomicin for susp 40 mg/ml</i>)	P	
E.E.S. 400 (<i>erythromycin ethylsuccinate tab 400 mg</i>)	NP	
ERY (<i>erythromycin pads 2%</i>)	NP	
ERYTHROMYCIN (<i>erythromycin gel 2%</i>)	NP	QL (180 grams/30 days)
ERYTHROMYCIN DR (<i>erythromycin w/ delayed release particles cap 250 mg</i>)	NP	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	np	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	np	
<i>erythromycin soln 2%</i>	np	QL (180 mls/30 days)
<i>erythromycin tab delayed release 250 mg, 333 mg, 500 mg</i>	np	
Erythromycin Tab Delayed Release 250 mg (ERY-TAB), 333 mg (ERY-TAB), 500 mg (ERY-TAB)	np	
<i>erythromycin tab 250 mg, 500 mg</i>	np	
<i>fidaxomicin tab 200 mg</i>	np	
Quinolones		
BAXDELA (<i>delafloxacin meglumine tab 450 mg (base equiv)</i>)	NP	QL (28 tablets/180 days)
CIPRO (<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml), 500 mg/5ml (10%) (10 gm/100ml)</i>)	NP	
<i>ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv)</i>	p	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	p	
<i>levofloxacin oral soln 25 mg/ml</i>	np	
<i>levofloxacin tab 250 mg, 500 mg, 750 mg</i>	p	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	np	
OFLOXACIN (<i>ofloxacin tab 400 mg</i>)	NP	
Sulfonamides		
<i>sulfadiazine tab 500 mg</i>	np	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	np	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	p	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	p	
Tetracyclines		
<i>demeclocycline hcl tab 150 mg, 300 mg</i>	np	
<i>doxycycline hyclate cap 50 mg, 100 mg</i>	p	
<i>doxycycline hyclate tab 20 mg, 100 mg</i>	p	
<i>doxycycline monohydrate cap 50 mg, 100 mg</i>	p	

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Drug Name	Tier	Coverage Requirements and Limits
Doxycycline Monohydrate Cap 100 mg (MONDOXYNE NL)	p	
doxycycline monohydrate for susp 25 mg/5ml	np	
doxycycline monohydrate tab 50 mg, 100 mg	p	
doxycycline monohydrate tab 75 mg, 150 mg	np	
Doxycycline Monohydrate Tab 100 mg (AVIDOXY)	p	
minocycline hcl cap 50 mg	p	
minocycline hcl cap 75 mg, 100 mg	np	
NUZYRA (omadacycline tosylate tab 150 mg (base equivalent))	NP	QL (30 tablets/180 days)
tetracycline hcl cap 250 mg, 500 mg	np	
Anticonvulsants (Drugs for Seizures)		
Anticonvulsants, Other (Other Seizure Control Drugs)		
DIACOMIT (stiripentol cap 250 mg, 500 mg)	NP	
DIACOMIT (stiripentol packet 250 mg, 500 mg)	NP	
divalproex sodium cap delayed release sprinkle 125 mg	np	
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg	p	
divalproex sodium tab er 24 hr 250 mg, 500 mg	np	
EPIDIOLEX (cannabidiol soln 100 mg/ml)	P	PA, QL (1000 mls/30 days)
felbamate susp 600 mg/5ml	np	
felbamate tab 400 mg, 600 mg	np	
FINTEPLA (fenfluramine hcl oral soln 2.2 mg/ml)	NP	PA, QL (360 mls/30 days)
LAMICTAL XR (lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit)	NP	
LAMICTAL XR (lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit)	NP	
LAMICTAL XR (lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit)	NP	
lamotrigine tab chewable dispersible 5 mg, 25 mg	np	
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg	np	
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	p	
Lamotrigine Tab 25 mg (SUBVENITE), 100 mg (SUBVENITE), 150 mg (SUBVENITE), 200 mg (SUBVENITE)	p	
lamotrigine tab 35 x 25 mg starter kit	np	
Lamotrigine Tab 35 X 25 Mg Starter Kit (SUBVENITE STARTER KIT/ BLUE)	np	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	np	
Lamotrigine Tab 25 Mg (42) & 100 Mg (7) Starter Kit (SUBVENITE STARTER KIT/ORANGE)	np	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	np	

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Drug Name	Tier	Coverage Requirements and Limits
Lamotrigine Tab 84 X 25 Mg & 14 X 100 Mg Starter Kit (SUBVENITE STARTER KIT/GREEN)	np	
<i>levetiracetam oral soln 100 mg/ml</i>	np	
<i>levetiracetam tab er 24hr 500 mg, 750 mg</i>	np	
<i>levetiracetam tab 250 mg, 500 mg, 750 mg</i>	p	
Levetiracetam Tab 500 mg (ROWEEPRA)	p	
<i>levetiracetam tab 1000 mg</i>	np	
<i>perampanel susp 0.5 mg/ml</i>	np	
<i>perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg</i>	np	
SPRITAM (<i>levetiracetam tab disintegrating soluble 250 mg, 500 mg</i>)	NP	
<i>topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg</i>	np	PA, QL (30 capsules/30 days)
<i>topiramate cap er 24hr sprinkle 200 mg</i>	np	PA, QL (60 capsules/30 days)
<i>topiramate sprinkle cap 15 mg, 25 mg</i>	np	
<i>topiramate sprinkle cap 50 mg</i>	np	
<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	p	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	np	
<i>valproic acid cap 250 mg</i>	np	
Calcium Channel Modifying Agents		
<i>ethosuximide cap 250 mg</i>	np	
<i>ethosuximide soln 250 mg/5ml</i>	np	
<i>methsuximide cap 300 mg</i>	np	
ZARONTIN (<i>ethosuximide cap 250 mg</i>)	NP	
ZARONTIN (<i>ethosuximide soln 250 mg/5ml</i>)	NP	
<i>zonisamide cap 25 mg, 100 mg</i>	p	
<i>zonisamide cap 50 mg</i>	p	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam suspension 2.5 mg/ml</i>	np	
<i>clobazam tab 10 mg, 20 mg</i>	np	
<i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	np	
<i>clonazepam tab 0.5 mg, 1 mg, 2 mg</i>	p	
<i>clorazepate dipotassium tab 3.75 mg, 7.5 mg, 15 mg</i>	np	
<i>diazepam rectal gel delivery system 2.5 mg, 10 mg, 20 mg</i>	np	
<i>gabapentin cap 100 mg, 300 mg, 400 mg</i>	p	
Gabapentin Cap 300 mg (RELGAABI), 400 mg (RELGAABI)	p	
<i>gabapentin oral soln 250 mg/5ml</i>	np	
<i>gabapentin tab 600 mg, 800 mg</i>	p	
MYSOLINE (<i>primidone tab 50 mg, 250 mg</i>)	NP	

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Drug Name	Tier	Coverage Requirements and Limits
NAYZILAM (<i>midazolam nasal spray soln 5 mg/0.1 ml</i>)	NP	
PHENOBARBITAL (<i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg</i>)	NP	
PHENOBARBITAL (<i>phenobarbital elixir 20 mg/5ml</i>)	NP	
<i>pregabalin cap 25 mg</i>	p	QL (360 capsules/30 days)
<i>pregabalin cap 50 mg</i>	p	QL (270 capsules/30 days)
<i>pregabalin cap 75 mg, 100 mg</i>	p	QL (180 capsules/30 days)
<i>pregabalin cap 150 mg, 200 mg</i>	p	QL (90 capsules/30 days)
<i>pregabalin cap 225 mg, 300 mg</i>	p	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	np	QL (900 mls/30 days)
PRIMIDONE (<i>primidone tab 125 mg</i>)	NP	
<i>primidone tab 50 mg, 250 mg</i>	p	
<i>tiagabine hcl tab 2 mg, 4 mg</i>	np	
TIAGABINE HYDROCHLORIDE (<i>tiagabine hcl tab 12 mg, 16 mg</i>)	NP	
VALTOCO 10 MG DOSE (<i>diazepam nasal spray 10 mg/0.1 ml</i>)	NP	
VALTOCO 15 MG DOSE (<i>diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)</i>)	NP	
VALTOCO 20 MG DOSE (<i>diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)</i>)	NP	
VALTOCO 5 MG DOSE (<i>diazepam nasal spray 5 mg/0.1 ml</i>)	NP	
<i>vigabatrin powd pack 500 mg</i>	np	
Vigabatrin Powd Pack 500 mg (VIGADRONE), 500 mg (VIGPODER)	np	
<i>vigabatrin tab 500 mg</i>	np	
Vigabatrin Tab 500 mg (VIGADRONE)	np	
ZTALMY (<i>ganaxolone susp 50 mg/ml</i>)	NP	
Sodium Channel Agents		
CARBAMAZEPINE (<i>carbamazepine chew tab 200 mg</i>)	NP	
<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>	np	
<i>carbamazepine chew tab 100 mg</i>	np	
<i>carbamazepine susp 100 mg/5ml</i>	np	
<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>	np	
<i>carbamazepine tab 200 mg</i>	np	
Carbamazepine Tab 200 mg (EPITOL)	np	
CARBATROL (<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>)	NP	
DILANTIN (<i>phenytoin sodium extended cap 30 mg</i>)	P	
DILANTIN (<i>phenytoin sodium extended cap 100 mg</i>)	NP	
DILANTIN INFATABS (<i>phenytoin chew tab 50 mg</i>)	NP	
DILANTIN-125 (<i>phenytoin susp 125 mg/5ml</i>)	NP	

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EQUETRO (carbamazepine (mood) cap er 12hr 100 mg, 200 mg, 300 mg)	NP	
eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	np	
lacosamide oral solution 10 mg/ml	np	
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	np	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	np	
oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg	np	
oxcarbazepine tab 150 mg	p	
oxcarbazepine tab 300 mg, 600 mg	np	
phenytoin chew tab 50 mg	np	
Phenytoin Chew Tab 50 mg (PHENYTOIN INFATABS)	np	
phenytoin sodium extended cap 100 mg	np	
phenytoin sodium extended cap 200 mg, 300 mg	np	
Phenytoin Sodium Extended Cap 200 mg (PHENYTEK), 300 mg (PHENYTEK)	np	
phenytoin susp 125 mg/5ml	np	
rufinamide susp 40 mg/ml	np	
rufinamide tab 200 mg, 400 mg	np	
TEGRETOL (carbamazepine tab 200 mg)	NP	
TEGRETOL (carbamazepine susp 100 mg/5ml)	NP	
TEGRETOL-XR (carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg)	NP	
XCOPRI (cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg)	NP	
XCOPRI (cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg, 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg)	NP	
XCOPRI (cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose))	NP	
XCOPRI (cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose))	NP	
zonisamide cap 25 mg, 100 mg	p	
zonisamide cap 50 mg	p	
Antidementia Agents (Drugs for Alzheimer's Disease and Dementia)		
Antidementia Agents, Other		
LEQEMBI IQLIK (lecanemab-irmb soln auto-inj 2 x 250 mg/1.25ml (500 mg dose))	P	PA, QL (8 pens/28 days)
LEQEMBI IQLIK (lecanemab-irmb soln auto-inj 360 mg/1.8ml)	P	LD, PA, QL (4 pens/28 days), SP
Cholinesterase Inhibitors		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	p	

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Drug Name	Tier	Coverage Requirements and Limits
donepezil hydrochloride tab 5 mg, 10 mg	p	
donepezil hydrochloride tab 23 mg	np	
GALANTAMINE HYDROBROMIDE (galantamine hydrobromide oral soln 4 mg/ml)	NP	
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg	np	
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	np	
memantine hcl-donepezil hcl cap er 24hr 14-10 mg, 21-10 mg, 28-10 mg	np+	
NAMZARIC (memantine hcl-donepezil hcl cap er 24hr 7-10 mg)	NP+	
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	np	
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr	np	
ZUNVEYL (benzgalantamine gluconate tab delayed release 5 mg, 10 mg, 15 mg)	NP+	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg	np+	
memantine hcl oral solution 2 mg/ml	np	
memantine hcl tab 5 mg, 10 mg	p	
MEMANTINE HCL TITRATION P (memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack)	NP	
memantine hcl-donepezil hcl cap er 24hr 14-10 mg, 21-10 mg, 28-10 mg	np+	
NAMZARIC (memantine hcl-donepezil hcl cap er 24hr 7-10 mg)	NP+	
Antidepressants (Drugs for Depression)		
Antidepressants, Other		
aripiprazole oral solution 1 mg/ml	np	QL (900 mls/30 days)
aripiprazole orally disintegrating tab 10 mg, 15 mg	np	QL (60 tablets/30 days)
aripiprazole tab 2 mg, 5 mg	p	QL (60 tablets/30 days)
aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg	p	QL (30 tablets/30 days)
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg	p	
bupropion hcl tab er 24hr 150 mg, 300 mg	p	
bupropion hcl tab 75 mg, 100 mg	p	
mirtazapine orally disintegrating tab 15 mg	p	
mirtazapine orally disintegrating tab 30 mg, 45 mg	np	
mirtazapine tab 7.5 mg	np	
mirtazapine tab 15 mg, 30 mg	p	
mirtazapine tab 45 mg	p	
quetiapine fumarate tab er 24hr 50 mg, 300 mg	p	QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg	p	QL (30 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
<i>quetiapine fumarate tab er 24hr 400 mg</i>	np	QL (60 tablets/30 days)
<i>quetiapine fumarate tab 25 mg, 50 mg</i>	p	QL (180 tablets/30 days)
<i>quetiapine fumarate tab 100 mg</i>	p	QL (120 tablets/30 days)
<i>quetiapine fumarate tab 200 mg</i>	p	QL (90 tablets/30 days)
<i>quetiapine fumarate tab 300 mg, 400 mg</i>	p	QL (60 tablets/30 days)
REXULTI (<i>brexipiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>)	P	QL (30 tablets/30 days)
<i>trazodone hcl tab 50 mg, 100 mg, 150 mg</i>	p	
<i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i>	np	
ZURZUVAE (<i>zuranolone cap 20 mg, 25 mg</i>)	P	QL (28 capsules/365 days)
ZURZUVAE (<i>zuranolone cap 30 mg</i>)	P	QL (14 capsules/365 days)
Monoamine Oxidase Inhibitors		
EMSAM (<i>selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr</i>)	NP	
MARPLAN (<i>isocarboxazid tab 10 mg</i>)	NP	
PHENELZINE SULFATE (<i>phenelzine sulfate tab 15 mg</i>)	NP	
<i>tranylcypromine sulfate tab 10 mg</i>	np	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	np	
<i>citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv)</i>	p	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)</i>	np	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq)</i>	p	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	np	
<i>escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)</i>	p	
FETZIMA (<i>levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)</i>)	NP	
FETZIMA TITRATION PACK (<i>levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack</i>)	NP	
FLUOXETINE DR (<i>fluoxetine hcl cap delayed release 90 mg</i>)	NP	
<i>fluoxetine hcl cap 10 mg, 20 mg, 40 mg</i>	p	
<i>fluoxetine hcl solution 20 mg/5ml</i>	np	
<i>fluoxetine hcl tab 10 mg, 20 mg</i>	p	
<i>fluvoxamine maleate tab 25 mg, 50 mg</i>	p	
<i>fluvoxamine maleate tab 100 mg</i>	np	
<i>paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg</i>	p	

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Drug Name	Tier	Coverage Requirements and Limits
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	np	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	np	
<i>sertraline hcl tab 25 mg, 50 mg, 100 mg</i>	p	
<i>trazodone hcl tab 50 mg, 100 mg, 150 mg</i>	p	
TRINTELLIX (<i>vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)</i>)	NP	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent)</i>	p	
<i>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)</i>	p	
<i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i>	np	
Tricyclics		
<i>amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	p	
CHLORDIAZEPOXIDE/AMITRIPT (<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg</i>)	NP	
<i>clomipramine hcl cap 25 mg, 50 mg, 75 mg</i>	np	
<i>desipramine hcl tab 10 mg</i>	p	
<i>desipramine hcl tab 25 mg</i>	np	
<i>desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg</i>	np	
DOXEPIN HCL (<i>doxepin hcl conc 10 mg/ml</i>)	NP	
<i>doxepin hcl cap 10 mg, 25 mg, 50 mg</i>	p	
<i>doxepin hcl cap 75 mg, 100 mg</i>	np	
DOXEPIN HYDROCHLORIDE (<i>doxepin hcl cap 150 mg</i>)	np	
<i>imipramine hcl tab 10 mg, 25 mg, 50 mg</i>	p	
<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg</i>	p	
<i>nortriptyline hcl soln 10 mg/5ml</i>	np	
PERPHENAZINE/AMITRIPTYLIN (<i>perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>)	NP	
<i>protriptyline hcl tab 5 mg, 10 mg</i>	np	
<i>trimipramine maleate cap 25 mg, 50 mg, 100 mg</i>	np	
Antiemetics (Drugs for Nausea and Vomiting)		
Antiemetics, Other (Other Drugs for Nausea and Vomiting)		
<i>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	np	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	np	
<i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg</i>	p	
HYDROXYZINE PAMOATE (<i>hydroxyzine pamoate cap 100 mg</i>)	NP	
<i>hydroxyzine pamoate cap 25 mg, 50 mg</i>	p	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	np	

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metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)	p	
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	np	
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	p	
prochlorperazine suppos 25 mg	np	
Prochlorperazine Suppos 25 mg (COMPRO)	np	
promethazine hcl oral soln 6.25 mg/5ml	p	
promethazine hcl suppos 12.5 mg, 25 mg	np	
Promethazine Hcl Suppos 12.5 mg (PROMETHEGAN), 25 mg (PROMETHEGAN)	np	
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	p	
PROMETHEGAN (promethazine hcl suppos 50 mg)	NP	
scopolamine td patch 72hr 1 mg/3days	np	
trimethobenzamide hcl cap 300 mg	np	
Emetogenic Therapy Adjuncts (Drugs for Nausea and Vomiting)		
aprepitant capsule therapy pack 80 & 125 mg	np	QL (3 packs/30 days)
aprepitant capsule 40 mg	np	QL (2 capsules/30 days)
aprepitant capsule 80 mg	np	QL (6 capsules/30 days)
aprepitant capsule 125 mg	np	QL (3 capsules/30 days)
dronabinol cap 2.5 mg	np	
dronabinol cap 5 mg, 10 mg	np	
EMEND (aprepitant for oral susp 125 mg (125 mg/5ml))	P	QL (9 kits/30 days)
granisetron hcl tab 1 mg	np	
ONDANSETRON HCL (ondansetron hcl tab 24 mg)	NP	
ondansetron hcl oral soln 4 mg/5ml	np	
ondansetron hcl tab 4 mg, 8 mg	p	
ondansetron orally disintegrating tab 4 mg, 8 mg	p	
VARUBI (rolapitant hcl tab therapy pack 2 x 90 mg (base equiv))	P	
Antifungals (Drugs for Fungal Infections)		
No USP Class		
clotrimazole troche 10 mg	np	
CRESEMBA (isavuconazonium sulfate cap 74.5 mg, 186 mg)	NP	PA
fluconazole for susp 10 mg/ml	p	
fluconazole for susp 40 mg/ml	np	
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg	p	
flucytosine cap 250 mg, 500 mg	np	
griseofulvin microsize susp 125 mg/5ml	np	

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Drug Name	Tier	Coverage Requirements and Limits
griseofulvin microsize tab 500 mg	np	
griseofulvin ultramicrosize tab 125 mg, 250 mg	np	
itraconazole cap 100 mg	np	QL (120 capsules/30 days)
itraconazole oral soln 10 mg/ml	np	QL (1200 mls/30 days)
ketoconazole tab 200 mg	np	
MICONAZOLE 3 (<i>miconazole nitrate vaginal suppos 200 mg</i>)	NP	
NOXAFIL (<i>posaconazole for delayed release susp packet 300 mg</i>)	P	PA
nystatin susp 100000 unit/ml	p	
nystatin tab 500000 unit	np	
ORAVIG (<i>miconazole buccal tab 50 mg (mouth-throat)</i>)	NP	
posaconazole susp 40 mg/ml	np	PA
posaconazole tab delayed release 100 mg	np	PA
terbinafine hcl tab 250 mg	p	
terconazole vaginal cream 0.4%, 0.8%	np	
terconazole vaginal suppos 80 mg	np	
voriconazole for susp 40 mg/ml	np	PA
voriconazole tab 50 mg, 200 mg	np	PA
Antigout Agents (Drugs for Gout)		
No USP Class		
allopurinol tab 100 mg, 300 mg	p	
colchicine tab 0.6 mg	np	
colchicine w/ probenecid tab 0.5-500 mg	np	
probenecid tab 500 mg	np	
sulindac tab 150 mg, 200 mg	p	
Antimigraine Agents (Drugs for Migraine)		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG (<i>erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml</i>)	P	PA, QL (1 injection device/28 days)
AJOVY (<i>fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml</i>)	P	PA, QL (3 injection devices/84 days)
AJOVY (<i>fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml</i>)	P	PA, QL (3 syringes/84 days)
EMGALITY (<i>galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml</i>)	P	PA, QL (1 injection device/28 days)
EMGALITY (<i>galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml</i>)	P	PA, QL (9 syringes/180 days)
EMGALITY (<i>galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml</i>)	P	PA, QL (1 syringe/28 days)
NURTEC (<i>rimegepant sulfate tab disint 75 mg</i>)	P	PA, QL (54 tablets/90 days)

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Drug Name	Tier	Coverage Requirements and Limits
QULIPTA (atogepant tab 10 mg, 30 mg, 60 mg)	P	PA, QL (30 tablets/30 days)
UBRELVY (ubrogepant tab 50 mg, 100 mg)	P	PA, QL (16 tablets/30 days)
Ergot Alkaloids (Drugs for Acute Migraine)		
dihydroergotamine mesylate inj 1 mg/ml	np	QL (24 ampules/28 days)
ERGOMAR (ergotamine tartrate sl tab 2 mg)	NP	PA, QL (20 tablets/28 days)
MIGERGOT (ergotamine w/ caffeine suppos 2-100 mg)	NP	
Prophylactic (Drugs for Migraine Prevention)		
divalproex sodium cap delayed release sprinkle 125 mg	np	
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg	p	
divalproex sodium tab er 24 hr 250 mg, 500 mg	np	
PROPRANOLOL HCL (propranolol hcl oral soln 40 mg/5ml)	P	
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg	p	
propranolol hcl cap er 24hr 160 mg	np	
propranolol hcl oral soln 20 mg/5ml	p	
propranolol hcl tab 10 mg, 20 mg, 40 mg, 80 mg	p	
propranolol hcl tab 60 mg	np	
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg	np	PA, QL (30 capsules/30 days)
topiramate cap er 24hr sprinkle 200 mg	np	PA, QL (60 capsules/30 days)
topiramate sprinkle cap 15 mg, 25 mg	np	
topiramate sprinkle cap 50 mg	np	
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg	p	
valproate sodium oral soln 250 mg/5ml (base equiv)	np	
valproic acid cap 250 mg	np	
Serotonin (5-HT) Receptor Agonist (Drugs for Acute Migraine)		
eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent)	np	QL (18 tablets/30 days)
IMITREX STATDOSE SYSTEM (sumatriptan succinate solution auto-injector 4 mg/0.5ml)	NP	QL (12 doses/30 days)
naratriptan hcl tab 1 mg (base equiv)	np	QL (18 tablets/30 days)
naratriptan hcl tab 2.5 mg (base equiv)	p	QL (18 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	p	QL (18 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	p	QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	p	QL (18 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	p	QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act, 20 mg/act	np	QL (12 inhalers/30 days)
sumatriptan succinate inj 6 mg/0.5ml	np	QL (12 vials/30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	np	QL (12 doses/30 days)
sumatriptan succinate tab 25 mg, 50 mg, 100 mg	p	QL (18 tablets/30 days)

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zolmitriptan tab 2.5 mg, 5 mg	np	QL (18 tablets/30 days)
Zolmitriptan Tab 2.5 mg (ZOMIG), 5 mg (ZOMIG)	np	QL (18 tablets/30 days)
Antimyasthenic Agents (Drugs for Myasthenia Gravis)		
Parasympathomimetics		
pyridostigmine bromide oral soln 60 mg/5ml	np	
pyridostigmine bromide tab er 180 mg	np	
pyridostigmine bromide tab 60 mg	np	
Antimycobacterials (Drugs for Mycobacterial Infections)		
Antimycobacterials, Other (Other Drugs for Mycobacterial Infection)		
dapsone tab 25 mg, 100 mg	np	
rifabutin cap 150 mg	np	
Antituberculars (Drugs for Tuberculosis)		
CYCLOSERINE (<i>cycloserine cap 250 mg</i>)	NP	
ethambutol hcl tab 100 mg, 400 mg	np	
isoniazid syrup 50 mg/5ml	np	
isoniazid tab 100 mg, 300 mg	np	
PRETOMANID (<i>pretomanid tab 200 mg</i>)	P	
pyrazinamide tab 500 mg	np	
rifampin cap 150 mg, 300 mg	np	
rifapentine tab 150 mg	np	
SIRTURO (<i>bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)</i>)	P	
Antineoplastics (Drugs for Cancer)		
Alkylating Agents		
CYCLOPHOSPHAMIDE (<i>cyclophosphamide tab 50 mg</i>)	P	OC
cyclophosphamide cap 25 mg, 50 mg	np	OC
LEUKERAN (<i>chlorambucil tab 2 mg</i>)	P	OC
lomustine cap 10 mg, 40 mg, 100 mg	np	
MATULANE (<i>procarbazine hcl cap 50 mg</i>)	P	LD, OC, PA, SP
MYLERAN (<i>busulfan tab 2 mg</i>)	P	OC
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg	np	OC, PA
VALCHLOR (<i>mechlorethamine hcl gel 0.016% (base equivalent)</i>)	P	LD, SP
Antiandrogens		
abiraterone acetate tab 250 mg	np	CW, LD, OC, PA, QL (120 tablets/30 days)
Abiraterone Acetate Tab 250 mg (ABIRTEGA)	np	CW, LD, OC, PA, QL (120 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
abiraterone acetate tab 500 mg	np	OC, PA, QL (60 tablets/30 days)
AKEEGA (niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg)	NP	LD, OC, PA, QL (60 tablets/30 days), SP
bicalutamide tab 50 mg	np	OC
ERLEADA (apalutamide tab 60 mg)	P	OC, PA, QL (120 tablets/30 days)
ERLEADA (apalutamide tab 240 mg)	P	OC, PA, QL (30 tablets/30 days)
NILUTAMIDE (nilutamide tab 150 mg)	NP	OC
NUBEQA (darolutamide tab 300 mg)	P	OC, PA, QL (120 tablets/30 days)
ORGOVYX (relugolix tab 120 mg)	NP	LD, OC, PA, QL (30 tablets/28 days), SP
XTANDI (enzalutamide cap 40 mg)	P	OC, PA, QL (120 capsules/30 days)
XTANDI (enzalutamide tab 40 mg)	P	OC, PA, QL (120 tablets/30 days)
XTANDI (enzalutamide tab 80 mg)	P	OC, PA, QL (60 tablets/30 days)
YONSA (abiraterone acetate micronized tab 125 mg)	P	OC, PA, QL (120 tablets/30 days)
Antiangiogenic Agents		
lenalidomide caps 2.5 mg	np	PA, QL (30 capsules/30 days)
lenalidomide cap 5 mg, 10 mg	np	PA, QL (30 capsules/30 days)
lenalidomide cap 15 mg, 20 mg, 25 mg	np	PA, QL (21 capsules/28 days)
pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	np	PA, QL (21 capsules/28 days)
THALOMID (thalidomide cap 50 mg)	P	PA, QL (90 capsules/30 days)
THALOMID (thalidomide cap 100 mg)	P	PA, QL (120 capsules/30 days)
Antiestrogens/Modifiers		
INLURIYO (imlunestrant tosylate tab 200 mg)	NP	LD, PA, QL (56 tablets/28 days), SP
megestrol acetate susp 40 mg/ml	np	OC
megestrol acetate tab 20 mg, 40 mg	p	OC
ORSERDU (elacestrant hydrochloride tab 86 mg)	NP	LD, OC, PA, QL (90 tablets/30 days), SP
ORSERDU (elacestrant hydrochloride tab 345 mg)	NP	LD, OC, PA, QL (30 tablets/30 days), SP
SOLTAMOX (tamoxifen citrate oral soln 10 mg/5ml (base equivalent))	NP	OC

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Drug Name	Tier	Coverage Requirements and Limits
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	p	AC, IC, OC
toremifene citrate tab 60 mg (base equivalent)	np	OC
Antimetabolites		
capecitabine tab 150 mg, 500 mg	np	CW, LD, OC
hydroxyurea cap 500 mg	p	OC
INQOVI (decitabine-cedazuridine tab 35-100 mg)	NP	OC, PA, QL (5 tablets/28 days)
LONSURF (trifluridine-tipiracil tab 15-6.14 mg)	P	OC, PA, QL (60 tablets/28 days)
LONSURF (trifluridine-tipiracil tab 20-8.19 mg)	P	OC, PA, QL (80 tablets/28 days)
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	np	OC
mercaptopurine tab 50 mg	np	OC
ONUREG (azacitidine tab 200 mg, 300 mg)	NP	OC, PA, QL (14 tablets/28 days)
SIKLOS (hydroxyurea tab 100 mg, 1000 mg)	NP	
TABLOID (thioguanine tab 40 mg)	P	OC
Antineoplastics, Other (Other Drugs for Cancer)		
imiquimod cream 5%	np	QL (48 packets/112 days)
KOMZIFTI (ziftomenib cap 200 mg)	NP	LD, PA, QL (90 capsules/30 days), SP
leucovorin calcium tab 5 mg, 15 mg	np	OC, PA, QL (180 tablets/30 days)
leucovorin calcium tab 25 mg	np	OC, PA, QL (360 tablets/30 days)
LIFYORLI (relacorilant cap pak 1 x 25 mg & 1 x 100 mg (125 mg dose), 2 x 25 mg & 1 x 100 mg (150 mg dose))	NP	LD, PA, QL (3 packs/28 days), SP
LYSODREN (mitotane tab 500 mg)	P	LD, OC, PA, SP
METHITEST (methyltestosterone oral tab 10 mg)	NP	PA, QL (600 tablets/30 days)
METHOTREXATE SODIUM (methotrexate sodium inj 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml))	NP	
methotrexate sodium for inj 1 gm	np	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml)	p	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	p	
methotrexate sodium tab 2.5 mg (base equiv)	p	OC
methyltestosterone cap 10 mg	np	PA, QL (600 capsules/30 days)
MODEYSO (dordaviprone hcl cap 125 mg)	NP	LD, PA, QL (20 capsules/28 days), SP

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Drug Name	Tier	Coverage Requirements and Limits
REVUFORJ (<i>revumenib citrate tab 25 mg</i>)	NP	LD, OC, PA, QL (240 tablets/30 days), SP
REVUFORJ (<i>revumenib citrate tab 110 mg</i>)	NP	LD, OC, PA, QL (120 tablets/30 days), SP
REVUFORJ (<i>revumenib citrate tab 160 mg</i>)	NP	LD, OC, PA, QL (60 tablets/30 days), SP
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tab 1 mg</i>	p	AC, IC, OC
<i>exemestane tab 25 mg</i>	np	OC
<i>letrozole tab 2.5 mg</i>	p	OC
Enzyme Inhibitors		
ETOPOSIDE (<i>etoposide cap 50 mg</i>)	P	OC
HYCAMTIN (<i>topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)</i>)	P	OC, PA
Molecular Target Inhibitors		
AKEEGA (<i>niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg</i>)	NP	LD, OC, PA, QL (60 tablets/30 days), SP
ALECENSA (<i>alectinib hcl cap 150 mg (base equivalent)</i>)	P	OC, PA, QL (240 capsules/30 days)
ALUNBRIG (<i>brigatinib tab initiation therapy pack 90 mg & 180 mg</i>)	P	LD, OC, PA, QL (30 tablets/180 days), SP
ALUNBRIG (<i>brigatinib tab 30 mg</i>)	P	LD, OC, PA, QL (120 tablets/30 days), SP
ALUNBRIG (<i>brigatinib tab 90 mg, 180 mg</i>)	P	LD, OC, PA, QL (30 tablets/30 days), SP
AUGTYRO (<i>repotrectinib cap 40 mg</i>)	NP	LD, OC, PA, QL (240 capsules/30 days), SP
AUGTYRO (<i>repotrectinib cap 160 mg</i>)	NP	LD, OC, PA, QL (60 capsules/30 days), SP
AVMAPKI FAKZYNJA CO-PACK (<i>avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack</i>)	NP	LD, OC, PA, QL (66 tablets/28 days), SP
AYVAKIT (<i>avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg</i>)	P	LD, OC, PA, QL (30 tablets/30 days), SP
BALVERSA (<i>erdafitinib tab 3 mg</i>)	NP	LD, OC, PA, QL (90 tablets/30 days), SP
BALVERSA (<i>erdafitinib tab 4 mg</i>)	NP	LD, OC, PA, QL (60 tablets/30 days), SP
BALVERSA (<i>erdafitinib tab 5 mg</i>)	NP	LD, OC, PA, QL (30 tablets/30 days), SP
BOSULIF (<i>bosutinib cap 50 mg</i>)	P	OC, PA, QL (30 capsules/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
BOSULIF (<i>bosutinib cap 100 mg</i>)	P	OC, PA, QL (150 capsules/30 days)
<i>bosutinib tab 100 mg</i>	np	PA, QL (90 tablets/30 days)
<i>bosutinib tab 400 mg, 500 mg</i>	np	PA, QL (30 tablets/30 days)
BRAFTOVI (<i>encorafenib cap 75 mg</i>)	NP	OC, PA, QL (180 capsules/30 days)
BRUKINSA (<i>zanubrutinib cap 80 mg</i>)	P	LD, OC, PA, QL (120 capsules/30 days), SP
BRUKINSA (<i>zanubrutinib tab 160 mg</i>)	P	LD, OC, PA, QL (60 tablets/30 days), SP
CABOMETYX (<i>cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)</i>)	P	OC, PA, QL (30 tablets/30 days)
CALQUENCE (<i>acalabrutinib maleate tab 100 mg</i>)	P	LD, OC, PA, QL (60 tablets/30 days), SP
CAPRELSA (<i>vandetanib tab 100 mg</i>)	P	LD, OC, PA, QL (60 tablets/30 days), SP
CAPRELSA (<i>vandetanib tab 300 mg</i>)	P	LD, OC, PA, QL (30 tablets/30 days), SP
COMETRIQ (<i>cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit</i>)	P	LD, OC, PA, QL (1 kit/28 days), SP
COMETRIQ (<i>cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit</i>)	P	LD, OC, PA, QL (1 kit/28 days), SP
COMETRIQ (<i>cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit</i>)	P	LD, OC, PA, QL (1 kit/28 days), SP
COPIKTRA (<i>duvelisib cap 15 mg, 25 mg</i>)	NP	LD, OC, PA, QL (56 capsules/28 days), SP
COTELLIC (<i>cobimetinib fumarate tab 20 mg (base equivalent)</i>)	P	OC, PA, QL (63 tablets/28 days)
<i>dasatinib tab 20 mg</i>	np	OC, PA, QL (90 tablets/30 days)
<i>dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg</i>	np	OC, PA, QL (30 tablets/30 days)
DAURISMO (<i>glasdegib maleate tab 25 mg (base equivalent)</i>)	NP	OC, PA, QL (60 tablets/30 days)
DAURISMO (<i>glasdegib maleate tab 100 mg (base equivalent)</i>)	NP	OC, PA, QL (30 tablets/30 days)
ENSACOVE (<i>ensartinib hcl cap 25 mg (base equivalent)</i>)	NP	LD, OC, PA, QL (30 capsules/30 days), SP
ENSACOVE (<i>ensartinib hcl cap 100 mg (base equivalent)</i>)	NP	LD, OC, PA, QL (60 capsules/30 days), SP
ERIVEDGE (<i>vismodegib cap 150 mg</i>)	P	OC, PA, QL (30 capsules/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
erlotinib hcl tab 25 mg (base equivalent)	np	OC, PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)	np	OC, PA, QL (30 tablets/30 days)
everolimus tab for oral susp 2 mg, 5 mg	np	OC, PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg	np	OC, PA, QL (90 tablets/30 days)
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	np	
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	np	LD, OC, PA, QL (30 tablets/30 days), SP
Everolimus Tab 2.5 mg (TORPENZ), 2.5 mg (YULITHIRA), 5 mg (TORPENZ), 5 mg (YULITHIRA), 7.5 mg (TORPENZ), 7.5 mg (YULITHIRA), 10 mg (TORPENZ), 10 mg (YULITHIRA)	np	LD, OC, PA, QL (30 tablets/30 days), SP
FOTIVDA (tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent))	NP	LD, OC, PA, QL (21 capsules/28 days), SP
FRUZAQLA (fruquintinib cap 1 mg)	NP	LD, OC, PA, QL (84 capsules/28 days), SP
FRUZAQLA (fruquintinib cap 5 mg)	NP	LD, OC, PA, QL (21 capsules/28 days), SP
GAVRETO (pralsetinib cap 100 mg)	NP	LD, OC, PA, QL (120 capsules/30 days), SP
gefitinib tab 250 mg	np	OC, PA, QL (30 tablets/30 days)
GILOTRIF (afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent))	P	LD, OC, PA, QL (30 tablets/30 days), SP
GOMEKLI (mirdametinib tab for oral susp 1 mg)	NP	LD, OC, PA, QL (168 tablets/28 days), SP
GOMEKLI (mirdametinib cap 1 mg)	NP	LD, OC, PA, QL (168 capsules/28 days), SP
GOMEKLI (mirdametinib cap 2 mg)	NP	LD, OC, PA, QL (84 capsules/28 days), SP
HERNEXEOS (zongertinib tab 60 mg)	NP	LD, PA, QL (180 tablets/60 days), SP
HYRNUO (sevabertinib tab 10 mg)	NP	LD, PA, QL (120 tablets/30 days), SP
IBRANCE (palbociclib cap 125 mg)	P	OC, PA, QL (21 capsules/28 days)
IBRANCE (palbociclib tab 75 mg, 100 mg, 125 mg)	P	OC, PA, QL (21 tablets/28 days)
IBTROZI (taletrectinib adipate cap 200 mg)	NP	LD, OC, PA, QL (90 capsules/30 days), SP

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Drug Name	Tier	Coverage Requirements and Limits
ICLUSIG (<i>ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)</i>)	P	LD, OC, PA, QL (30 tablets/30 days), SP
IDHIFA (<i>enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)</i>)	NP	OC, PA, QL (30 tablets/30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	np	OC, PA, QL (90 tablets/30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	np	OC, PA, QL (60 tablets/30 days)
IMBRUVICA (<i>ibrutinib tab 140 mg, 280 mg, 420 mg</i>)	P	LD, OC, PA, QL (30 tablets/30 days), SP
IMBRUVICA (<i>ibrutinib cap 70 mg</i>)	P	LD, OC, PA, QL (30 capsules/30 days), SP
IMBRUVICA (<i>ibrutinib cap 140 mg</i>)	P	LD, OC, PA, QL (90 capsules/30 days), SP
IMBRUVICA (<i>ibrutinib oral susp 70 mg/ml</i>)	P	LD, OC, PA, QL (216 mls/30 days), SP
INLYTA (<i>axitinib tab 1 mg</i>)	P	OC, PA, QL (180 tablets/30 days)
INLYTA (<i>axitinib tab 5 mg</i>)	P	OC, PA, QL (120 tablets/30 days)
INQOVI (<i>decitabine-cedazuridine tab 35-100 mg</i>)	NP	OC, PA, QL (5 tablets/28 days)
INREBIC (<i>fedratinib hcl cap 100 mg</i>)	NP	OC, PA, QL (120 capsules/30 days)
ITOVEBI (<i>inavolisib tab 3 mg</i>)	P	OC, PA, QL (56 tablets/28 days)
ITOVEBI (<i>inavolisib tab 9 mg</i>)	P	OC, PA, QL (28 tablets/28 days)
IWILFIN (<i>eflornithine hcl tab 192 mg</i>)	NP	LD, OC, PA, QL (240 tablets/30 days), SP
JAKAFI (<i>ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)</i>)	P	OC, PA, QL (60 tablets/30 days)
JAKAFI XR (<i>ruxolitinib phosphate tab er 24hr 11 mg (base equivalent), 22 mg (base equivalent), 33 mg (base equivalent), 44 mg (base equivalent), 55 mg (base equivalent)</i>)	P	PA, QL (30 tablets/30 days)
JAYPIRCA (<i>pirtobrutinib tab 50 mg</i>)	NP	OC, PA, QL (30 tablets/30 days)
JAYPIRCA (<i>pirtobrutinib tab 100 mg</i>)	NP	OC, PA, QL (60 tablets/30 days)
KISQALI (<i>ribociclib succinate tab pack 200 mg daily dose</i>)	P	OC, PA, QL (21 tablets/28 days)
KISQALI (<i>ribociclib succinate tab pack 400 mg daily dose (200 mg tab)</i>)	P	OC, PA, QL (42 tablets/28 days)

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Drug Name	Tier	Coverage Requirements and Limits
KISQALI (<i>ribociclib succinate tab pack 600 mg daily dose (200 mg tab)</i>)	P	OC, PA, QL (63 tablets/28 days)
KOSELUGO (<i>selumetinib sulfate cap 10 mg</i>)	P	LD, OC, PA, QL (240 capsules/30 days), SP
KOSELUGO (<i>selumetinib sulfate cap 25 mg</i>)	P	LD, OC, PA, QL (120 capsules/30 days), SP
KOSELUGO (<i>selumetinib sulfate cap sprinkle 5 mg</i>)	P	LD, PA, QL (420 capsules/30 days), SP
KOSELUGO (<i>selumetinib sulfate cap sprinkle 7.5 mg</i>)	P	LD, PA, QL (240 capsules/30 days), SP
KRAZATI (<i>adagrasib tab 200 mg</i>)	NP	LD, OC, PA, QL (180 tablets/30 days), SP
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	np	OC, PA, QL (180 tablets/30 days)
LAZCLUZE (<i>lazertinib mesylate tab 80 mg</i>)	P	LD, OC, PA, QL (60 tablets/30 days), SP
LAZCLUZE (<i>lazertinib mesylate tab 240 mg</i>)	P	LD, OC, PA, QL (30 tablets/30 days), SP
LENVIMA 10 MG DAILY DOSE (<i>lenvatinib cap therapy pack 10 mg (10 mg daily dose)</i>)	P	OC, PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE (<i>lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)</i>)	P	OC, PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE (<i>lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)</i>)	P	OC, PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE (<i>lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)</i>)	P	OC, PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE (<i>lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)</i>)	P	OC, PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE (<i>lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)</i>)	P	OC, PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE (<i>lenvatinib cap therapy pack 4 mg (4 mg daily dose)</i>)	P	OC, PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE (<i>lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)</i>)	P	OC, PA, QL (60 capsules/30 days)
LONSURF (<i>trifluridine-tipiracil tab 15-6.14 mg</i>)	P	OC, PA, QL (60 tablets/28 days)
LONSURF (<i>trifluridine-tipiracil tab 20-8.19 mg</i>)	P	OC, PA, QL (80 tablets/28 days)
LORBRENA (<i>lorlatinib tab 25 mg</i>)	NP	OC, PA, QL (120 tablets/30 days)
LORBRENA (<i>lorlatinib tab 100 mg</i>)	NP	OC, PA, QL (30 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
LUMAKRAS (<i>sotorasib tab 120 mg</i>)	NP	OC, PA, QL (240 tablets/30 days)
LUMAKRAS (<i>sotorasib tab 240 mg</i>)	NP	OC, PA, QL (120 tablets/30 days)
LUMAKRAS (<i>sotorasib tab 320 mg</i>)	NP	OC, PA, QL (90 tablets/30 days)
LYNPARZA (<i>olaparib tab 100 mg, 150 mg</i>)	P	LD, OC, PA, QL (120 tablets/30 days), SP
LYTGOBI (<i>futibatinib tab therapy pack 4 mg (12 mg daily dose)</i>)	NP	LD, OC, PA, QL (84 tablets/28 days), SP
LYTGOBI (<i>futibatinib tab therapy pack 4 mg (16 mg daily dose)</i>)	NP	LD, OC, PA, QL (112 tablets/28 days), SP
LYTGOBI (<i>futibatinib tab therapy pack 4 mg (20 mg daily dose)</i>)	NP	LD, OC, PA, QL (140 tablets/28 days), SP
MEKINIST (<i>trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)</i>)	P	OC, PA, QL (13 bottles/28 days)
MEKINIST (<i>trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)</i>)	P	OC, PA, QL (90 tablets/30 days)
MEKINIST (<i>trametinib dimethyl sulfoxide tab 2 mg (base equivalent)</i>)	P	OC, PA, QL (30 tablets/30 days)
MEKTOVI (<i>binimetinib tab 15 mg</i>)	NP	OC, PA, QL (180 tablets/30 days)
NERLYNX (<i>neratinib maleate tab 40 mg (base equivalent)</i>)	NP	OC, PA, QL (180 tablets/30 days)
<i>nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)</i>	np	OC, PA, QL (120 capsules/30 days)
NINLARO (<i>ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)</i>)	P	OC, PA, QL (3 capsules/28 days)
ODOMZO (<i>sonidegib phosphate cap 200 mg (base equivalent)</i>)	P	OC, PA, QL (30 capsules/30 days)
OGSIVEO (<i>nirogacestat hydrobromide tab 100 mg, 150 mg</i>)	P	LD, OC, PA, QL (56 tablets/28 days), SP
OJEMDA (<i>tovorafenib tab 100 mg</i>)	NP	LD, OC, PA, QL (24 tablets/28 days), SP
OJEMDA (<i>tovorafenib for oral susp 25 mg/ml</i>)	NP	LD, OC, PA, QL (8 bottles/28 days), SP
OJJAARA (<i>mometotinib dihydrochloride tab 100 mg, 150 mg, 200 mg</i>)	NP	LD, OC, PA, QL (30 tablets/30 days), SP
<i>pazopanib hcl tab 200 mg (base equiv)</i>	np	OC, PA, QL (120 tablets/30 days)
PEMAZYRE (<i>pemigatinib tab 4.5 mg, 9 mg, 13.5 mg</i>)	NP	LD, OC, PA, QL (14 tablets/21 days), SP

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Drug Name	Tier	Coverage Requirements and Limits
PIQRAY 200MG DAILY DOSE (<i>alpelisib tab therapy pack 200 mg daily dose</i>)	P	LD, OC, PA, QL (28 tablets/28 days), SP
PIQRAY 250MG DAILY DOSE (<i>alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)</i>)	P	LD, OC, PA, QL (56 tablets/28 days), SP
PIQRAY 300MG DAILY DOSE (<i>alpelisib tab pack 300 mg daily dose (2x150 mg tab)</i>)	P	LD, OC, PA, QL (56 tablets/28 days), SP
QINLOCK (<i>ripresinib tab 50 mg</i>)	NP	LD, OC, PA, QL (90 tablets/30 days), SP
RETEVMO (<i>selpercatinib tab 40 mg</i>)	P	OC, PA, QL (90 tablets/30 days)
RETEVMO (<i>selpercatinib tab 80 mg, 120 mg, 160 mg</i>)	P	OC, PA, QL (60 tablets/30 days)
REZLIDHIA (<i>olutasidenib cap 150 mg</i>)	NP	LD, OC, PA, QL (60 capsules/30 days), SP
ROMVIMZA (<i>vimseltinib cap 14 mg, 20 mg, 30 mg</i>)	P	LD, OC, PA, QL (8 capsules/28 days), SP
ROZLYTREK (<i>entrectinib pellet pack 50 mg</i>)	P	OC, PA, QL (336 packets/28 days)
ROZLYTREK (<i>entrectinib cap 100 mg</i>)	P	OC, PA, QL (30 capsules/30 days)
ROZLYTREK (<i>entrectinib cap 200 mg</i>)	P	OC, PA, QL (90 capsules/30 days)
RUBRACA (<i>rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)</i>)	P	OC, PA, QL (120 tablets/30 days)
RYDAPT (<i>midostaurin cap 25 mg</i>)	P	OC, PA, QL (240 capsules/30 days)
SCSEMBLIX (<i>asciminib hcl tab 20 mg</i>)	P	LD, OC, PA, QL (60 tablets/30 days), SP
SCSEMBLIX (<i>asciminib hcl tab 40 mg</i>)	P	LD, OC, PA, QL (240 tablets/30 days), SP
SCSEMBLIX (<i>asciminib hcl tab 100 mg</i>)	P	LD, OC, PA, QL (120 tablets/30 days), SP
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	np	OC, PA, QL (120 tablets/30 days)
STIVARGA (<i>regorafenib tab 40 mg</i>)	P	OC, PA, QL (84 tablets/28 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	np	OC, PA, QL (90 capsules/30 days)
<i>sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)</i>	np	OC, PA, QL (30 capsules/30 days)
TABRECTA (<i>capmatinib hcl tab 150 mg, 200 mg</i>)	P	OC, PA, QL (112 tablets/28 days)

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Drug Name	Tier	Coverage Requirements and Limits
TAFINLAR (<i>dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)</i>)	P	OC, PA, QL (120 capsules/30 days)
TAFINLAR (<i>dabrafenib mesylate tab for oral susp 10 mg (base equiv)</i>)	P	OC, PA, QL (4 bottles/28 days)
TAGRISSO (<i>osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)</i>)	P	LD, OC, PA, QL (30 tablets/30 days), SP
TALZENNA (<i>talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)</i>)	P	OC, PA, QL (30 capsules/30 days)
TALZENNA (<i>talazoparib tosylate cap 0.25 mg (base equivalent)</i>)	P	OC, PA, QL (90 capsules/30 days)
TEPMETKO (<i>tepotinib hcl tab 225 mg</i>)	P	LD, OC, PA, QL (60 tablets/30 days), SP
TIBSOVO (<i>ivosidenib tab 250 mg</i>)	P	LD, OC, PA, QL (60 tablets/30 days), SP
TRUQAP (<i>capivasertib tab therapy pack 160 mg, 200 mg</i>)	P	LD, OC, PA, QL (64 tablets/28 days), SP
TRUQAP (<i>capivasertib tab 200 mg</i>)	P	LD, OC, PA, QL (64 tablets/28 days), SP
TUKYSA (<i>tucatinib tab 50 mg</i>)	NP	LD, OC, PA, QL (300 tablets/30 days), SP
TUKYSA (<i>tucatinib tab 150 mg</i>)	NP	LD, OC, PA, QL (120 tablets/30 days), SP
TURALIO (<i>pexidartinib hcl cap 125 mg (base equivalent)</i>)	NP	LD, OC, PA, QL (120 capsules/30 days), SP
VANFLYTA (<i>quizartinib dihydrochloride tab 17.7 mg</i>)	NP	LD, OC, PA, QL (28 tablets/28 days), SP
VANFLYTA (<i>quizartinib dihydrochloride tab 26.5 mg</i>)	NP	LD, OC, PA, QL (56 tablets/28 days), SP
VENCLEXTA (<i>venetoclax tab 10 mg</i>)	P	LD, OC, PA, QL (60 tablets/30 days), SP
VENCLEXTA (<i>venetoclax tab 50 mg</i>)	P	LD, OC, PA, QL (30 tablets/30 days), SP
VENCLEXTA (<i>venetoclax tab 100 mg</i>)	P	LD, OC, PA, QL (180 tablets/30 days), SP
VENCLEXTA STARTING PACK (<i>venetoclax tab therapy starter pack 10 & 50 & 100 mg</i>)	P	LD, OC, PA, QL (1 pack/180 days), SP
VERZENIO (<i>abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg</i>)	P	OC, PA, QL (60 tablets/30 days)
VIJOICE (<i>alpelisib (pros) oral granules packet 50 mg</i>)	NP	LD, PA, QL (28 packets/28 days), SP
VIJOICE (<i>alpelisib (pros) tab therapy pack 50 mg daily dose, 125 mg daily dose</i>)	NP	LD, PA, QL (28 tablets/28 days), SP

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Drug Name	Tier	Coverage Requirements and Limits
VIJOICE (<i>alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)</i>)	NP	LD, PA, QL (56 tablets/28 days), SP
VITRAKVI (<i>larotrectinib sulfate oral soln 20 mg/ml (base equivalent)</i>)	P	LD, OC, PA, QL (300 mls/30 days), SP
VITRAKVI (<i>larotrectinib sulfate cap 25 mg (base equivalent)</i>)	P	LD, OC, PA, QL (180 capsules/30 days), SP
VITRAKVI (<i>larotrectinib sulfate cap 100 mg (base equivalent)</i>)	P	LD, OC, PA, QL (60 capsules/30 days), SP
VONJO (<i>pacritinib citrate cap 100 mg</i>)	NP	LD, OC, PA, QL (120 capsules/30 days), SP
VORANIGO (<i>vorasidenib tab 10 mg</i>)	P	LD, OC, PA, QL (60 tablets/30 days), SP
VORANIGO (<i>vorasidenib tab 40 mg</i>)	P	LD, OC, PA, QL (30 tablets/30 days), SP
XALKORI (<i>crizotinib cap 200 mg, 250 mg</i>)	P	OC, PA, QL (120 capsules/30 days)
XALKORI (<i>crizotinib cap sprinkle 20 mg, 50 mg</i>)	P	OC, PA, QL (120 capsules/30 days)
XALKORI (<i>crizotinib cap sprinkle 150 mg</i>)	P	OC, PA, QL (180 capsules/30 days)
XOSPATA (<i>gilteritinib fumarate tablet 40 mg (base equivalent)</i>)	NP	LD, OC, PA, QL (90 tablets/30 days), SP
XPOVIO (<i>selinexor tab therapy pack 10 mg (40 mg once weekly)</i>)	NP	LD, OC, PA, QL (16 tablets/28 days), SP
XPOVIO (<i>selinexor tab therapy pack 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly)</i>)	NP	LD, OC, PA, QL (8 tablets/28 days), SP
XPOVIO (<i>selinexor tab therapy pack 60 mg (60 mg once weekly), 80 mg (80 mg once weekly)</i>)	NP	LD, OC, PA, QL (4 tablets/28 days), SP
XPOVIO 60 MG TWICE WEEKLY (<i>selinexor tab therapy pack 20 mg (60 mg twice weekly)</i>)	NP	LD, OC, PA, QL (24 tablets/28 days), SP
XPOVIO 80 MG TWICE WEEKLY (<i>selinexor tab therapy pack 20 mg (80 mg twice weekly)</i>)	NP	LD, OC, PA, QL (32 tablets/28 days), SP
ZEJULA (<i>niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)</i>)	P	LD, OC, PA, QL (30 tablets/30 days), SP
ZELBORAF (<i>vemurafenib tab 240 mg</i>)	P	OC, PA, QL (240 tablets/30 days)
ZOLINZA (<i>vorinostat cap 100 mg</i>)	P	OC, PA, QL (120 capsules/30 days)
ZORTRESS (<i>everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>)	NP	
ZYDELIG (<i>idelalisib tab 100 mg, 150 mg</i>)	P	OC, PA, QL (60 tablets/30 days)
ZYKADIA (<i>ceritinib tab 150 mg</i>)	P	OC, PA, QL (90 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
Monoclonal Antibodies/Antibody-Drug Conjugates		
KESIMPTA (<i>ofatumumab soln auto-injector 20 mg/0.4ml</i>)	P	PA, QL (1 pen/28 days)
Retinoids		
<i>bexarotene cap 75 mg</i>	np	OC, PA
<i>tretinoin cap 10 mg</i>	np	OC, PA
Treatment Adjuncts (Supportive Treatment Drugs for Cancer)		
<i>allopurinol tab 100 mg, 300 mg</i>	p	
<i>leucovorin calcium tab 5 mg, 15 mg</i>	np	OC, PA, QL (180 tablets/30 days)
<i>leucovorin calcium tab 25 mg</i>	np	OC, PA, QL (360 tablets/30 days)
<i>mesna tab 400 mg</i>	np	OC
MYCAPSSA (<i>octreotide acetate cap delayed release 20 mg</i>)	NP	LD, PA, QL (120 capsules/30 days), SP
OCTREOTIDE ACETATE (<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml</i>)	NP	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml)</i>	np	
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)</i>	np	
Antiparasitics (Drugs for Parasitic Infections)		
Anthelmintics (Drugs for Parasitic Worms)		
<i>albendazole tab 200 mg</i>	np	
<i>ivermectin tab 3 mg</i>	np	
<i>praziquantel tab 600 mg</i>	np	
Antiprotozoals (Drugs for Protozoal Infection)		
ARAKODA (<i>tafenoquine succinate tab 100 mg (base equivalent)</i>)	NP	
<i>atovaquone susp 750 mg/5ml</i>	np	
<i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg</i>	np	QL (30 tablets/90 days)
BENZNIDAZOLE (<i>benznidazole tab 12.5 mg, 100 mg</i>)	P	
CHLOROQUINE PHOSPHATE (<i>chloroquine phosphate tab 250 mg</i>)	NP	
<i>chloroquine phosphate tab 500 mg</i>	np	
COARTEM (<i>artemether-lumefantrine tab 20-120 mg</i>)	NP	
HUMATIN (<i>paromomycin sulfate cap 250 mg</i>)	P	
HYDROXYCHLOROQUINE SULFAT (<i>hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg</i>)	NP	
<i>hydroxychloroquine sulfate tab 200 mg</i>	p	
IMPAVIDO (<i>miltefosine cap 50 mg</i>)	P	
KRINTAFEL (<i>tafenoquine succinate tab 150 mg (base equivalent)</i>)	NP	

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Drug Name	Tier	Coverage Requirements and Limits
LAMPIT (<i>nifurtimox tab 30 mg, 120 mg</i>)	NP	
<i>mefloquine hcl tab 250 mg</i>	p	
<i>nitazoxanide tab 500 mg</i>	np	QL (6 tablets/30 days)
<i>pentamidine isethionate for nebulization soln 300 mg</i>	np	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	np	
<i>pyrimethamine tab 25 mg</i>	np	PA, QL (116 tablets/180 days)
<i>quinine sulfate cap 324 mg</i>	np	
<i>tinidazole tab 250 mg, 500 mg</i>	np	
Antiparkinson Agents (Drugs for Parkinson's Disease)		
Anticholinergics		
<i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg</i>	p	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	np	
<i>trihexyphenidyl hcl tab 2 mg, 5 mg</i>	p	
Antiparkinson Agents, Other		
<i>amantadine hcl cap 100 mg</i>	p	
<i>amantadine hcl soln 50 mg/5ml</i>	np	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	np	
<i>entacapone tab 200 mg</i>	np	
<i>tolcapone tab 100 mg</i>	np	
Dopamine Agonists		
APOKYN (<i>apomorphine hcl soln cartridge 30 mg/3ml</i>)	NP	LD, SP
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	np	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	np	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	np	
NEUPRO (<i>rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr</i>)	NP	
ONAPGO (<i>apomorphine hcl soln cartridge 98 mg/20ml</i>)	NP	LD, SP
<i>pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	p	
<i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	p	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg</i>	np	
<i>carbidopa & levodopa tab er 25-100 mg, 50-200 mg</i>	np	
<i>carbidopa & levodopa tab 10-100 mg, 25-100 mg</i>	p	

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Drug Name	Tier	Coverage Requirements and Limits
carbidopa & levodopa tab 25-250 mg	np	
carbidopa tab 25 mg	np	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	np	
DUOPA (carbidopa-levodopa enteral susp 4.63-20 mg/ml)	NP	
INBRIJA (levodopa inhal powder cap 42 mg)	P	LD, SP
RYTARY (carbidopa & levodopa cap er 23.75-95 mg)	NP	PA, QL (750 capsules/30 days)
RYTARY (carbidopa & levodopa cap er 36.25-145 mg)	NP	PA, QL (480 capsules/30 days)
RYTARY (carbidopa & levodopa cap er 48.75-195 mg)	NP	PA, QL (360 capsules/30 days)
RYTARY (carbidopa & levodopa cap er 61.25-245 mg)	NP	PA, QL (300 capsules/30 days)
VYALEV (foscarnidopa-foslevodopa subcutaneous inj 12-240 mg/ml)	NP	LD, SP
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)	np	
selegiline hcl cap 5 mg	np	
selegiline hcl tab 5 mg	np	
Antipsychotics (Drugs for Mental Health)		
1st Generation/Typical		
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	np	
FLUPHENAZINE HCL (fluphenazine hcl oral conc 5 mg/ml)	NP	
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	np	
FLUPHENAZINE HYDROCHLORID (fluphenazine hcl elixir 2.5 mg/5ml)	NP	
haloperidol lactate oral conc 2 mg/ml	np	
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg	p	
haloperidol tab 20 mg	np	
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	np	
MOLINDONE HYDROCHLORIDE (molindone hcl tab 5 mg, 10 mg, 25 mg)	NP	
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	np	
PERPHENAZINE/AMITRIPTYLIN (perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg)	NP	
pimozide tab 1 mg, 2 mg	np	
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	p	
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	np	
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	np	

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Drug Name	Tier	Coverage Requirements and Limits
2nd Generation/Atypical		
<i>aripiprazole oral solution 1 mg/ml</i>	np	QL (900 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i>	np	QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg, 5 mg</i>	p	QL (60 tablets/30 days)
<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg</i>	p	QL (30 tablets/30 days)
<i>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)</i>	np	QL (60 tablets/30 days)
CAPLYTA (<i>lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg</i>)	NP	QL (30 capsules/30 days)
FANAPT (<i>iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg</i>)	NP	QL (60 tablets/30 days)
FANAPT TITRATION PACK A (<i>iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak</i>)	NP	QL (1 pack/180 days)
FANAPT TITRATION PACK B (<i>iloperidone tab 1 mg & 2 mg & 6 mg & 8 mg titration pak</i>)	NP	QL (1 pack/180 days)
FANAPT TITRATION PACK C (<i>iloperidone tab 1 mg & 2 mg & 6 mg titration pak</i>)	NP	QL (1 pack/180 days)
<i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i>	np	QL (30 tablets/30 days)
<i>lurasidone hcl tab 80 mg</i>	np	QL (60 tablets/30 days)
<i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg</i>	np	QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>	p	QL (60 tablets/30 days)
<i>olanzapine tab 15 mg, 20 mg</i>	p	QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	np	QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 3 mg, 9 mg</i>	np	QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 6 mg</i>	np	QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 50 mg, 300 mg</i>	p	QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 150 mg, 200 mg</i>	p	QL (30 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	np	QL (60 tablets/30 days)
<i>quetiapine fumarate tab 25 mg, 50 mg</i>	p	QL (180 tablets/30 days)
<i>quetiapine fumarate tab 100 mg</i>	p	QL (120 tablets/30 days)
<i>quetiapine fumarate tab 200 mg</i>	p	QL (90 tablets/30 days)
<i>quetiapine fumarate tab 300 mg, 400 mg</i>	p	QL (60 tablets/30 days)
REXULTI (<i>brexipiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>)	P	QL (30 tablets/30 days)
RISPERIDONE ODT (<i>risperidone orally disintegrating tab 0.25 mg</i>)	NP	QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i>	np	QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	np	QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	np	QL (480 mls/30 days)
<i>risperidone tab 0.25 mg</i>	p	QL (120 tablets/30 days)
<i>risperidone tab 0.5 mg, 1 mg, 2 mg, 4 mg</i>	p	QL (120 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
risperidone tab 3 mg	p	QL (60 tablets/30 days)
SECUADO (asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr)	NP	QL (30 patches/30 days)
VRAYLAR (cariprazine hcl cap 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent))	P	QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg	np	QL (60 capsules/30 days)
Treatment-Resistant		
clozapine orally disintegrating tab 12.5 mg, 100 mg	np	QL (90 tablets/30 days)
clozapine orally disintegrating tab 25 mg	np	QL (270 tablets/30 days)
clozapine orally disintegrating tab 150 mg	np	QL (180 tablets/30 days)
clozapine orally disintegrating tab 200 mg	np	QL (120 tablets/30 days)
clozapine tab 25 mg	np	QL (90 tablets/30 days)
clozapine tab 50 mg	np	QL (90 tablets/30 days)
clozapine tab 100 mg	np	QL (270 tablets/30 days)
clozapine tab 200 mg	np	QL (120 tablets/30 days)
VERSACLOZ (clozapine susp 50 mg/ml)	NP	QL (540 mls/30 days)
Antispasticity (Drugs for Muscle Spasms)		
No USP Class		
baclofen tab 10 mg, 20 mg	p	
tizanidine hcl tab 2 mg (base equivalent)	p	QL (180 tablets/30 days)
tizanidine hcl tab 4 mg (base equivalent)	p	QL (180 tablets/30 days)
Antivirals (Drugs for Viral Infections)		
Anti-cytomegalovirus (CMV) Agents (Drugs for CMV Infection)		
LIVTENCITY (maribavir tab 200 mg)	NP	LD, SP
PREVYMIS (letermovir tab 240 mg, 480 mg)	NP	QL (200 tablets/365 days)
PREVYMIS (letermovir pellet pack 20 mg, 120 mg)	NP	
valganciclovir hcl for soln 50 mg/ml (base equiv)	np	
valganciclovir hcl tab 450 mg (base equivalent)	np	
Anti-hepatitis B (HBV) Agents (Drugs for Hepatitis B)		
adefovir dipivoxil tab 10 mg	np	
BARACLUDE (entecavir oral soln 0.05 mg/ml)	P	
entecavir tab 0.5 mg, 1 mg	np	
lamivudine oral soln 10 mg/ml	np	QL (960 mls/30 days)
lamivudine tab 100 mg (hbv)	np	
lamivudine tab 150 mg	np	QL (60 tablets/30 days)
lamivudine tab 300 mg	np	QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg	np	QL (30 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
VEMLIDY (<i>tenofovir alafenamide fumarate tab 25 mg</i>)	P	
VIREAD (<i>tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg</i>)	P	QL (30 tablets/30 days)
VIREAD (<i>tenofovir disoproxil fumarate oral powder 40 mg/gm</i>)	P	QL (240 grams/30 days)
Anti-hepatitis C (HCV) Agents (Drugs for Hepatitis C)		
EPCLUSA (<i>sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg</i>)	P	PA, QL (28 tablets/28 days)
EPCLUSA (<i>sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg</i>)	P	PA, QL (28 packs/28 days)
HARVONI (<i>ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg</i>)	P	PA, QL (28 tablets/28 days)
HARVONI (<i>ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg</i>)	P	PA, QL (28 packs/28 days)
MAVYRET (<i>glecaprevir-pibrentasvir tab 100-40 mg</i>)	P	PA, QL (90 tablets/30 days)
MAVYRET (<i>glecaprevir-pibrentasvir pellet pack 50-20 mg</i>)	P	PA, QL (140 packs/28 days)
RIBAVIRIN (<i>ribavirin cap 200 mg</i>)	P	
RIBAVIRIN (<i>ribavirin tab 200 mg</i>)	P	
SOVALDI (<i>sofosbuvir tab 200 mg, 400 mg</i>)	P	PA, QL (30 tablets/30 days)
SOVALDI (<i>sofosbuvir pellet pack 150 mg, 200 mg</i>)	P	PA, QL (28 packs/28 days)
VOSEVI (<i>sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg</i>)	P	PA, QL (30 tablets/30 days)
Antitherpetic Agents (Drugs for Herpes Infection)		
acyclovir cap 200 mg	p	
acyclovir susp 200 mg/5ml	np	
acyclovir tab 400 mg, 800 mg	p	
famciclovir tab 125 mg, 250 mg, 500 mg	np	
valacyclovir hcl tab 500 mg, 1 gm	p	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE (<i>cabotegravir im extended release susp 600 mg/3ml</i>)	P	AC, CW, IC
BIKTARVY (<i>bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg</i>)	P	QL (30 tablets/30 days)
DOVATO (<i>dolutegravir sodium-lamivudine tab 50-300 mg (base eq)</i>)	P	QL (30 tablets/30 days)
GENVOYA (<i>elvitegravir-cobic-emtricitab-tenofovir af tab 150-150-200-10 mg</i>)	P	QL (30 tablets/30 days)
ISENTRESS (<i>raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)</i>)	P	CW, IC, QL (180 tablets/30 days)
ISENTRESS (<i>raltegravir potassium tab 400 mg (base equiv)</i>)	P	CW, IC, QL (60 tablets/30 days)
ISENTRESS (<i>raltegravir potassium packet for susp 100 mg (base equiv)</i>)	P	CW, IC, QL (60 packets/30 days)
ISENTRESS HD (<i>raltegravir potassium tab 600 mg (base equiv)</i>)	P	QL (60 tablets/30 days)
JULUCA (<i>dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)</i>)	P	QL (30 tablets/30 days)

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STRIBILD (<i>elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg</i>)	NP	QL (30 tablets/30 days)
TIVICAY (<i>dolutegravir sodium tab 50 mg (base equiv)</i>)	P	CW, IC, QL (60 tablets/30 days)
TIVICAY PD (<i>dolutegravir sodium tab for oral susp 5 mg (base equiv)</i>)	P	CW, IC, QL (360 tablets/30 days)
TRIUMEQ (<i>abacavir-dolutegravir-lamivudine tab 600-50-300 mg</i>)	P	QL (30 tablets/30 days)
TRIUMEQ PD (<i>abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg</i>)	P	QL (180 tablets/30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO (<i>doravirine-lamivudine-tenofovir df tab 100-300-300 mg</i>)	P	QL (30 tablets/30 days)
EDURANT PED (<i>rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)</i>)	NP	QL (180 tablets/30 days)
efavirenz tab 600 mg	np	QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	np	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	np	QL (30 tablets/30 days)
EFAVIRENZ/LAMIVUDINE/TENO (<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>)	NP	QL (30 tablets/30 days)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	np	QL (30 tablets/30 days)
etravirine tab 100 mg, 200 mg	np	QL (60 tablets/30 days)
IDVYNZO (<i>doravirine-islatravir tab 100-0.25 mg</i>)	P	QL (30 tablets/30 days)
INTELENCE (<i>etravirine tab 25 mg</i>)	P	QL (120 tablets/30 days)
JULUCA (<i>dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)</i>)	P	QL (30 tablets/30 days)
NEVIRAPINE (<i>nevirapine susp 50 mg/5ml</i>)	NP	QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg	np	QL (30 tablets/30 days)
nevirapine tab 200 mg	p	QL (60 tablets/30 days)
ODEFSEY (<i>emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg</i>)	P	QL (30 tablets/30 days)
rilpivirine hcl tab 25 mg (base equivalent)	np	QL (30 tablets/30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate soln 20 mg/ml (base equiv)	np	QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv)	np	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg	np	QL (30 tablets/30 days)
BIKTARVY (<i>bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg</i>)	P	QL (30 tablets/30 days)
CIMDUO (<i>lamivudine-tenofovir disoproxil fumarate tab 300-300 mg</i>)	P	QL (30 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
DELSTRIGO (<i>doravirine-lamivudine-tenofovir df tab 100-300-300 mg</i>)	P	QL (30 tablets/30 days)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg</i>)	P	QL (30 tablets/30 days)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg</i>)	P	AC, CW, IC, QL (30 tablets/30 days)
DOVATO (<i>dolutegravir sodium-lamivudine tab 50-300 mg (base eq)</i>)	P	QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	np	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	np	QL (30 tablets/30 days)
EFAVIRENZ/LAMIVUDINE/TENO (<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>)	NP	QL (30 tablets/30 days)
emtricitabine caps 200 mg	np	QL (30 capsules/30 days)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	np	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg	np	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	np	AC, CW, IC, QL (30 tablets/30 days)
EMTRIVA (<i>emtricitabine soln 10 mg/ml</i>)	NP	QL (720 mls/30 days)
GENVOYA (<i>elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg</i>)	P	QL (30 tablets/30 days)
lamivudine oral soln 10 mg/ml	np	QL (960 mls/30 days)
lamivudine tab 150 mg	np	QL (60 tablets/30 days)
lamivudine tab 300 mg	np	QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg	np	QL (60 tablets/30 days)
ODEFSEY (<i>emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg</i>)	P	QL (30 tablets/30 days)
STRIBILD (<i>elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg</i>)	NP	QL (30 tablets/30 days)
SYM TUZA (<i>darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg</i>)	P	QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg	np	QL (30 tablets/30 days)
TRIUMEQ (<i>abacavir-dolutegravir-lamivudine tab 600-50-300 mg</i>)	P	QL (30 tablets/30 days)
TRIUMEQ PD (<i>abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg</i>)	P	QL (180 tablets/30 days)
TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>)	NP+	CW, IC, QL (30 tablets/30 days)
VIREAD (<i>tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg</i>)	P	QL (30 tablets/30 days)
VIREAD (<i>tenofovir disoproxil fumarate oral powder 40 mg/gm</i>)	P	QL (240 grams/30 days)
zidovudine cap 100 mg	np	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml	np	QL (1920 mls/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
zidovudine tab 300 mg	np	QL (60 tablets/30 days)
Anti-HIV Agents, Other		
EVOTAZ (<i>atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)</i>)	P	QL (30 tablets/30 days)
GENVOYA (<i>elvitegrav-cobic-emtricitab-tenofovir af tab 150-150-200-10 mg</i>)	P	QL (30 tablets/30 days)
IDVYNOS (<i>doravirine-islatravir tab 100-0.25 mg</i>)	P	QL (30 tablets/30 days)
maraviroc tab 150 mg	np	QL (60 tablets/30 days)
maraviroc tab 300 mg	np	QL (120 tablets/30 days)
PREZCOBIX (<i>darunavir-cobicistat tab 675-150 mg, 800-150 mg</i>)	P	QL (30 tablets/30 days)
RUKOBIA (<i>fostemsavir tromethamine tab er 12hr 600 mg</i>)	NP	QL (60 tablets/30 days)
STRIBILD (<i>elvitegrav-cobic-emtricitab-tenofovir df tab 150-150-200-300 mg</i>)	NP	QL (30 tablets/30 days)
SUNLENCA (<i>lenacapavir sodium tab therapy pack 5 x 300 mg</i>)	NP	QL (5 tablets/365 days)
SUNLENCA (<i>lenacapavir sodium tab 300 mg</i>)	NP	QL (4 tablets/365 days)
SYM TUZA (<i>darunavir-cobic-emtricitab-tenofovir af tab 800-150-200-10 mg</i>)	P	QL (30 tablets/30 days)
YEZTUGO (<i>lenacapavir sodium subcut soln 463.5 mg/1.5ml (prophylaxis)</i>)	P	CW, IC
YEZTUGO (<i>lenacapavir sodium tab 300 mg (prophylaxis)</i>)	P	CW, IC, QL (4 tablets/365 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS (<i>tipranavir cap 250 mg</i>)	NP	QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv)	np	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv)	np	QL (60 capsules/30 days)
atazanavir sulfate cap 300 mg (base equiv)	np	QL (30 capsules/30 days)
darunavir tab 600 mg	np	QL (60 tablets/30 days)
darunavir tab 800 mg	np	CW, IC, QL (30 tablets/30 days)
EVOTAZ (<i>atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)</i>)	P	QL (30 tablets/30 days)
fosamprenavir calcium tab 700 mg (base equiv)	np	QL (120 tablets/30 days)
KALETRA (<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>)	P	QL (480 mls/30 days)
lopinavir-ritonavir tab 100-25 mg	np	QL (180 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg	np	QL (120 tablets/30 days)
NORVIR (<i>ritonavir powder packet 100 mg</i>)	NP	QL (360 packets/30 days)
PREZCOBIX (<i>darunavir-cobicistat tab 675-150 mg, 800-150 mg</i>)	P	QL (30 tablets/30 days)
PREZISTA (<i>darunavir oral susp 100 mg/ml</i>)	P	QL (400 mls/30 days)
PREZISTA (<i>darunavir tab 75 mg</i>)	P	QL (300 tablets/30 days)
PREZISTA (<i>darunavir tab 150 mg</i>)	P	QL (180 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
REYATAZ (<i>atazanavir sulfate oral powder packet 50 mg (base equiv)</i>)	NP	QL (240 packets/30 days)
ritonavir tab 100 mg	np	CW, IC, QL (360 tablets/30 days)
SYMTUZA (<i>darunavir-cobic-emtricitab-tenofovir af tab 800-150-200-10 mg</i>)	P	QL (30 tablets/30 days)
VIRACEPT (<i>nelfinavir mesylate tab 250 mg</i>)	NP	QL (270 tablets/30 days)
VIRACEPT (<i>nelfinavir mesylate tab 625 mg</i>)	NP	QL (120 tablets/30 days)
Anti-influenza Agents (Drugs for Flu)		
amantadine hcl cap 100 mg	p	
amantadine hcl soln 50 mg/5ml	np	
oseltamivir phosphate cap 30 mg (base equiv)	np	QL (40 capsules/120 days)
oseltamivir phosphate cap 45 mg (base equiv)	p	QL (20 capsules/120 days)
oseltamivir phosphate cap 75 mg (base equiv)	p	QL (20 capsules/120 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	np	QL (300 mls/120 days)
RELENZA DISKHALER (<i>zanamivir aerosol powder breath activated 5 mg/act</i>)	NP	QL (40 blisters/120 days)
XOFLUZA (<i>baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)</i>)	NP	QL (2 tablets/120 days)
Antiviral, Coronavirus Agents		
LAGEVRIO (<i>molnupiravir cap 200 mg</i>)	P	QL (40 capsules/90 days)
PAXLOVID (<i>nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak</i>)	P	QL (11 tablets/90 days)
PAXLOVID (<i>nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak</i>)	P	QL (20 tablets/90 days)
PAXLOVID (<i>nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak</i>)	P	QL (30 tablets/90 days)
Anxiolytics (Drugs for Anxiety)		
Anxiolytics, Other (Other Drugs for Anxiety)		
buspirone hcl tab 5 mg, 10 mg, 15 mg, 30 mg	p	
DOXEPIN HCL (<i>doxepin hcl conc 10 mg/ml</i>)	NP	
doxepin hcl cap 10 mg, 25 mg, 50 mg	p	
doxepin hcl cap 75 mg, 100 mg	np	
DOXEPIN HYDROCHLORIDE (<i>doxepin hcl cap 150 mg</i>)	np	
hydroxyzine hcl syrup 10 mg/5ml	np	
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	p	
HYDROXYZINE PAMOATE (<i>hydroxyzine pamoate cap 100 mg</i>)	NP	
hydroxyzine pamoate cap 25 mg, 50 mg	p	
Benzodiazepines		

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Drug Name	Tier	Coverage Requirements and Limits
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg	p	
Alprazolam Tab Er 24hr 0.5 mg (ALPRAZOLAM XR), 1 mg (ALPRAZOLAM XR), 2 mg (ALPRAZOLAM XR), 3 mg (ALPRAZOLAM XR)	p	
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	p	
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	p	
CHLORDIAZEPOXIDE/AMITRIPT (chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg)	NP	
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	np	
clonazepam tab 0.5 mg, 1 mg, 2 mg	p	
clorazepate dipotassium tab 3.75 mg, 7.5 mg, 15 mg	np	
diazepam conc 5 mg/ml	np	
Diazepam Conc 5 mg/ml (DIAZEPAM INTENSOL)	np	
diazepam oral soln 1 mg/ml	p	
diazepam tab 2 mg, 5 mg, 10 mg	p	
lorazepam conc 2 mg/ml	np	
Lorazepam Conc 2 mg/ml (LORAZEPAM INTENSOL)	np	
lorazepam tab 0.5 mg, 1 mg, 2 mg	p	QL (150 tablets/30 days)
oxazepam cap 10 mg, 15 mg, 30 mg	np	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)		
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq)	p	
escitalopram oxalate soln 5 mg/5ml (base equiv)	np	
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	p	
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg	p	
paroxetine mesylate cap 7.5 mg (base equiv)	np	
sertraline hcl oral concentrate for solution 20 mg/ml	np	
sertraline hcl tab 25 mg, 50 mg, 100 mg	p	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent)	p	
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	p	
Bipolar Agents (Drugs for Bipolar Disorder)		
Bipolar Agents, Other		
aripiprazole oral solution 1 mg/ml	np	QL (900 mls/30 days)
aripiprazole orally disintegrating tab 10 mg, 15 mg	np	QL (60 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
aripiprazole tab 2 mg, 5 mg	p	QL (60 tablets/30 days)
aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg	p	QL (30 tablets/30 days)
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)	np	QL (60 tablets/30 days)
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	np	
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg	np	QL (30 tablets/30 days)
lurasidone hcl tab 80 mg	np	QL (60 tablets/30 days)
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg	np	QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	p	QL (60 tablets/30 days)
olanzapine tab 15 mg, 20 mg	p	QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 50 mg, 300 mg	p	QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg	p	QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 400 mg	np	QL (60 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg	p	QL (180 tablets/30 days)
quetiapine fumarate tab 100 mg	p	QL (120 tablets/30 days)
quetiapine fumarate tab 200 mg	p	QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg	p	QL (60 tablets/30 days)
RISPERIDONE ODT (risperidone orally disintegrating tab 0.25 mg)	NP	QL (60 tablets/30 days)
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg	np	QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	np	QL (120 tablets/30 days)
risperidone soln 1 mg/ml	np	QL (480 mls/30 days)
risperidone tab 0.25 mg	p	QL (120 tablets/30 days)
risperidone tab 0.5 mg, 1 mg, 2 mg, 4 mg	p	QL (120 tablets/30 days)
risperidone tab 3 mg	p	QL (60 tablets/30 days)
SECUADO (asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr)	NP	QL (30 patches/30 days)
VRAYLAR (cariprazine hcl cap 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent))	P	QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg	np	QL (60 capsules/30 days)
Mood Stabilizers		
CARBAMAZEPINE (carbamazepine chew tab 200 mg)	NP	
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	np	
carbamazepine chew tab 100 mg	np	
carbamazepine susp 100 mg/5ml	np	
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	np	
carbamazepine tab 200 mg	np	
CARBATROL (carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg)	NP	

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Drug Name	Tier	Coverage Requirements and Limits
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	np	
<i>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg</i>	p	
<i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i>	np	
EQUETRO (carbamazepine (mood) cap er 12hr 100 mg, 200 mg, 300 mg)	NP	
LAMICTAL XR (lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit)	NP	
LAMICTAL XR (lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit)	NP	
LAMICTAL XR (lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit)	NP	
<i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i>	np	
<i>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg</i>	np	
<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>	p	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	np	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	np	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	np	
LITHIUM CARBONATE (lithium carbonate cap 150 mg, 300 mg, 600 mg)	NP	
<i>lithium carbonate cap 150 mg, 300 mg, 600 mg</i>	p	
<i>lithium carbonate tab er 300 mg</i>	p	
<i>lithium carbonate tab er 450 mg</i>	p	
<i>lithium carbonate tab 300 mg</i>	p	
<i>lithium oral solution 8 meq/5ml</i>	np	
LITHOBID (lithium carbonate tab er 300 mg)	NP	
TEGRETOL (carbamazepine tab 200 mg)	NP	
TEGRETOL (carbamazepine susp 100 mg/5ml)	NP	
TEGRETOL-XR (carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg)	NP	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	np	
<i>valproic acid cap 250 mg</i>	np	
Blood Glucose Regulators (Drugs for Diabetes)		
Antidiabetic Agents (Drugs for High Blood Sugar)		
<i>acarbose tab 25 mg, 50 mg, 100 mg</i>	np	
<i>colesevelam hcl tab 625 mg</i>	np	
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg</i>	np	QL (30 tablets/30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	np	QL (60 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
dapagliflozin tab 5 mg, 10 mg	np	QL (30 tablets/30 days)
glimepiride tab 1 mg, 2 mg, 4 mg	p	
GLIPIZIDE (glipizide tab 2.5 mg)	NP	
glipizide tab er 24hr 2.5 mg, 10 mg	p	
Glipizide Tab Er 24hr 2.5 mg (GLIPIZIDE XL), 10 mg (GLIPIZIDE XL)	p	
glipizide tab er 24hr 5 mg	p	
Glipizide Tab Er 24hr 5 mg (GLIPIZIDE XL)	p	
glipizide tab 5 mg, 10 mg	p	
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	np	
glyburide tab 1.25 mg, 2.5 mg, 5 mg	p	
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	p	
GLYXAMBI (empagliflozin-linagliptin tab 10-5 mg, 25-5 mg)	P	QL (30 tablets/30 days)
JARDIANCE (empagliflozin tab 10 mg, 25 mg)	P	QL (30 tablets/30 days)
metformin hcl tab er 24hr 500 mg, 750 mg	p	
metformin hcl tab 500 mg, 850 mg, 1000 mg	p	
MOUNJARO (tirzepatide soln auto-injector 2.5 mg/0.5ml)	P	PA, QL (4 pens/180 days)
MOUNJARO (tirzepatide soln auto-injector 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml)	P	PA, QL (4 pens/28 days)
nateglinide tab 60 mg, 120 mg	np	
OZEMPIC (semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml))	P	PA, QL (1 pen/28 days)
OZEMPIC (semaglutide tab 1.5 mg)	P	PA, QL (30 tablets/180 days)
OZEMPIC (semaglutide tab 4 mg, 9 mg)	P	PA, QL (30 tablets/30 days)
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	p	
pioglitazone hcl-metformin hcl tab 15-500 mg	np	
pioglitazone hcl-metformin hcl tab 15-850 mg	np	
repaglinide tab 0.5 mg, 1 mg	p	
repaglinide tab 2 mg	np	
RYBELSUS (semaglutide tab 3 mg)	P	PA, QL (30 tablets/180 days)
RYBELSUS (semaglutide tab 7 mg, 14 mg)	P	PA, QL (30 tablets/30 days)
sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	np	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	np	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	np	QL (60 tablets/30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg	np	QL (60 tablets/30 days)
SOLIQUA 100/33 (insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml)	P	QL (6 pens/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
SYNJARDY (<i>empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg</i>)	P	QL (60 tablets/30 days)
SYNJARDY XR (<i>empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg</i>)	P	QL (60 tablets/30 days)
SYNJARDY XR (<i>empagliflozin-metformin hcl tab er 24hr 25-1000 mg</i>)	P	QL (30 tablets/30 days)
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg</i>)	P	QL (60 tablets/30 days)
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg</i>)	P	QL (30 tablets/30 days)
TRIJARDY XR (<i>empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg</i>)	P	QL (60 tablets/30 days)
TRULICITY (<i>dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml</i>)	P	PA, QL (4 pens/28 days)
XIGDUO XR (<i>dapagliflozin free bas-metformin hcl tab er 24hr 2.5-1000 mg</i>)	P	QL (60 tablets/30 days)
XULTOPHY 100/3.6 (<i>insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml</i>)	P	QL (5 pens/30 days)
Glycemic Agents (Drugs for Low Blood Sugar)		
BAQSIMI ONE PACK (<i>glucagon nasal powder 3 mg/dose</i>)	P	CW
BAQSIMI TWO PACK (<i>glucagon nasal powder 3 mg/dose</i>)	P	CW
BD GLUCOSE (<i>glucose chew tab 5 gm</i>)	NP	
CVS GLUCOSE (<i>glucose chew tab 4 gm (rounded)</i>)	NP	
<i>diazoxide susp 50 mg/ml</i>	np	
GLUCAGON EMERGENCY KIT FO (<i>glucagon hcl for inj 1 mg</i>)	P	CW
<i>glucagon for inj 1 mg</i>	np	CW
<i>glucose chew tab 4 gm (rounded)</i>	np	
Glucose Chew Tab 4 gm (rounded) (CVS GLUCOSE), 4 gm (rounded) (CVS SOFT GLUCOSE), 4 gm (rounded) (GNP GLUCOSE), 4 gm (rounded) (WALGREENS GLUCOSE)	np	
GNP GLUCOSE (<i>glucose chew tab 4 gm (rounded)</i>)	NP	
GVOKE HYPOPEN 1-PACK (<i>glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml</i>)	P	CW
GVOKE HYPOPEN 2-PACK (<i>glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml</i>)	P	CW
GVOKE KIT (<i>glucagon subcutaneous soln 1 mg/0.2ml</i>)	P	CW
GVOKE PFS (<i>glucagon subcutaneous soln pref syringe 1 mg/0.2ml</i>)	P	CW
KROGER GLUCOSE (<i>glucose chew tab 4 gm (rounded)</i>)	NP	
LEADER GLUCOSE (<i>glucose chew tab 4 gm (rounded)</i>)	NP	
MEDICINE SHOPPE GLUCOSE (<i>glucose chew tab 4 gm (rounded)</i>)	NP	

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Drug Name	Tier	Coverage Requirements and Limits
PREFERRED PLUS GLUCOSE (<i>glucose chew tab 4 gm (rounded)</i>)	NP	
WALGREENS GLUCOSE (<i>glucose chew tab 4 gm (rounded)</i>)	NP	
Insulins		
FIASP (<i>insulin aspart (with niacinamide) inj 100 unit/ml</i>)	P	IC, QL (100 mls/30 days)
FIASP FLEXTOUCH (<i>insulin aspart (with niacinamide) sol pen-inj 100 unit/ml</i>)	P	IC, QL (100 mls/30 days)
FIASP PENFILL (<i>insulin aspart (with niacinamide) soln cartridge 100 unit/ml</i>)	P	IC, QL (100 mls/30 days)
FIASP PUMPCART (<i>insulin aspart (with niacinamide) soln cartridge 100 unit/ml</i>)	P	IC, QL (100 mls/30 days)
HUMALOG (<i>insulin lispro soln cartridge 100 unit/ml</i>)	P	IC, QL (100 mls/30 days)
HUMALOG (<i>insulin lispro inj soln 100 unit/ml</i>)	P	IC, QL (100 mls/30 days)
HUMALOG JUNIOR KWIKPEN (<i>insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)</i>)	P	IC, QL (100 mls/30 days)
HUMALOG KWIKPEN (<i>insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml</i>)	P	IC, QL (100 mls/30 days)
HUMALOG MIX 50/50 KWIKPEN (<i>insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)</i>)	P	IC, QL (100 mls/30 days)
HUMALOG MIX 75/25 (<i>insulin lispro prot & lispro inj 100 unit/ml (75-25)</i>)	P	IC, QL (100 mls/30 days)
HUMALOG MIX 75/25 KWIKPEN (<i>insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)</i>)	P	IC, QL (100 mls/30 days)
HUMULIN N (<i>insulin nph (human) (isophane) inj 100 unit/ml</i>)	P	IC, QL (100 mls/30 days)
HUMULIN N KWIKPEN (<i>insulin nph (human) (isophane) susp pen-injector 100 unit/ml</i>)	P	IC, QL (100 mls/30 days)
HUMULIN R (<i>insulin regular (human) inj 100 unit/ml</i>)	P	IC, QL (100 mls/30 days)
HUMULIN R U-500 KWIKPEN (<i>insulin regular (human) soln pen-injector 500 unit/ml</i>)	P	IC, QL (100 mls/30 days)
HUMULIN 70/30 (<i>insulin nph isophane & regular human inj 100 unit/ml (70-30)</i>)	P	IC, QL (100 mls/30 days)
HUMULIN 70/30 KWIKPEN (<i>insulin nph & regular susp pen-inj 100 unit/ml (70-30)</i>)	P	IC, QL (100 mls/30 days)
INSULIN GLARGINE-YFGN (<i>insulin glargine-yfgn soln pen-injector 100 unit/ml</i>)	P	IC, QL (33 pens/30 days)
INSULIN GLARGINE-YFGN (<i>insulin glargine-yfgn inj 100 unit/ml</i>)	P	IC, QL (10 vials/30 days)
LYUMJEV (<i>insulin lispro-aabc inj 100 unit/ml</i>)	P	IC, QL (100 mls/30 days)
LYUMJEV KWIKPEN (<i>insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)</i>)	P	IC, QL (100 mls/30 days)
LYUMJEV KWIKPEN (<i>insulin lispro-aabc soln pen-injector 200 unit/ml</i>)	P	IC, QL (100 mls/30 days)
NOVOLIN N (<i>insulin nph (human) (isophane) inj 100 unit/ml</i>)	P	IC, QL (100 mls/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
NOVOLIN N FLEXPEN <i>(insulin nph (human) (isophane) susp pen-injector 100 unit/ml)</i>	P	IC, QL (100 mls/30 days)
NOVOLIN N FLEXPEN RELION <i>(insulin nph (human) (isophane) susp pen-injector 100 unit/ml)</i>	P	IC, QL (100 mls/30 days)
NOVOLIN N RELION <i>(insulin nph (human) (isophane) inj 100 unit/ml)</i>	P	IC, QL (100 mls/30 days)
NOVOLIN R <i>(insulin regular (human) inj 100 unit/ml)</i>	P	IC, QL (100 mls/30 days)
NOVOLIN R FLEXPEN <i>(insulin regular (human) soln pen-injector 100 unit/ml)</i>	P	IC, QL (100 mls/30 days)
NOVOLIN R FLEXPEN RELION <i>(insulin regular (human) soln pen-injector 100 unit/ml)</i>	P	IC, QL (100 mls/30 days)
NOVOLIN R RELION <i>(insulin regular (human) inj 100 unit/ml)</i>	P	IC, QL (100 mls/30 days)
NOVOLIN 70/30 <i>(insulin nph isophane & regular human inj 100 unit/ml (70-30))</i>	P	IC, QL (100 mls/30 days)
NOVOLIN 70/30 FLEXPEN <i>(insulin nph & regular susp pen-inj 100 unit/ml (70-30))</i>	P	IC, QL (100 mls/30 days)
NOVOLIN 70/30 FLEXPEN REL <i>(insulin nph & regular susp pen-inj 100 unit/ml (70-30))</i>	P	IC, QL (100 mls/30 days)
NOVOLIN 70/30 RELION <i>(insulin nph isophane & regular human inj 100 unit/ml (70-30))</i>	P	IC, QL (100 mls/30 days)
NOVOLOG <i>(insulin aspart inj soln 100 unit/ml)</i>	P	IC, QL (100 mls/30 days)
NOVOLOG FLEXPEN <i>(insulin aspart soln pen-injector 100 unit/ml)</i>	P	IC, QL (100 mls/30 days)
NOVOLOG FLEXPEN RELION <i>(insulin aspart soln pen-injector 100 unit/ml)</i>	P	IC, QL (100 mls/30 days)
NOVOLOG MIX 70/30 <i>(insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))</i>	P	IC, QL (100 mls/30 days)
NOVOLOG MIX 70/30 PREFILL <i>(insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30))</i>	P	IC, QL (100 mls/30 days)
NOVOLOG MIX 70/30 RELION <i>(insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))</i>	P	IC, QL (100 mls/30 days)
NOVOLOG PENFILL <i>(insulin aspart soln cartridge 100 unit/ml)</i>	P	IC, QL (100 mls/30 days)
NOVOLOG RELION <i>(insulin aspart inj soln 100 unit/ml)</i>	P	IC, QL (100 mls/30 days)
SEMGLEE <i>(insulin glargine-yfgn soln pen-injector 100 unit/ml)</i>	P	IC, QL (33 pens/30 days)
SEMGLEE <i>(insulin glargine-yfgn inj 100 unit/ml)</i>	P	IC, QL (10 vials/30 days)
SOLIQUA 100/33 <i>(insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml)</i>	P	QL (6 pens/30 days)
TOUJEO MAX SOLOSTAR <i>(insulin glargine soln pen-injector 300 unit/ml (2 unit dial))</i>	P	IC, QL (100 mls/30 days)
TOUJEO SOLOSTAR <i>(insulin glargine soln pen-injector 300 unit/ml (1 unit dial))</i>	P	IC, QL (100 mls/30 days)
TRESIBA <i>(insulin degludec inj 100 unit/ml)</i>	P	IC, QL (10 vials/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
TRESIBA FLEXTOUCH (<i>insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml</i>)	P	IC, QL (33 pens/30 days)
XULTOPHY 100/3.6 (<i>insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml</i>)	P	QL (5 pens/30 days)
Blood Products and Modifiers (Drugs for Blood Disorders)		
Anticoagulants (Blood Thinners)		
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)</i>	np	QL (60 capsules/30 days)
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	np	QL (120 capsules/30 days)
ELIQUIS (<i>apixaban cap sprinkle 0.15 mg</i>)	P	QL (74 capsules/30 days)
ELIQUIS (<i>apixaban tab 2.5 mg</i>)	P	QL (60 tablets/30 days)
ELIQUIS (<i>apixaban tab 5 mg</i>)	P	QL (74 tablets/30 days)
ELIQUIS (<i>apixaban tab for oral susp 0.5 mg</i>)	P	QL (5 boxes/28 days)
ELIQUIS (<i>apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg), 4 x 0.5 mg (2 mg)</i>)	P	QL (5 boxes/28 days)
ELIQUIS STARTER PACK (<i>apixaban tab starter pack 5 mg</i>)	P	QL (1 pack/180 days)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml</i>	np	
<i>enoxaparin sodium inj 300 mg/3ml</i>	np	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	np	
FRAGMIN (<i>dalteparin sodium soln prefilled syr 2500 unit/0.2ml, 5000 unit/0.2ml, 7500 unit/0.3ml, 10000 unit/ml, 12500 unit/0.5ml, 15000 unit/0.6ml, 18000 unit/0.72ml</i>)	NP	
FRAGMIN (<i>dalteparin sodium subcutaneous soln 10000 unit/4ml, 95000 unit/3.8ml</i>)	NP	
HEPARIN SODIUM (<i>heparin sodium (porcine) pf inj 5000 unit/ml</i>)	NP	
<i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	np	
<i>heparin sodium (porcine) pf inj 1000 unit/ml, 5000 unit/0.5ml</i>	np	
PRADAXA (<i>dabigatran etexilate mesylate pellet pack 20 mg, 150 mg</i>)	NP	QL (60 packets/30 days)
PRADAXA (<i>dabigatran etexilate mesylate pellet pack 30 mg, 40 mg, 50 mg, 110 mg</i>)	NP	QL (120 packets/30 days)
<i>rivaroxaban for susp 1 mg/ml</i>	np	QL (620 mls/30 days)
<i>rivaroxaban tab 2.5 mg</i>	np	QL (60 tablets/30 days)
<i>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</i>	p	

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Drug Name	Tier	Coverage Requirements and Limits
Warfarin Sodium Tab 1 mg (JANTOVEN), 2 mg (JANTOVEN), 2.5 mg (JANTOVEN), 3 mg (JANTOVEN), 4 mg (JANTOVEN), 5 mg (JANTOVEN), 6 mg (JANTOVEN), 7.5 mg (JANTOVEN), 10 mg (JANTOVEN)	P	
XARELTO (rivaroxaban for susp 1 mg/ml)	P	QL (620 mls/30 days)
XARELTO (rivaroxaban tab 2.5 mg, 15 mg)	P	QL (60 tablets/30 days)
XARELTO (rivaroxaban tab 10 mg, 20 mg)	P	QL (30 tablets/30 days)
XARELTO STARTER PACK (rivaroxaban tab starter therapy pack 15 mg & 20 mg)	P	QL (51 tablets/180 days)
Blood Products and Modifiers, Other (Blood Formulation Drugs)		
anagrelide hcl cap 0.5 mg	np	
anagrelide hcl cap 1 mg	np	
ARANESP ALBUMIN FREE (darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml)	P	PA
ARANESP ALBUMIN FREE (darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml)	P	PA
eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)	np	PA, QL (30 packets/30 days)
eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv)	np	PA, QL (30 tablets/30 days)
eltrombopag olamine tab 50 mg (base equiv), 75 mg (base equiv)	np	PA, QL (60 tablets/30 days)
EPOGEN (epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml)	NP	PA
FULPHILA (pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml)	P	
HEMLIBRA (emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml), 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml, 300 mg/2ml (150 mg/ml))	P	PA, QL (1 ml/30 days)
LEUKINE (sargramostim lyophilized for inj 250 mcg)	NP	
MIRCERA (methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml, 50 mcg/0.3ml, 75 mcg/0.3ml, 100 mcg/0.3ml, 120 mcg/0.3ml, 150 mcg/0.3ml, 200 mcg/0.3ml)	NP	PA
MULPLETA (lusutrombopag tab 3 mg)	P	PA, QL (7 tablets/7 days)
NIVESTYM (filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml)	P	
NIVESTYM (filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml))	P	
PROCRIT (epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml)	P	PA
RETACRIT (epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml)	P	PA
UDENYCA (pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml)	P	

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Drug Name	Tier	Coverage Requirements and Limits
UDENYCA (<i>pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml</i>)	P	
UDENYCA ONBODY (<i>pegfilgrastim-cbqv soln prefilled syr/infusion dev 6 mg/0.6ml</i>)	P	
ZARXIO (<i>filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>)	P	
Hemostasis Agents (Drugs to Stop Bleeding)		
ADVATE (<i>antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit</i>)	P	PA, QL (1 ml/30 days)
ALPHANATE (<i>antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit</i>)	P	PA, QL (1 ml/30 days)
ALPHANINE SD (<i>coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit</i>)	P	PA, QL (1 ml/30 days)
ALPROLIX (<i>coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit</i>)	P	PA, QL (1 ml/30 days)
aminocaproic acid oral soln 0.25 gm/ml	np	
aminocaproic acid tab 500 mg, 1000 mg	np	
BENEFIX (<i>coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit</i>)	P	PA, QL (1 ml/30 days)
COAGADEX (<i>coagulation factor x (human) for inj 250 unit, 500 unit</i>)	P	
CORIFACT (<i>factor xiii concentrate (human) for inj kit 1000-1600 unit</i>)	P	
ELOCTATE (<i>antihemophilic factor rcmb (bdd-rfviiiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit</i>)	P	PA, QL (1 ml/30 days)
ESPEROCT (<i>antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit</i>)	P	PA, QL (1 ml/30 days)
FIBRYGA (<i>fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)</i>)	P	LD, SP
FIBRYGA (<i>fibrinogen concentrate (human) for iv soln 2 gm</i>)	P	
HEMLIBRA (<i>emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml), 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml, 300 mg/2ml (150 mg/ml)</i>)	P	PA, QL (1 ml/30 days)
HUMATE-P (<i>antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit</i>)	P	PA, QL (1 ml/30 days)
HYMPAVZI (<i>marstacimab-hncq subcutaneous soln auto-inj 75 mg/0.5ml, 150 mg/ml</i>)	NP	PA, QL (4 pens/28 days)
IDELVION (<i>coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit</i>)	P	PA, QL (1 ml/30 days)
IXINITY (<i>coagulation factor ix (recombinant) for inj 500 unit, 1000 unit, 1500 unit, 3000 unit</i>)	P	PA, QL (1 ml/30 days)
JIVI (<i>antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit</i>)	P	PA, QL (1 ml/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
JIVI (<i>antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit, 4000 unit</i>)	P	PA, QL (1 ml/30 days)
KOVALTRY (<i>antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit</i>)	P	PA, QL (1 ml/30 days)
NOVOEIGHT (<i>antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit</i>)	P	PA, QL (1 ml/30 days)
NOVOSEVEN RT (<i>coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)</i>)	P	PA, QL (1 ml/30 days)
NUWIQ (<i>antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit</i>)	P	PA, QL (1 ml/30 days)
NUWIQ (<i>antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit</i>)	P	PA, QL (1 ml/30 days)
NUWIQ (<i>antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit</i>)	P	PA, QL (1 ml/30 days)
NUWIQ (<i>antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit</i>)	P	PA, QL (1 ml/30 days)
OBIZUR (<i>antihemophilic factor (recomb porc) rpfviii for inj 500 unit</i>)	P	LD, SP
PROFILNINE (<i>factor ix complex for inj 500 unit, 1000 unit, 1500 unit</i>)	P	PA, QL (1 ml/30 days)
REBINYN (<i>coagulation factor ix recomb glycopegylated for inj 500 unit, 1000 unit, 2000 unit, 3000 unit</i>)	P	PA, QL (1 ml/30 days)
RIASTAP (<i>fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)</i>)	P	LD, SP
RIXUBIS (<i>coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit</i>)	P	PA, QL (1 ml/30 days)
SEVENFACT (<i>coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg)</i>)	NP	PA, QL (1 ml/30 days)
tranexamic acid tab 650 mg	np	
TRETEN (<i>coagulation factor xiii a-subunit for inj 2500 unit</i>)	P	
VONVENDI (<i>von willebrand factor (recombinant) for inj 650 unit, 1300 unit</i>)	P	PA, QL (1 ml/30 days)
WILATE (<i>antihemophilic factor/vwf (human) for inj 500-500 unit kit</i>)	P	PA, QL (1 ml/30 days)
WILATE (<i>antihemophilic factor/vwf (human) for inj 1000-1000 unit kit</i>)	P	PA, QL (1 ml/30 days)
XYNTHA (<i>antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit</i>)	P	PA, QL (1 ml/30 days)
XYNTHA (<i>antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit</i>)	P	PA, QL (1 ml/30 days)
XYNTHA SOLOFUSE (<i>antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit</i>)	P	PA, QL (1 ml/30 days)
XYNTHA SOLOFUSE (<i>antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit</i>)	P	PA, QL (1 ml/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
Platelet Modifying Agents (Drugs for Heart Attack and Stroke Prevention)		
<i>anagrelide hcl cap 0.5 mg</i>	np	
<i>anagrelide hcl cap 1 mg</i>	np	
<i>aspirin chew tab 81 mg</i>	p	AC, IC
Aspirin Chew Tab 81 mg (ASPIRIN CHILDRENS), 81 mg (ASPIRIN LOW DOSE), 81 mg (ASPIRIN LOW STRENGTH), 81 mg (ASPIRIN 81 LOW DOSE), 81 mg (BAYER CHEWABLE LOW DOSE), 81 mg (CHILDRENS ASPIRIN), 81 mg (CVS ASPIRIN ADULT LOW DOSE), 81 mg (EQ ASPIRIN LOW DOSE), 81 mg (EQL ASPIRIN LOW DOSE), 81 mg (FT ASPIRIN), 81 mg (GNP ADULT ASPIRIN LOW STRENGTH), 81 mg (GNP ASA CHIL), 81 mg (GOODSENSE ASPIRIN), 81 mg (QC ASPIRIN LOW DOSE), 81 mg (QC CHILDRENS ASPIRIN), 81 mg (RA ASPIRIN ADULT LOW DOSE), 81 mg (RA ASPIRIN ADULT LOW STRENGTH), 81 mg (RA ASPIRIN CHILDRENS), 81 mg (SB CHILDRENS ASPIRIN), 81 mg (SM ASPIRIN LOW DOSE), 81 mg (SM CHILDRENS ASPIRIN), 81 mg (ST JOSEPH LOW DOSE ASPIRIN)	p	AC, IC
<i>aspirin tab delayed release 81 mg</i>	p	AC, IC
Aspirin Tab Delayed Release 81 mg (ADULT ASPIRIN EC LOW STRENGTH), 81 mg (ASPIR-LOW), 81 mg (ASPIRIN ADULT LOW DOSE), 81 mg (ASPIRIN ADULT LOW STRENGTH), 81 mg (ASPIRIN EC ADULT LOW DOSE), 81 mg (ASPIRIN EC LOW DOSE), 81 mg (ASPIRIN ENTERIC COATED ADULT LOW STRENGTH), 81 mg (ASPIRIN LOW DOSE), 81 mg (ASPIRIN REGIMEN), 81 mg (ASPIRIN 81), 81 mg (ASPIRIN), 81 mg (BAYER ASPIRIN EC LOW DOSE), 81 mg (BAYER LOW DOSE), 81 mg (CVS ASPIRIN ADULT LOW STRENGTH), 81 mg (CVS ASPIRIN EC), 81 mg (CVS ASPIRIN LOW DOSE), 81 mg (CVS ASPIRIN LOW STRENGTH), 81 mg (ECOTRIN LOW STRENGTH), 81 mg (EQ ASPIRIN ADULT LOW DOSE), 81 mg (EQ ASPIRIN LOW DOSE), 81 mg (EQL ASPIRIN LOW DOSE), 81 mg (FT ASPIRIN ADULT LOW DOSE), 81 mg (FT ASPIRIN LOW DOSE), 81 mg (GNP ASPIRIN LOW DOSE), 81 mg (GNP ASPIRIN), 81 mg (GOODSENSE ASPIRIN LOW DOSE), 81 mg (GOODSENSE ASPIRIN), 81 mg (H-E-B ASPIRIN), 81 mg (KLS ASPIRIN LOW DOSE), 81 mg (KP ASPIRIN), 81 mg (LO-DOSE ASPIRIN EC), 81 mg (MM ASPIRIN), 81 mg (QC ASPIRIN LOW DOSE), 81 m	p	AC, IC
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	np	
<i>cilostazol tab 50 mg, 100 mg</i>	p	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	p	
<i>dipyridamole tab 25 mg, 50 mg, 75 mg</i>	np	
DOPTELET (<i>avatrombopag maleate tab 20 mg (base equiv)</i>)	P	LD, PA, QL (60 tablets/30 days), SP
DOPTELET SPRINKLE (<i>avatrombopag maleate cap sprinkle 10 mg (base equiv)</i>)	P	LD, PA, QL (60 capsules/30 days), SP

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Drug Name	Tier	Coverage Requirements and Limits
<i>prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)</i>	np	LD, PA, QL (60 tablets/30 days), SP
TAVALISSE (<i>fostamatinib disodium tab 100 mg (base equivalent), 150 mg (base equivalent)</i>)	NP	
<i>ticagrelor tab 60 mg, 90 mg</i>	np	
ZONTIVITY (<i>vorapaxar sulfate tab 2.08 mg (base equivalent)</i>)	NP	
Cardiovascular Agents (Drugs for the Heart and Circulation)		
Alpha-adrenergic Agonists		
<i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</i>	p	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	np	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	np	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	np	
<i>guanfacine hcl tab 1 mg</i>	p	
<i>guanfacine hcl tab 2 mg</i>	np	
METHYLDOPA (<i>methyldopa tab 500 mg</i>)	NP	
<i>methyldopa tab 250 mg</i>	np	
<i>midodrine hcl tab 2.5 mg</i>	p	
<i>midodrine hcl tab 5 mg, 10 mg</i>	np	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg</i>	p	
<i>phenoxybenzamine hcl cap 10 mg</i>	np	
<i>prazosin hcl cap 1 mg, 2 mg, 5 mg</i>	p	
<i>terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	p	
Angiotensin II Receptor Antagonists		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg</i>	np	
<i>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg</i>	np	
<i>candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg</i>	np	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	np	
ENTRESTO (<i>sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg</i>)	P	PA, QL (240 capsules/30 days)
<i>irbesartan tab 75 mg</i>	p	
<i>irbesartan tab 150 mg, 300 mg</i>	p	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg</i>	p	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg</i>	p	
<i>losartan potassium tab 25 mg, 50 mg, 100 mg</i>	p	
<i>olmesartan medoxomil tab 5 mg, 20 mg, 40 mg</i>	p	

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Drug Name	Tier	Coverage Requirements and Limits
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	p	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg	np	
sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	np	
telmisartan tab 20 mg, 40 mg, 80 mg	p	
TELMISARTAN/AMLODIPINE (telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg)	NP	
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg	p	
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg	p	
Angiotensin-converting Enzyme (ACE) Inhibitors		
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	p	
amlodipine besylate-benazepril hcl cap 5-10 mg	p	
benazepril & hydrochlorothiazide tab 5-6.25 mg	np	
benazepril & hydrochlorothiazide tab 10-12.5 mg	p	
benazepril & hydrochlorothiazide tab 20-12.5 mg, 20-25 mg	np	
benazepril hcl tab 5 mg	p	
benazepril hcl tab 10 mg, 20 mg, 40 mg	p	
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	np	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	p	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	p	
enalapril maleate oral soln 1 mg/ml	np	PA, QL (1200 mls/30 days)
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg	p	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	np	
fosinopril sodium tab 10 mg, 20 mg, 40 mg	p	
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	p	
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	p	
moexipril hcl tab 7.5 mg, 15 mg	np	
PERINDOPRIL ERBUMINE (perindopril erbumine tab 2 mg, 8 mg)	NP	
perindopril erbumine tab 4 mg	np	
QBRELIS (lisinopril oral soln 1 mg/ml)	NP	PA, QL (2400 mls/30 days)
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg	p	
QUINAPRIL/HYDROCHLOROTHIA (quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg)	NP	
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg	p	

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Drug Name	Tier	Coverage Requirements and Limits
trandolapril tab 1 mg, 2 mg, 4 mg	p	
Antiarrhythmics (Drugs for Irregular Heart Rhythm)		
acebutolol hcl cap 200 mg, 400 mg	np	
amiodarone hcl tab 100 mg	np	
Amiodarone Hcl Tab 100 mg (PACERONE)	np	
amiodarone hcl tab 200 mg	p	
Amiodarone Hcl Tab 200 mg (PACERONE)	p	
CARDAMYST (etripamil nasal soln 2 x 70 mg/dose)	NP	PA, QL (3 cartons/180 days)
DIGOXIN (digoxin oral soln 0.05 mg/ml)	NP	
digoxin oral soln 0.05 mg/ml	np	
digoxin tab 62.5 mcg (0.0625 mg)	np	
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)	p	
Digoxin Tab 125 mcg (0.125 mg) (DIGOX), 250 mcg (0.25 mg) (DIGOX)	p	
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	np	
diltiazem hcl cap er 24hr 120 mg	p	
Diltiazem Hcl Cap Er 24hr 120 mg (DILT-XR)	p	
diltiazem hcl cap er 24hr 180 mg, 240 mg	np	
Diltiazem Hcl Cap Er 24hr 180 mg (DILT-XR), 240 mg (DILT-XR)	np	
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg	p	
Diltiazem Hcl Coated Beads Cap Er 24hr 120 mg (CARTIA XT), 180 mg (CARTIA XT), 240 mg (CARTIA XT), 300 mg (CARTIA XT)	p	
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg	p	
Diltiazem Hcl Extended Release Beads Cap Er 24hr 120 mg (TIADYLT ER), 180 mg (TIADYLT ER)	p	
diltiazem hcl extended release beads cap er 24hr 240 mg, 300 mg, 360 mg, 420 mg	np	
Diltiazem Hcl Extended Release Beads Cap Er 24hr 240 mg (TIADYLT ER), 300 mg (TIADYLT ER), 360 mg (TIADYLT ER), 420 mg (TIADYLT ER)	np	
diltiazem hcl tab er 24hr 120 mg	np	
diltiazem hcl tab 30 mg, 60 mg, 120 mg	p	
diltiazem hcl tab 90 mg	p	
disopyramide phosphate cap 100 mg, 150 mg	np	
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)	np	
flecainide acetate tab 50 mg	p	
flecainide acetate tab 100 mg, 150 mg	np	

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Drug Name	Tier	Coverage Requirements and Limits
LANOXIN (<i>digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>)	NP	
<i>mexiletine hcl cap 150 mg, 200 mg, 250 mg</i>	np	
MULTAQ (<i>dronedarone hcl tab 400 mg (base equivalent)</i>)	P	
NORPACE (<i>disopyramide phosphate cap 100 mg, 150 mg</i>)	NP	
<i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg</i>	np	
<i>propafenone hcl tab 150 mg</i>	p	
<i>propafenone hcl tab 225 mg, 300 mg</i>	np	
PROPRANOLOL HCL (<i>propranolol hcl oral soln 40 mg/5ml</i>)	P	
<i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg</i>	p	
<i>propranolol hcl cap er 24hr 160 mg</i>	np	
<i>propranolol hcl oral soln 20 mg/5ml</i>	p	
<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 80 mg</i>	p	
<i>propranolol hcl tab 60 mg</i>	np	
<i>quinidine gluconate tab er 324 mg</i>	np	
QUINIDINE SULFATE (<i>quinidine sulfate tab 200 mg, 300 mg</i>)	NP	
<i>sotalol hcl (afib/afl) tab 80 mg, 120 mg</i>	p	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	np	
<i>sotalol hcl tab 80 mg, 120 mg, 160 mg</i>	p	
<i>sotalol hcl tab 240 mg</i>	p	
<i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	np	
<i>verapamil hcl tab er 120 mg, 180 mg, 240 mg</i>	p	
<i>verapamil hcl tab 40 mg, 80 mg, 120 mg</i>	p	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl cap 200 mg, 400 mg</i>	np	
<i>atenolol & chlorthalidone tab 50-25 mg, 100-25 mg</i>	p	
<i>atenolol tab 25 mg, 50 mg, 100 mg</i>	p	
<i>betaxolol hcl tab 10 mg, 20 mg</i>	np	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg</i>	p	
<i>bisoprolol fumarate tab 5 mg, 10 mg</i>	p	
<i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg</i>	p	
<i>labetalol hcl tab 100 mg, 200 mg</i>	p	
<i>labetalol hcl tab 300 mg</i>	np	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg</i>	np	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)</i>	p	

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Drug Name	Tier	Coverage Requirements and Limits
<i>metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg</i>	p	
<i>metoprolol tartrate tab 50 mg, 100 mg</i>	p	
<i>nadolol tab 20 mg</i>	p	
<i>nadolol tab 40 mg, 80 mg</i>	np	
<i>nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)</i>	p	
<i>pindolol tab 5 mg, 10 mg</i>	np	
PROPRANOLOL HCL (<i>propranolol hcl oral soln 40 mg/5ml</i>)	P	
<i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg</i>	p	
<i>propranolol hcl cap er 24hr 160 mg</i>	np	
<i>propranolol hcl oral soln 20 mg/5ml</i>	p	
<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 80 mg</i>	p	
<i>propranolol hcl tab 60 mg</i>	np	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	p	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg</i>	p	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	p	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg</i>	np	
<i>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg</i>	np	
<i>felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg</i>	p	
<i>nifedipine cap 10 mg, 20 mg</i>	np	
<i>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg</i>	p	
<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg</i>	p	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	p	
NIMODIPINE (<i>nimodipine oral soln 60 mg/20ml (3 mg/ml)</i>)	NP	
<i>nimodipine cap 30 mg</i>	np	
NYMALIZE (<i>nimodipine oral soln 6 mg/ml</i>)	NP	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg</i>	np	
TELMISARTAN/AMLODIPINE (<i>telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg</i>)	NP	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg</i>	np	
<i>diltiazem hcl cap er 24hr 120 mg</i>	p	
<i>diltiazem hcl cap er 24hr 180 mg, 240 mg</i>	np	

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Drug Name	Tier	Coverage Requirements and Limits
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg	p	
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg	p	
diltiazem hcl extended release beads cap er 24hr 240 mg, 300 mg, 360 mg, 420 mg	np	
diltiazem hcl tab er 24hr 120 mg	np	
diltiazem hcl tab 30 mg, 60 mg, 120 mg	p	
diltiazem hcl tab 90 mg	p	
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg	np	
verapamil hcl tab er 120 mg, 180 mg, 240 mg	p	
verapamil hcl tab 40 mg, 80 mg, 120 mg	p	
Cardiovascular Agents, Other (Other Drugs for Heart and Circulation Conditions)		
acetazolamide cap er 12hr 500 mg	np	
acetazolamide tab 125 mg	p	
acetazolamide tab 250 mg	np	
CAMZYOS (mavacamten cap 2.5 mg, 10 mg, 15 mg)	NP	LD, PA, QL (30 capsules/30 days), SP
CAMZYOS (mavacamten cap 5 mg)	NP	LD, PA, QL (30 capsule/30 days), SP
CORLANOR (ivabradine hcl oral soln 5 mg/5ml (base equiv))	P	PA, QL (600 mls/30 days)
DIGOXIN (digoxin oral soln 0.05 mg/ml)	NP	
digoxin oral soln 0.05 mg/ml	np	
digoxin tab 62.5 mcg (0.0625 mg)	np	
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)	p	
droxidopa cap 100 mg, 200 mg, 300 mg	np	CW, LD
ENTRESTO (sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg)	P	PA, QL (240 capsules/30 days)
FILSPARI (sparsentan tab 200 mg)	NP	LD, PA, QL (30 tablets/30 days), SP
FILSPARI (sparsentan tab 400 mg)	NP	LD, PA, QL (60 tablets/30 days), SP
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	np	PA, QL (60 tablets/30 days)
LANOXIN (digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg))	NP	
MYQORZO (aficamten tab 5 mg, 10 mg, 15 mg, 20 mg)	NP	LD, PA, QL (30 tablets/30 days), SP
pentoxifylline tab er 400 mg	np	
ranolazine tab er 12hr 500 mg, 1000 mg	np	
sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	np	
VANRAFIA (atrasentan hcl tab 0.75 mg)	NP	LD, PA, SP

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Drug Name	Tier	Coverage Requirements and Limits
VECAMYL (<i>mecamylamine hcl tab 2.5 mg</i>)	NP	
Diuretics, Loop		
<i>bumetanide tab 0.5 mg</i>	p	
<i>bumetanide tab 1 mg</i>	p	
<i>bumetanide tab 2 mg</i>	np	
FUROSCIX (<i>furosemide subcutaneous cartridge kit 80 mg/10ml</i>)	NP	PA, QL (8 kits/180 days)
FUROSCIX READYFLOW (<i>furosemide subcutaneous soln auto-injector 80 mg/ml</i>)	NP	PA, QL (8 injection devices/180 days)
FUROSEMIDE (<i>furosemide oral soln 10 mg/ml</i>)	NP	
<i>furosemide tab 20 mg, 40 mg, 80 mg</i>	p	
LASIX ONYU (<i>furosemide subcutaneous cartridge kit 80 mg/2.67ml</i>)	NP	PA, QL (8 kits/180 days)
<i>torsemide tab 5 mg, 10 mg, 20 mg, 100 mg</i>	p	
Diuretics, Potassium-sparing		
<i>amiloride hcl tab 5 mg</i>	p	
AMILORIDE/HYDROCHLOROTHIA (<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>)	NP	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	p	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg</i>	p	
<i>triamterene cap 50 mg, 100 mg</i>	np	
Diuretics, Thiazide		
AMILORIDE/HYDROCHLOROTHIA (<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>)	NP	
<i>atenolol & chlorthalidone tab 50-25 mg, 100-25 mg</i>	p	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	np	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	p	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg, 20-25 mg</i>	np	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg</i>	p	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	np	
<i>chlorthalidone tab 25 mg, 50 mg</i>	p	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	p	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	p	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</i>	np	
<i>hydrochlorothiazide cap 12.5 mg</i>	p	
<i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</i>	p	
<i>indapamide tab 1.25 mg, 2.5 mg</i>	p	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg</i>	p	

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lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	p	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg	p	
metolazone tab 2.5 mg	p	
metolazone tab 5 mg, 10 mg	np	
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	np	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	p	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg	np	
QUINAPRIL/HYDROCHLOROTHIA (quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg)	NP	
spironolactone & hydrochlorothiazide tab 25-25 mg	np	
triamterene & hydrochlorothiazide cap 37.5-25 mg	p	
triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg	p	
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg	p	
Dyslipidemics, Fibric Acid Derivatives (Drugs for High Cholesterol)		
fenofibrate micronized cap 67 mg, 134 mg, 200 mg	p	
fenofibrate tab 48 mg, 54 mg, 145 mg, 160 mg	p	
gemfibrozil tab 600 mg	p	
Dyslipidemics, HMG CoA Reductase Inhibitors (Drugs for High Cholesterol)		
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent)	p	AC, IC
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	np	
lovastatin tab 10 mg	p	
lovastatin tab 20 mg, 40 mg	p	AC, IC
pravastatin sodium tab 10 mg, 20 mg, 40 mg, 80 mg	p	AC, IC
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg	p	
simvastatin tab 5 mg, 80 mg	p	
simvastatin tab 10 mg, 20 mg, 40 mg	p	
Dyslipidemics, Other (Other Drugs for High Cholesterol)		
cholestyramine light powder 4 gm/dose	np	
Cholestyramine Light Powder 4 gm/dose (PREVALITE)	np	
cholestyramine powder 4 gm/dose	np	
colestipol hcl granule packets 5 gm	np	
colestipol hcl granules 5 gm	np	

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Drug Name	Tier	Coverage Requirements and Limits
colestipol hcl tab 1 gm	np	
ezetimibe tab 10 mg	p	
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	np	
icosapent ethyl cap 0.5 gm	np	PA, QL (240 capsules/30 days)
icosapent ethyl cap 1 gm	np	PA, QL (120 capsules/30 days)
JUXTAPID (<i>lomitapide mesylate cap 2 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv)</i>)	NP	LD, SP
NEXLETOL (<i>bempedoic acid tab 180 mg</i>)	P	PA, QL (30 tablets/30 days)
NEXLIZET (<i>bempedoic acid-ezetimibe tab 180-10 mg</i>)	P	PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic)	p	
niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)	np	
REPATHA SURECLICK (<i>evolocumab subcutaneous soln auto-injector 140 mg/ml</i>)	P	PA, QL (6 pens/28 days)
TRYNGOLZA (<i>olezarsen sod subcut soln auto-inject 50 mg/0.8ml (base eq), auto-inject 80 mg/0.8ml (base eq)</i>)	P	LD, PA, QL (1 injection device/28 days), SP
Mineralocorticoid Receptor Antagonists		
eplerenone tab 25 mg, 50 mg	np	
KERENDIA (<i>finerenone tab 10 mg, 20 mg, 40 mg</i>)	P	QL (30 tablets/30 days)
spironolactone & hydrochlorothiazide tab 25-25 mg	np	
spironolactone tab 25 mg, 50 mg, 100 mg	p	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	np	QL (30 tablets/30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	np	QL (60 tablets/30 days)
dapagliflozin tab 5 mg, 10 mg	np	QL (30 tablets/30 days)
GLYXAMBI (<i>empagliflozin-linagliptin tab 10-5 mg, 25-5 mg</i>)	P	QL (30 tablets/30 days)
JARDIANCE (<i>empagliflozin tab 10 mg, 25 mg</i>)	P	QL (30 tablets/30 days)
SYNJARDY (<i>empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg</i>)	P	QL (60 tablets/30 days)
SYNJARDY XR (<i>empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg</i>)	P	QL (60 tablets/30 days)
SYNJARDY XR (<i>empagliflozin-metformin hcl tab er 24hr 25-1000 mg</i>)	P	QL (30 tablets/30 days)
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg</i>)	P	QL (60 tablets/30 days)
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg</i>)	P	QL (30 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
TRIARDY XR (<i>empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg</i>)	P	QL (60 tablets/30 days)
XIGDUO XR (<i>dapagliflozin free bas-metformin hcl tab er 24hr 2.5-1000 mg</i>)	P	QL (60 tablets/30 days)
Vasodilators, Direct-acting Arterial (Drugs for Relaxing Arteries)		
<i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	p	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	np	
<i>minoxidil tab 2.5 mg, 10 mg</i>	p	
ORENITRAM (<i>treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)</i>)	NP	LD, PA, QL (300 tablets/30 days), SP
ORENITRAM TITRATION KIT M (<i>treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg, titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg</i>)	NP	LD, PA, QL (1 pack/180 days), SP
TYVASO (<i>treprostinil inhalation solution 0.6 mg/ml</i>)	NP	LD, PA, QL (81.2 mls/28 days), SP
TYVASO DPI MAINTENANCE KI (<i>treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge, 80 mcg/cartridge</i>)	NP	LD, PA, QL (112 cartridges/28 days), SP
TYVASO DPI MAINTENANCE KI (<i>treprostinil inh powder 112 x 32mcg & 112 x 64mcg, 112 x 48mcg & 112 x 64mcg, 112 x 48mcg & 112 x 80mcg</i>)	NP	LD, PA, QL (224 cartridges/28 days), SP
TYVASO DPI TITRATION KIT (<i>treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg</i>)	NP	LD, PA, QL (252 cartridges/180 days), SP
TYVASO REFILL KIT (<i>treprostinil inhalation solution 0.6 mg/ml</i>)	NP	LD, PA, QL (81.2 mls/28 days), SP
TYVASO STARTER KIT (<i>treprostinil inhalation solution 0.6 mg/ml</i>)	NP	LD, PA, QL (1 kit/180 days), SP
YUTREPIA (<i>treprostinil sodium inhal cap 26.5 mcg, 53 mcg, 79.5 mcg, 106 mcg</i>)	NP	LD, PA, QL (112 capsules/28 days), SP
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg</i>	np	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	np	
<i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg</i>	p	
<i>isosorbide mononitrate tab 10 mg, 20 mg</i>	np	
NITRO-DUR (<i>nitroglycerin td patch 24hr 0.3 mg/hr, 0.8 mg/hr</i>)	NP	
NITRO-TIME (<i>nitroglycerin cap er 2.5 mg, 6.5 mg, 9 mg</i>)	NP	
<i>nitroglycerin oint 2%</i>	np	
Nitroglycerin Oint 2% (NITRO-BID)	np	
<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg</i>	p	CW

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Drug Name	Tier	Coverage Requirements and Limits
<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	np	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	np	CW
VERQUVO (<i>vericiguat tab 2.5 mg, 5 mg, 10 mg</i>)	P	PA, QL (30 tablets/30 days)
Central Nervous System Agents (Drugs for Nerve Conditions)		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	np	QL (60 capsule/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg, 20 mg</i>	np	QL (60 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	p	QL (60 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg, 30 mg</i>	np	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine tab 5 mg, 10 mg</i>	p	QL (180 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg, 20 mg</i>	np	QL (90 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg, 15 mg</i>	np	QL (120 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	np	QL (60 tablets/30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	np	QL (90 capsules/30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg</i>	np	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	np	QL (1800 mls/30 days)
Dextroamphetamine Sulfate Oral Solution 5 mg/5ml (PROCENTRA)	np	QL (1800 mls/30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	np	QL (360 tablets/30 days)
Dextroamphetamine Sulfate Tab 5 mg (ZENZEDI)	np	QL (360 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	np	QL (180 tablets/30 days)
Dextroamphetamine Sulfate Tab 10 mg (ZENZEDI)	np	QL (180 tablets/30 days)
<i>lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	np	QL (30 capsules/30 days)
<i>lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	np	QL (30 tablets/30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl cap 10 mg (base equiv), 40 mg (base equiv)</i>	np	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 18 mg (base equiv), 25 mg (base equiv)</i>	np	QL (120 capsules/30 days)
<i>atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)</i>	np	QL (30 capsules/30 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	np	QL (120 tablets/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg</i>	np	QL (60 capsules/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg, 30 mg, 35 mg, 40 mg</i>	np	QL (30 capsules/30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	p	QL (240 tablets/30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	p	QL (120 tablets/30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	np	QL (60 tablets/30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv), 4 mg (base equiv)</i>	p	QL (30 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
guanfacine hcl tab er 24hr 2 mg (base equiv)	p	QL (90 tablets/30 days)
guanfacine hcl tab er 24hr 3 mg (base equiv)	p	QL (60 tablets/30 days)
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd)	np	QL (60 capsules/30 days)
methylphenidate hcl cap er 40 mg (cd), 50 mg (cd), 60 mg (cd)	np	QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 10 mg (la), 40 mg (la)	np	QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 20 mg (la)	np	QL (90 capsules/30 days)
methylphenidate hcl cap er 24hr 30 mg (la)	np	QL (60 capsules/30 days)
methylphenidate hcl chew tab 2.5 mg, 5 mg, 10 mg	np	QL (180 tablets/30 days)
methylphenidate hcl soln 5 mg/5ml	np	QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml	np	QL (900 mls/30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 36 mg	np	QL (60 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 54 mg	np	QL (30 tablets/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	np	QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg	p	QL (360 tablets/30 days)
methylphenidate hcl tab 10 mg	p	QL (180 tablets/30 days)
methylphenidate hcl tab 20 mg	np	QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLO (methylphenidate hcl tab er 24hr 18 mg, 27 mg, 54 mg)	NP	QL (30 tablets/30 days)
METHYLPHENIDATE HYDROCHLO (methylphenidate hcl tab er 24hr 36 mg)	NP	QL (60 tablets/30 days)
Central Nervous System, Other		
butalbital-acetaminophen tab 50-325 mg	np	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	np	
butalbital-acetaminophen-caffeine tab 50-325-40 mg	p	
Butalbital-acetaminophen-caffeine Tab 50-325-40 mg (BAC)	p	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	np	
butalbital-aspirin-caffeine cap 50-325-40 mg	np	
CARBAMAZEPINE (carbamazepine chew tab 200 mg)	NP	
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	np	
carbamazepine chew tab 100 mg	np	
carbamazepine susp 100 mg/5ml	np	
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	np	
carbamazepine tab 200 mg	np	
CARBATROL (carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg)	NP	
cevimeline hcl cap 30 mg	np	
clobazam suspension 2.5 mg/ml	np	
clobazam tab 10 mg, 20 mg	np	

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Drug Name	Tier	Coverage Requirements and Limits
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	np	PA, QL (60 capsules/30 days)
dronabinol cap 2.5 mg	np	
dronabinol cap 5 mg, 10 mg	np	
EQUETRO (carbamazepine (mood) cap er 12hr 100 mg, 200 mg, 300 mg)	NP	
FIRDAPSE (amifampridine phosphate tab 10 mg (base equivalent))	NP	LD, PA, QL (300 tablets/30 days), SP
FOUNDAYO (orforglipron calcium (weight management) tab 0.8 mg, 2.5 mg)	P+	PA, QL (60 tablets/180 days)
FOUNDAYO (orforglipron calcium (weight management) tab 5.5 mg, 9 mg, 14.5 mg, 17.2 mg)	P+	PA, QL (30 tablets/30 days)
gabapentin cap 100 mg, 300 mg, 400 mg	p	
gabapentin oral soln 250 mg/5ml	np	
gabapentin tab 600 mg, 800 mg	p	
glycopyrrolate oral soln 1 mg/5ml	np	PA
glycopyrrolate tab 1 mg	p	
glycopyrrolate tab 2 mg	np	
INGREZZA (valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21))	P	PA, QL (28 capsules/180 days)
INGREZZA (valbenazine tosylate cap 40 mg (base equiv))	P	PA, QL (60 capsules/30 days)
INGREZZA (valbenazine tosylate cap 60 mg (base equiv), 80 mg (base equiv))	P	PA, QL (30 capsules/30 days)
INGREZZA (valbenazine tosylate capsule sprinkle 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv))	P	PA, QL (30 capsules/30 days)
JOURNAVX (suzetrigine tab 50 mg)	NP	QL (29 tablets/90 days)
liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml)	np+	PA, QL (15 mls/30 days)
phentermine hcl cap 15 mg, 30 mg, 37.5 mg	p+	QL (30 capsules/30 days)
phentermine hcl tab 8 mg	p+	QL (90 tablets/30 days)
Phentermine Hcl Tab 8 mg (LOMAIRA)	p+	QL (90 tablets/30 days)
phentermine hcl tab 37.5 mg	p+	QL (30 tablets/30 days)
phentermine hcl-topiramate cap er 24hr 3.75-23 mg, 7.5-46 mg, 11.25-69 mg, 15-92 mg	np+	PA, QL (30 capsules/30 days)
pregabalin cap 25 mg	p	QL (360 capsules/30 days)
pregabalin cap 50 mg	p	QL (270 capsules/30 days)
pregabalin cap 75 mg, 100 mg	p	QL (180 capsules/30 days)
pregabalin cap 150 mg, 200 mg	p	QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg	p	QL (60 capsules/30 days)
pregabalin soln 20 mg/ml	np	QL (900 mls/30 days)
RADICAVA ORS (edaravone oral susp 105 mg/5ml)	NP	PA, QL (50 mls/28 days)

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Drug Name	Tier	Coverage Requirements and Limits
RADICAVA ORS STARTER KIT (<i>edaravone oral susp 105 mg/5ml</i>)	NP	PA, QL (70 mls/180 days)
<i>riluzole tab 50 mg</i>	np	
TEGRETOL (<i>carbamazepine tab 200 mg</i>)	NP	
TEGRETOL (<i>carbamazepine susp 100 mg/5ml</i>)	NP	
TEGRETOL-XR (<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>)	NP	
TENCON (<i>butalbital-acetaminophen tab 50-325 mg</i>)	NP	
<i>tetrabenazine tab 12.5 mg</i>	np	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg</i>	np	PA, QL (120 tablets/30 days)
VYLEESI (<i>bremelanotide acet subcutaneous soln auto-inj 1.75 mg/0.3ml</i>)	NP+	PA, QL (8 pens/30 days)
WEGOVY (<i>semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml, 0.5 mg/0.5ml, 1 mg/0.5ml</i>)	P+	PA, QL (8 pens/180 days)
WEGOVY (<i>semaglutide (weight mngmt) soln auto-injector 1.7 mg/0.75ml, 2.4 mg/0.75ml</i>)	P+	PA, QL (4 pens/28 days)
WEGOVY (<i>semaglutide (weight management) tab 1.5 mg, 4 mg, 9 mg</i>)	P+	PA, QL (60 tablets/180 days)
WEGOVY (<i>semaglutide (weight management) tab 25 mg</i>)	P+	PA, QL (30 tablets/30 days)
WEGOVY HD (<i>semaglutide (weight mngmt) soln auto-injector 7.2 mg/0.75ml</i>)	P+	PA, QL (4 pens/28 days)
ZEPBOUND (<i>tirzepatide (weight mngmt) soln auto-injector 2.5 mg/0.5ml</i>)	P+	PA, QL (4 pens/180 days)
ZEPBOUND (<i>tirzepatide (weight mngmt) soln auto-injector 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml</i>)	P+	PA, QL (4 pens/28 days)
Fibromyalgia Agents		
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq)</i>	p	
<i>pregabalin cap 25 mg</i>	p	QL (360 capsules/30 days)
<i>pregabalin cap 50 mg</i>	p	QL (270 capsules/30 days)
<i>pregabalin cap 75 mg, 100 mg</i>	p	QL (180 capsules/30 days)
<i>pregabalin cap 150 mg, 200 mg</i>	p	QL (90 capsules/30 days)
<i>pregabalin cap 225 mg, 300 mg</i>	p	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	np	QL (900 mls/30 days)
Multiple Sclerosis Agents		
AVONEX (<i>interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml</i>)	P	PA, QL (1 kit/28 days)
AVONEX PEN (<i>interferon beta-1a im auto-injector kit 30 mcg/0.5ml</i>)	P	PA, QL (1 kit/28 days)
BETASERON (<i>interferon beta-1b for inj kit 0.3 mg</i>)	P	PA, QL (14 vials/28 days)
<i>cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)</i>	np	PA, QL (8 tablets/301 days)
<i>cladribine tab therapy pack 10 mg (5 tabs)</i>	np	PA, QL (10 tablets/301 days)
<i>cladribine tab therapy pack 10 mg (6 tabs)</i>	np	PA, QL (12 tablets/301 days)

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Drug Name	Tier	Coverage Requirements and Limits
cladribine tab therapy pack 10 mg (7 tabs)	np	PA, QL (14 tablets/301 days)
cladribine tab therapy pack 10 mg (9 tabs)	np	PA, QL (9 tablets/301 days)
cladribine tab therapy pack 10 mg (10 tabs)	np	PA, QL (20 tablets/301 days)
dalfampridine tab er 12hr 10 mg	np	CW, LD
dimethyl fumarate capsule delayed release 120 mg	np	CW, LD, QL (56 capsules/180 days)
dimethyl fumarate capsule delayed release 240 mg	np	CW, LD, QL (60 capsules/30 days)
fingolimod hcl cap 0.5 mg (base equiv)	np	QL (30 capsules/30 days)
GILENYA (fingolimod hcl cap 0.25 mg (base equiv))	NP	PA, QL (30 capsules/30 days)
glatiramer acetate soln prefilled syringe 20 mg/ml	np	QL (30 syringes/30 days)
Glatiramer Acetate Soln Prefilled Syringe 20 mg/ml (GLATOPA)	np	QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml	np	QL (12 syringes/28 days)
Glatiramer Acetate Soln Prefilled Syringe 40 mg/ml (GLATOPA)	np	QL (12 syringes/28 days)
MAYZENT (siponimod fumarate tab 0.25 mg (base equiv))	P	PA, QL (120 tablets/30 days)
MAYZENT (siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv))	P	PA, QL (30 tablets/30 days)
MAYZENT STARTER PACK (siponimod fumarate tab 0.25 mg (7 starter pack))	P	PA, QL (7 tablets/180 days)
MAYZENT STARTER PACK (siponimod fumarate tab 0.25 mg (12 starter pack))	P	PA, QL (12 tablets/180 days)
PLEGRIDY (peginterferon beta-1a soln auto-injector 125 mcg/0.5ml)	P	PA, QL (2 pens/28 days)
PLEGRIDY (peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml)	P	PA, QL (2 syringes/28 days)
PLEGRIDY (peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml)	P	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK (peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack)	P	PA, QL (1 kit/180 days)
PLEGRIDY STARTER PACK (peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack)	P	PA, QL (1 kit/180 days)
REBIF (interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml)	P	PA, QL (12 syringes/28 days)
REBIF REBIDOSE (interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml)	P	PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION (interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml)	P	PA, QL (1 kit/180 days)
REBIF TITRATION PACK (interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml)	P	PA, QL (1 kit/180 days)
teriflunomide tab 7 mg, 14 mg	np	QL (30 tablets/30 days)
VUMERITY (diroximel fumarate capsule delayed release 231 mg)	P	PA, QL (120 capsules/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
ZEPOSIA (<i>ozanimod hcl cap 0.92 mg</i>)	P	PA, QL (30 capsules/30 days)
ZEPOSIA STARTER KIT (<i>ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg</i>)	P	PA, QL (28 capsules/180 days)
ZEPOSIA 7-DAY STARTER PAC (<i>ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg</i>)	P	PA, QL (7 capsules/180 days)
Dental and Oral Agents (Drugs for the Mouth)		
No USP Class		
<i>cevimeline hcl cap 30 mg</i>	np	
<i>chlorhexidine gluconate soln 0.12%</i>	p	
CLINPRO 5000 (<i>sodium fluoride paste 1.1%</i>)	P	AC, IC
<i>clotrimazole troche 10 mg</i>	np	
DENTA 5000 PLUS (<i>sodium fluoride cream 1.1%</i>)	P	AC, IC
DENTA 5000 PLUS SENSITIVE (<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>)	P	AC
DENTAGEL (<i>sodium fluoride gel 1.1% (0.5% f)</i>)	P	AC, IC
<i>doxycycline hyclate cap 50 mg, 100 mg</i>	p	
<i>doxycycline hyclate tab 20 mg, 100 mg</i>	p	
<i>doxycycline monohydrate cap 50 mg, 100 mg</i>	p	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	np	
<i>doxycycline monohydrate tab 50 mg, 100 mg</i>	p	
<i>doxycycline monohydrate tab 75 mg, 150 mg</i>	np	
EASYGEL (<i>stannous fluoride gel 0.4%</i>)	P	AC, IC
FLUORIDEX DAILY DEFENSE (<i>sodium fluoride paste 1.1%</i>)	P	AC, IC
FLUORIDEX DAILY RENEWAL (<i>stannous fluoride conc 0.63%</i>)	P	AC, IC
FLUORIDEX ENHANCED WHITEN (<i>sodium fluoride paste 1.1%</i>)	P	AC, IC
FLUORIDEX SENSITIVITY REL (<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>)	P	AC
FLUORIMAX 5000 (<i>sodium fluoride paste 1.1%</i>)	P	AC, IC
FLUORIMAX 5000 SENSITIVE (<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>)	P	AC
JUST RIGHT 5000 (<i>sodium fluoride paste 1.1%</i>)	P	AC, IC
<i>minocycline hcl cap 50 mg</i>	p	
<i>minocycline hcl cap 75 mg, 100 mg</i>	np	
<i>pilocarpine hcl tab 5 mg, 7.5 mg</i>	np	
PREVIDENT FLUORIDE (<i>sodium fluoride gel 1.1% (0.5% f)</i>)	P	AC
PREVIDENT RINSE (<i>sodium fluoride rinse 0.2%</i>)	P	AC
PREVIDENT 5000 BOOSTER PL (<i>sodium fluoride paste 1.1%</i>)	P	AC
PREVIDENT 5000 DRY MOUTH (<i>sodium fluoride gel 1.1% (0.5% f)</i>)	P	AC

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Drug Name	Tier	Coverage Requirements and Limits
PREVIDENT 5000 ENAMEL PRO (<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>)	P	AC
PREVIDENT 5000 KIDS (<i>sodium fluoride paste 1.1%</i>)	P	AC
PREVIDENT 5000 ORTHO DEFE (<i>sodium fluoride paste 1.1%</i>)	P	AC
PREVIDENT 5000 PLUS (<i>sodium fluoride cream 1.1%</i>)	P	AC
PREVIDENT 5000 SENSITIVE (<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>)	P	AC
SF (<i>sodium fluoride gel 1.1% (0.5% f)</i>)	P	AC, IC
SF 5000 PLUS (<i>sodium fluoride cream 1.1%</i>)	P	AC, IC
SODIUM FLUORIDE (<i>sodium fluoride rinse 0.2%</i>)	P	AC, IC
SODIUM FLUORIDE (<i>sodium fluoride cream 1.1%</i>)	P	AC, IC
SODIUM FLUORIDE (<i>sodium fluoride gel 1.1% (0.5% f)</i>)	P	AC, IC
SODIUM FLUORIDE 5000 PLUS (<i>sodium fluoride cream 1.1%</i>)	P	AC, IC
SODIUM FLUORIDE 5000 PPM (<i>sodium fluoride gel 1.1% (0.5% f)</i>)	P	AC, IC
SODIUM FLUORIDE 5000 PPM (<i>sodium fluoride paste 1.1%</i>)	P	AC, IC
SODIUM FLUORIDE 5000 PPM (<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>)	P	AC
SODIUM FLUORIDE/POTASSIUM (<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>)	P	AC
triamcinolone acetonide dental paste 0.1%	np	
Triamcinolone Acetonide Dental Paste 0.1% (KOURZEQ), 0.1% (ORALONE DENTAL PASTE)	np	
Dermatological Agents (Drugs for the Skin)		
Acne and Rosacea Agents		
ALTRENO (<i>tretinoin lotion 0.05%</i>)	NP	
azelaic acid gel 15%	np	
brimonidine tartrate gel 0.33% (base equivalent)	np	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	np	
Clindamycin Phosph-benzoyl Peroxide (refrig) Gel 1.2 (1)-5% (NEUAC)	np	
clindamycin phosphate gel 1% (twice-daily)	np	
clindamycin phosphate lotion 1%	np	
clindamycin phosphate soln 1%	np	QL (180 mls/30 days)
clindamycin phosphate swab 1%	np	
Clindamycin Phosphate Swab 1% (CLINDACIN ETZ PLEDGETS), 1% (CLINDACIN-P)	np	
ERY (<i>erythromycin pads 2%</i>)	NP	
ERYTHROMYCIN (<i>erythromycin gel 2%</i>)	NP	QL (180 grams/30 days)
erythromycin soln 2%	np	QL (180 mls/30 days)
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	np	QL (60 capsules/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
Isotretinoin Cap 10 mg (ACUTANE), 10 mg (AMNESTEE), 10 mg (CLARAVIS), 10 mg (ZENATANE), 20 mg (ACUTANE), 20 mg (AMNESTEE), 20 mg (CLARAVIS), 20 mg (ZENATANE), 30 mg (ACUTANE), 30 mg (AMNESTEE), 30 mg (CLARAVIS), 30 mg (ZENATANE), 40 mg (ACUTANE), 40 mg (AMNESTEE), 40 mg (CLARAVIS), 40 mg (ZENATANE)	np	QL (60 capsules/30 days)
metronidazole cream 0.75%	np	
metronidazole gel 0.75%	np	
metronidazole gel 1%	np	QL (60 grams/30 days)
minocycline hcl cap 50 mg	p	
minocycline hcl cap 75 mg, 100 mg	np	
sulfacetamide sodium lotion 10% (acne)	np	
tazarotene cream 0.05%, 0.1%	np	
tazarotene gel 0.05%, 0.1%	np	
Tazarotene Gel 0.1% (TRILITAS)	np	
tretinoin cream 0.025%, 0.05%, 0.1%	np	
tretinoin gel 0.01%	np	
Dermatitis and Pruritus Agents (Drugs for Skin Inflammation and Itch)		
ALCLOMETASONE DIPROPIONAT (alclometasone dipropionate oint 0.05%)	NP	
alclometasone dipropionate cream 0.05%	np	
BETAMETHASONE DIPROPIONAT (betamethasone dipropionate augmented gel 0.05%)	NP	QL (180 grams/90 days)
betamethasone dipropionate augmented cream 0.05%	p	QL (100 grams/30 days)
betamethasone dipropionate augmented lotion 0.05%	np	QL (180 mls/90 days)
betamethasone dipropionate augmented oint 0.05%	np	QL (180 grams/90 days)
betamethasone dipropionate cream 0.05%	np	QL (100 grams/30 days)
betamethasone dipropionate lotion 0.05%	np	QL (100 mls/30 days)
betamethasone dipropionate oint 0.05%	np	QL (100 grams/30 days)
BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))	NP	QL (120 mls/30 days)
betamethasone valerate cream 0.1% (base equivalent)	np	
betamethasone valerate oint 0.1% (base equivalent)	np	
BYLVAY (odevixibat cap 400 mcg, 1200 mcg)	NP	LD, PA, SP
BYLVAY (PELLETS) (odevixibat pellets cap sprinkle 200 mcg, 600 mcg)	NP	LD, PA, SP
clobetasol propionate cream 0.05%	p	QL (180 grams/90 days)
clobetasol propionate emollient base cream 0.05%	np	

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Drug Name	Tier	Coverage Requirements and Limits
Clobetasol Propionate Emollient Base Cream 0.05% (CLOBETASOL PROPIONATE E), 0.05% (CLOBETASOL PROPIONATE EMOLLIENT)	np	
clobetasol propionate foam 0.05%	np	QL (180 grams/90 days)
clobetasol propionate gel 0.05%	np	
clobetasol propionate oint 0.05%	p	QL (180 grams/90 days)
clobetasol propionate soln 0.05%	np	QL (180 mls/90 days)
desonide cream 0.05%	np	
desonide oint 0.05%	np	
desoximetasone cream 0.25%	np	QL (100 grams/30 days)
desoximetasone oint 0.25%	np	QL (100 grams/30 days)
DUPIXENT (<i>dupilumab subcutaneous soln auto-injector 200 mg/1.14ml, 300 mg/2ml</i>)	P	PA, QL (2 pens/28 days)
DUPIXENT (<i>dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml</i>)	P	PA, QL (2 syringes/28 days)
fluocinolone acetonide cream 0.01%	np	
fluocinolone acetonide oil 0.01% (body oil)	np	
fluocinolone acetonide oil 0.01% (scalp oil)	np	
fluocinolone acetonide oint 0.025%	np	
fluocinolone acetonide soln 0.01%	np	
fluocinonide cream 0.05%	np	QL (100 grams/30 days)
fluocinonide cream 0.1%	p	QL (120 grams/90 days)
fluocinonide emulsified base cream 0.05%	np	QL (100 grams/30 days)
fluocinonide gel 0.05%	np	QL (100 grams/30 days)
fluocinonide oint 0.05%	np	QL (100 grams/30 days)
fluocinonide soln 0.05%	np	QL (100 mls/30 days)
fluticasone propionate cream 0.05%	p	
fluticasone propionate oint 0.005%	np	
halobetasol propionate cream 0.05%	np	QL (180 grams/90 days)
HYDROCORTISONE (<i>hydrocortisone lotion 2.5%</i>)	NP	
HYDROCORTISONE (<i>hydrocortisone perianal cream 1%</i>)	NP	
hydrocortisone cream 2.5%	p	
hydrocortisone oint 2.5%	p	
hydrocortisone perianal cream 2.5%	np	
Hydrocortisone Perianal Cream 2.5% (PROCTO-MED HC), 2.5% (PROCTOCARE-HC), 2.5% (PROCTOSOL HC), 2.5% (PROCTOZONE-HC)	np	
hydrocortisone valerate cream 0.2%	np	
LIVMARLI (<i>maralixibat chloride tab 10 mg, 15 mg, 20 mg, 30 mg</i>)	NP	LD, PA, SP

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Drug Name	Tier	Coverage Requirements and Limits
LIVMARLI (<i>maralixibat chloride oral soln 9.5 mg/ml, 19 mg/ml</i>)	NP	LD, PA, SP
<i>mometasone furoate cream 0.1%</i>	np	
<i>mometasone furoate oint 0.1%</i>	p	QL (100 grams/30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	np	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	np	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	p	
PROCTOCORT (<i>hydrocortisone perianal cream 1%</i>)	NP	
SELENIUM SULFIDE (<i>selenium sulfide lotion 2.5%</i>)	NP	
<i>tacrolimus oint 0.03%, 0.1%</i>	np	
TRIAMCINOLONE ACETONIDE (<i>triamcinolone acetonide lotion 0.025%</i>)	NP	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	p	
Triamcinolone Acetonide Cream 0.5% (TRIDERMA)	p	
<i>triamcinolone acetonide lotion 0.1%</i>	np	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	p	
Dermatological Agents, Other (Other Drugs for the Skin)		
<i>acitretin cap 10 mg, 17.5 mg, 25 mg</i>	np	
ANALPRAM HC (<i>hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%</i>)	NP	
ANALPRAM HC (<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%, 2.5-1%</i>)	NP	
CALCIPOTRIENE (<i>calcipotriene soln 0.005% (50 mcg/ml)</i>)	NP	
<i>calcipotriene cream 0.005%</i>	np	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	p	
<i>desoximetasone cream 0.25%</i>	np	QL (100 grams/30 days)
<i>desoximetasone oint 0.25%</i>	np	QL (100 grams/30 days)
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	np	PA, QL (300 grams/90 days)
<i>diclofenac sodium soln 1.5%</i>	np	QL (2 bottles/30 days)
ENSTILAR (<i>calcipotriene-betamethasone dipropionate foam 0.005-0.064%</i>)	P	QL (120 grams/30 days)
FILSUEZ (<i>birch triterpenes gel 10%</i>)	NP	LD, PA, SP
FLUOROURACIL (<i>fluorouracil soln 2%</i>)	NP	
<i>fluorouracil cream 5%</i>	np	PA, QL (240 grams/84 days)
<i>fluorouracil soln 5%</i>	np	
<i>halobetasol propionate cream 0.05%</i>	np	QL (180 grams/90 days)
HYDROCORTISONE ACETATE/PR (<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>)	NP	
HYFTOR (<i>sirolimus gel 0.2%</i>)	NP	PA, QL (7 tubes/84 days)
<i>imiquimod cream 5%</i>	np	QL (48 packets/112 days)

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Drug Name	Tier	Coverage Requirements and Limits
METHOXSALEN (<i>methoxsalen rapid cap 10 mg</i>)	NP	
NEMLUVIO (<i>nemolizumab-ilot for subcutaneous auto-injector 30 mg</i>)	P	PA, QL (1 pen/28 days)
PODOFILOX (<i>podofilox soln 0.5%</i>)	NP	
PROCTOFOAM HC (<i>hydrocortisone acetate w/ pramoxine perianal foam 1-1%</i>)	NP	
SANTYL (<i>collagenase oint 250 unit/gm</i>)	NP	
<i>silver sulfadiazine cream 1%</i>	p	
Silver Sulfadiazine Cream 1% (SSD), 1% (THERMAZENE)	p	
Pediculicides/Scabicides (Drugs for Scabies and Lice)		
<i>ivermectin cream 1%</i>	np	QL (45 grams/30 days)
<i>malathion lotion 0.5%</i>	np	
NATROBA (<i>spinosad susp 0.9%</i>)	NP	
<i>permethrin cream 5%</i>	np	
SPINOSAD (<i>spinosad susp 0.9%</i>)	NP	
Topical Anti-infectives (Drugs for Skin Infection)		
<i>acyclovir oint 5%</i>	np	
<i>ciclopirox gel 0.77%</i>	np	QL (180 grams/30 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	p	QL (180 grams/30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	np	QL (180 mls/30 days)
<i>ciclopirox shampoo 1%</i>	np	
<i>ciclopirox solution 8%</i>	p	PA, QL (6.6 mls/30 days)
Ciclopirox Solution 8% (CICLODAN)	p	PA, QL (6.6 mls/30 days)
<i>clindamycin phosphate vaginal cream 2%</i>	np	
CLINDESSE (<i>clindamycin phosphate (one dose) vaginal cream 2%</i>)	NP	
<i>econazole nitrate cream 1%</i>	np	QL (170 grams/30 days)
<i>gentamicin sulfate cream 0.1%</i>	np	QL (120 grams/90 days)
<i>gentamicin sulfate oint 0.1%</i>	np	QL (120 grams/90 days)
GYNAZOLE-1 (<i>butoconazole nitrate (one dose) vaginal cream 2%</i>)	NP	
<i>ketoconazole cream 2%</i>	p	QL (180 grams/30 days)
<i>ketoconazole shampoo 2%</i>	p	
<i>mupirocin oint 2%</i>	p	
<i>nystatin cream 100000 unit/gm</i>	p	
<i>nystatin oint 100000 unit/gm</i>	p	
<i>nystatin topical powder 100000 unit/gm</i>	np	
Nystatin Topical Powder 100000 unit/gm (KLAYESTA), 100000 unit/gm (NYAMYC), 100000 unit/gm (NYSTOP)	np	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	np	

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nystatin-triamcinolone oint 100000-0.1 unit/gm-%	p	
SULFAMYLON (<i>mafenide acetate cream 85 mg/gm</i>)	NP	
ZELSUVM (<i>berdazimer sodium gel 10.3%</i>)	NP	PA, QL (2 kits/84 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid soluble tab 200 mg	np	LD, SP
FLORIVA (<i>sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml</i>)	NP	
FLUORIDE (<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)</i>)	P	AC, IC
K-PHOS NEUTRAL (<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>)	NP	
K-PHOS NO 2 (<i>potassium & sodium acid phosphates tab 305-700 mg</i>)	P	
PHOSPHA 250 NEUTRAL (<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>)	NP	
PHOSPHO-TRIN 250 NEUTRAL (<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>)	NP	
PHOSPHOROUS (<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>)	NP	
potassium chloride cap er 8 meq, 10 meq	p	
POTASSIUM CHLORIDE ER (<i>potassium chloride tab er 15 meq</i>)	NP	
potassium chloride microencapsulated crys er tab 10 meq, 20 meq	p	
Potassium Chloride Microencapsulated Crys Er Tab 10 meq (KLOR-CON M10), 20 meq (KLOR-CON M20)	p	
potassium chloride microencapsulated crys er tab 15 meq	np	
Potassium Chloride Microencapsulated Crys Er Tab 15 meq (KLOR-CON M15)	np	
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	np	
potassium chloride powder packet 20 meq	np	
Potassium Chloride Powder Packet 20 meq (KLOR-CON)	np	
potassium chloride tab er 8 meq (600 mg)	p	
Potassium Chloride Tab Er 8 meq (600 mg) (KLOR-CON 8)	p	
potassium chloride tab er 10 meq, 20 meq (1500 mg)	p	
Potassium Chloride Tab Er 10 meq (KLOR-CON 10)	p	
potassium citrate tab er 5 meq (540 mg)	np	
potassium citrate tab er 10 meq (1080 mg)	np	
potassium citrate tab er 15 meq (1620 mg)	np	
PRENATAL PLUS (<i>prenatal vit w/ fe fumarate-fa tab 27-1 mg</i>)	P	

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Drug Name	Tier	Coverage Requirements and Limits
PRENATAL 19 (<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>)	P	
PRENATAL 19 (<i>prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg</i>)	P	
PRENATAL-U (<i>prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg</i>)	P	
SODIUM FLUORIDE (<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)</i>)	P	AC, IC
SODIUM FLUORIDE (<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)</i>)	P	AC, IC
SODIUM FLUORIDE (<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>)	P	AC, IC
TRINATE (<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>)	P	
ZYCUBO (<i>copper histidinate for subcutaneous soln 2.9 mg</i>)	P	LD, QL (30 vials/30 days), SP
Electrolyte/Mineral/Metal Modifiers (Drugs that Affects Electrtolytes/Minerals)		
CHEMET (<i>succimer cap 100 mg</i>)	P	
<i>deferasirox granules packet 90 mg, 180 mg</i>	np	PA, QL (30 packets/30 days)
<i>deferasirox granules packet 360 mg</i>	np	PA, QL (180 packets/30 days)
<i>deferasirox tab for oral susp 125 mg, 250 mg</i>	np	PA, QL (30 tablets/30 days)
<i>deferasirox tab for oral susp 500 mg</i>	np	PA, QL (90 tablets/30 days)
<i>deferasirox tab 90 mg, 180 mg</i>	np	PA, QL (30 tablets/30 days)
<i>deferasirox tab 360 mg</i>	np	PA, QL (180 tablets/30 days)
<i>deferiprone tab 500 mg</i>	np	PA, QL (540 tablets/30 days)
<i>deferiprone tab 1000 mg</i>	np	PA, QL (270 tablets/30 days)
FERRIPROX (<i>deferiprone oral soln 100 mg/ml</i>)	NP	LD, PA, QL (2700 mls/30 days), SP
JYNARQUE (<i>tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>)	np	LD, PA, QL (56 tablets/28 days), SP
JYNARQUE (<i>tolvaptan tab 15 mg, 30 mg</i>)	np	LD, PA, SP
<i>penicillamine tab 250 mg</i>	np	
<i>tolvaptan (hyponatremia) tab 15 mg</i>	np	LD, QL (30 tablets/180 days), SP
<i>tolvaptan (hyponatremia) tab 30 mg</i>	np	LD, QL (60 tablets/180 days), SP
<i>trientine hcl cap 250 mg</i>	np	
TRIENTINE HYDROCHLORIDE (<i>trientine hcl cap 500 mg</i>)	NP	
Phosphate Binders (Drugs to Lower Phosphate)		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	np	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	np	
<i>ferric citrate tab 1 gm (210 mg ferric iron)</i>	np	QL (360 tablets/30 days)
FOSRENOL (<i>lanthanum carbonate oral powder pack 750 mg (elemental)</i>)	NP	QL (180 packs/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
FOSRENOL (lanthanum carbonate oral powder pack 1000 mg (elemental))	NP	QL (120 packs/30 days)
lanthanum carbonate chew tab 500 mg (elemental)	np	QL (270 tablets/30 days)
lanthanum carbonate chew tab 750 mg (elemental)	np	QL (180 tablets/30 days)
lanthanum carbonate chew tab 1000 mg (elemental)	np	QL (120 tablets/30 days)
sevelamer carbonate packet 0.8 gm	np	QL (510 packets/30 days)
sevelamer carbonate packet 2.4 gm	np	QL (150 packets/30 days)
sevelamer carbonate tab 800 mg	np	QL (480 tablets/30 days)
sevelamer hcl tab 400 mg	np	QL (960 tablets/30 days)
sevelamer hcl tab 800 mg	np	QL (480 tablets/30 days)
Potassium Binders (Drugs to Lower Potassium)		
LOKELMA (sodium zirconium cyclosilicate for susp packet 5 gm)	P	QL (96 packets/30 days)
LOKELMA (sodium zirconium cyclosilicate for susp packet 10 gm)	P	QL (34 packets/30 days)
sodium polystyrene sulfonate powder	np	
sodium polystyrene sulfonate susp 15 gm/60ml	np	
Sodium Polystyrene Sulfonate Susp 15 gm/60ml (KIONEX), 15 gm/60ml (SPS)	np	
SPS (sodium polystyrene sulfonate rectal susp 30 gm/120ml)	NP	
Vitamins		
carbonyl iron susp 15 mg/1.25ml (elemental iron)	p	AC, IC
Carbonyl Iron Susp 15 mg/1.25ml (elemental iron) (ICAR PEDIATRIC), 15 mg/1.25ml (elemental iron) (WEE CARE)	p	AC, IC
cyanocobalamin inj 1000 mcg/ml	p	
Cyanocobalamin Inj 1000 mcg/ml (DODEX)	p	
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)	p	AC, IC
Ferrous Sulfate Soln 75 mg/ml (15 mg/ml elemental fe) (BPROTECTED PEDIA IRON), 75 mg/ml (15 mg/ml elemental fe) (FE-VITE IRON), 75 mg/ml (15 mg/ml elemental fe) (FER-IN-SOL), 75 mg/ml (15 mg/ml elemental fe) (IRON INFANT & TODDLER), 75 mg/ml (15 mg/ml elemental fe) (IRON INFANT/TODDLER), 75 mg/ml (15 mg/ml elemental fe) (IRON SUPPLEMENT), 75 mg/ml (15 mg/ml elemental fe) (PC PEDIATRIC IRON DROPS), 220 mg/5ml (44 mg/5ml elemental fe) (IRON SUPPLEMENT), 220 mg/5ml (44 mg/5ml elemental fe) (ONE VITE FERROUS SULFATE)	p	AC, IC
ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe)	np	AC, IC
folic acid cap 0.8 mg	p	AC, IC
Folic Acid Cap 0.8 mg (FA-8)	p	AC, IC
folic acid tab 400 mcg, 800 mcg	p	AC, IC

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Folic Acid Tab 400 mcg (FOLATE), 400 mcg (FT FOLIC ACID), 400 mcg (GNP FOLIC ACID), 400 mcg (RA FOLIC ACID), 400 mcg (TRUE FOLIC ACID), 400 mcg (YL FOLIC ACID), 800 mcg (CVS FOLIC ACID), 800 mcg (FT FOLIC ACID), 800 mcg (KP FOLIC ACID), 800 mcg (QC FOLIC ACID), 800 mcg (RA FOLIC ACID)	P	AC, IC
folic acid tab 1 mg	P	
HYDROXOCOBALAMIN (<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>)	NP	
IRON UP (<i>polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv)</i>)	P	AC, IC
NOVAFERRUM PEDIATRIC DROP (<i>polysaccharide iron complex liquid 15 mg/ml (fe equiv)</i>)	P	AC, IC
phytonadione tab 5 mg	np	
Gastrointestinal Agents (Drugs for the Bowel and Stomach)		
Anti-Constipation Agents (Drugs for Constipation)		
lactulose (encephalopathy) solution 10 gm/15ml	P	
Lactulose (encephalopathy) Solution 10 gm/15ml (ENULOSE), 10 gm/15ml (GENERLAC)	P	
lactulose solution 10 gm/15ml	np	
Lactulose Solution 10 gm/15ml (CONSTULOSE)	np	
lubiprostone cap 8 mcg	np	QL (120 capsules/30 days)
lubiprostone cap 24 mcg	np	QL (60 capsules/30 days)
MOVANTIK (<i>naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)</i>)	P	QL (30 tablets/30 days)
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	np	AC, IC
Peg 3350-kcl-nacl-na Sulfate-na Ascorbate-c For Soln 100 gm (PEG-3350/ELECTROLYTES/ASCORBATE)	np	AC, IC
SYMPROIC (<i>naldemedine tosylate tab 0.2 mg (base equivalent)</i>)	P	QL (30 tablets/30 days)
TRULANCE (<i>plecanatide tab 3 mg</i>)	P	QL (30 tablets/30 days)
Anti-Diarrheal Agents (Drugs for Diarrhea)		
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv)	np	QL (60 tablets/30 days)
diphenoxylate w/ atropine tab 2.5-0.025 mg	P	
DIPHENOXYLATE/ATROPINE (<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>)	NP	PA, QL (1200 mls/30 days)
MOTOFEN (<i>difenoxin w/ atropine tab 1-0.025 mg</i>)	NP	
VIBERZI (<i>eluxadoline tab 75 mg, 100 mg</i>)	P	QL (60 tablets/30 days)
XERMELO (<i>telotristat ethyl tab 250 mg (as telotristat etiprate)</i>)	NP	LD, SP
XIFAXAN (<i>rifaximin tab 200 mg</i>)	NP	QL (9 tablets/30 days)
XIFAXAN (<i>rifaximin tab 550 mg</i>)	P	QL (60 tablets/30 days)

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Antispasmodics, Gastrointestinal (Other Drugs for Bowel and Stomach)		
<i>dicyclomine hcl cap 10 mg</i>	p	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	np	
<i>dicyclomine hcl tab 20 mg</i>	p	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	np	PA
<i>glycopyrrolate tab 1 mg</i>	p	
<i>glycopyrrolate tab 2 mg</i>	np	
<i>methscopolamine bromide tab 2.5 mg, 5 mg</i>	np	
Gastrointestinal Agents, Other (Other Drugs for the Bowel and Stomach)		
CTEXLI (<i>chenodiol (basds) tab 250 mg</i>)	P	LD, PA, QL (90 tablets/30 days), SP
GATTEX (<i>teduglutide (rdna) for inj kit 5 mg</i>)	NP	LD, PA, SP
GAVILYTE-C (<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>)	NP	
<i>glutamine (sickle cell) powd pack 5 gm</i>	np	PA
IQIRVO (<i>elafibranor tab 80 mg</i>)	P	PA, QL (30 tablets/30 days)
LIVDELZI (<i>seladelpar lysine cap 10 mg</i>)	P	LD, PA, QL (30 tablets/30 days), SP
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	np	
<i>metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)</i>	p	
MYALEPT (<i>metreleptin for subcutaneous inj 11.3 mg</i>)	NP	LD, PA, SP
ORLISTAT (<i>orlistat cap 120 mg</i>)	NP+	PA, QL (90 capsules/30 days)
PEG-PREP (<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>)	NP	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	np	AC, IC
Peg 3350-kcl-sod Bicarb-nacl For Soln 420 gm (GAVILYTE-N/FLAVOR PACK)	np	AC, IC
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	p	AC, IC
Peg 3350-kcl-na Bicarb-nacl-na Sulfate For Soln 236 gm (GAVILYTE-G)	p	AC, IC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	np	
SUTAB (<i>sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg</i>)	NP	
<i>ursodiol cap 300 mg</i>	np	
<i>ursodiol tab 250 mg</i>	np	
<i>ursodiol tab 500 mg</i>	np	
VOWST (<i>fecal microbiota spores, live-brpk caps</i>)	NP	LD, PA, QL (12 capsules/12 months), SP
XENICAL (<i>orlistat cap 120 mg</i>)	NP+	PA, QL (90 capsules/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
XIFAXAN (<i>rifaximin tab 200 mg</i>)	NP	QL (9 tablets/30 days)
XIFAXAN (<i>rifaximin tab 550 mg</i>)	P	QL (60 tablets/30 days)
Histamine2 (H2) Receptor Antagonists (Drugs for Acid Reflux and Ulcers)		
<i>famotidine for susp 40 mg/5ml</i>	np	
<i>famotidine tab 40 mg</i>	p	
Protectants (Drugs for Acid Reflux and Ulcers)		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	np	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	np	
<i>misoprostol tab 100 mcg, 200 mcg</i>	p	CW, IC
<i>sucralfate tab 1 gm</i>	p	
Proton Pump Inhibitors (Drugs for Acid Reflux and Ulcers)		
<i>esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq)</i>	p	QL (60 capsules/30 days)
<i>esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg</i>	np	PA, QL (60 packets/30 days)
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	np	PA, QL (60 packets/30 days)
<i>lansoprazole cap delayed release 15 mg</i>	p	QL (60 capsules/30 days)
<i>lansoprazole cap delayed release 30 mg</i>	p	QL (60 capsules/30 days)
<i>omeprazole cap delayed release 10 mg, 20 mg, 40 mg</i>	p	QL (60 capsules/30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv)</i>	p	QL (60 tablets/30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment (Drugs for Genetic or Enzyme Disorders)		
No USP Class		
ADVATE (<i>antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit</i>)	P	PA, QL (1 ml/30 days)
ADYNOVATE (<i>antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit</i>)	P	PA, QL (1 ml/30 days)
AFSTYLA (<i>antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit</i>)	P	PA, QL (1 ml/30 days)
ALTUVIIIO (<i>antihemophilic fact rcmb fc-vwf-xten-eh1 for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit</i>)	P	PA, QL (1 ml/30 days)
AQNEURSA (<i>levacetylleucine for susp packet 1 gm</i>)	NP	LD, PA, QL (120 packets/30 days), SP
AQVESME (<i>mitapivat sulfate tab 100 mg</i>)	NP	LD, PA, QL (60 tablets/30 days), SP
ATTRUBY (<i>acoramidis hcl tab pack 356 mg (712 mg twice daily)</i>)	P	LD, PA, QL (112 tablets/28 days), SP
<i>betaine powder for oral solution</i>	np	

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carglumic acid soluble tab 200 mg	np	LD, SP
CERDELGA (eliglustat tartrate cap 84 mg (base equivalent))	P	PA, QL (60 capsules/30 days)
CHOLBAM (cholic acid cap 50 mg, 250 mg)	NP	LD, SP
CREON (pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit)	P	PA
DAYBUE (trofinetide oral soln 200 mg/ml)	NP	LD, PA, QL (8 bottles/30 days), SP
DAYBUE STIX (trofinetide oral powder packet 5000 mg, 6000 mg)	NP	LD, PA, QL (120 packets/30 days), SP
DAYBUE STIX (trofinetide oral powder packet 8000 mg)	NP	LD, PA, QL (60 packets/30 days), SP
deferasirox granules packet 90 mg, 180 mg	np	PA, QL (30 packets/30 days)
deferasirox granules packet 360 mg	np	PA, QL (180 packets/30 days)
deferasirox tab for oral susp 125 mg, 250 mg	np	PA, QL (30 tablets/30 days)
deferasirox tab for oral susp 500 mg	np	PA, QL (90 tablets/30 days)
deferasirox tab 90 mg, 180 mg	np	PA, QL (30 tablets/30 days)
deferasirox tab 360 mg	np	PA, QL (180 tablets/30 days)
DUVYZAT (givinostat hcl oral susp 8.86 mg/ml)	NP	LD, PA, QL (3 bottles/30 days), SP
EVRYSDI (risdiplam tab 5 mg)	NP	LD, PA, QL (30 tablets/30 days), SP
EVRYSDI (risdiplam for soln 0.75 mg/ml)	NP	LD, PA, QL (3 bottles/30 days), SP
FEIBA (antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit)	P	
GALAFOLD (migalastat hcl cap 123 mg (base equivalent))	NP	LD, PA, QL (14 capsules/28 days), SP
GLASSIA (alpha1-proteinase inhibitor (human) inj 1000 mg/50ml)	NP	PA
GLASSIA (alpha1-proteinase inhibitor (human) iv soln 4 gm/200ml, 5 gm/250ml)	NP	PA
glycerol phenylbutyrate liquid 1.1 gm/ml	np	PA
HEMLIBRA (emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml), 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml, 300 mg/2ml (150 mg/ml))	P	PA, QL (1 ml/30 days)
HEMOFIL M (antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit)	P	PA, QL (1 ml/30 days)
HYMPAVZI (marstacimab-hncq subcutaneous soln auto-inj 75 mg/0.5ml, 150 mg/ml)	NP	PA, QL (4 pens/28 days)
IMCIVREE (setmelanotide acetate subcutaneous soln 10 mg/ml)	NP	LD, PA, QL (10 vials/30 days), SP

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Drug Name	Tier	Coverage Requirements and Limits
JOENJA (<i>leniolisib phosphate tab 70 mg</i>)	NP	LD, SP
KOATE (<i>antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit</i>)	P	PA, QL (1 ml/30 days)
KOATE-DVI (<i>antihemophilic factor (human) for inj 1000 unit</i>)	P	PA, QL (1 ml/30 days)
KOVALTRY (<i>antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit</i>)	P	PA, QL (1 ml/30 days)
levocarnitine oral soln 1 gm/10ml (10%)	np	
levocarnitine tab 330 mg	np	
miglustat cap 100 mg	np	LD, PA, QL (90 capsules/30 days), SP
Miglustat Cap 100 mg (YARGESA)	np	LD, PA, QL (90 capsules/30 days), SP
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg	np	LD, SP
NITYR (<i>nitisinone tab 2 mg, 5 mg, 10 mg</i>)	P	LD, SP
NULIBRY (<i>fosdenopterin hydrobromide for iv soln 9.5 mg</i>)	NP	LD, SP
OPFOLDA (<i>miglustat (gaa deficiency) cap 65 mg</i>)	NP	LD, PA, QL (8 capsules/28 days), SP
ORFADIN (<i>nitisinone susp 4 mg/ml</i>)	P	LD, SP
PALYNZIQ (<i>pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml</i>)	NP	LD, PA, SP
PHEBURANE (<i>sodium phenylbutyrate oral pellets 483 mg/gm</i>)	NP	LD, PA, SP
PYRUKYND (<i>mitapivat sulfate tab 5 mg, 20 mg, 50 mg</i>)	P	LD, PA, QL (56 tablets/28 days), SP
PYRUKYND TAPER PACK (<i>mitapivat sulfate tab therapy pack 5 mg</i>)	P	LD, PA, QL (7 tablets/365 days), SP
PYRUKYND TAPER PACK (<i>mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg</i>)	P	LD, PA, QL (14 tablets/365 days), SP
RECOMBINATE (<i>antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit</i>)	P	PA, QL (1 ml/30 days)
REDEMPLO (<i>plozasiran sodium subcut soln pref syr 25 mg/0.5ml (base eq)</i>)	P	LD, PA, QL (1 syringe/84 days), SP
REVCovi (<i>elapegedemase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)</i>)	P	LD, SP
sapropterin dihydrochloride powder packet 100 mg, 500 mg	np	LD, PA, SP
sapropterin dihydrochloride tab 100 mg	np	LD, PA, SP
SEPHIENCE (<i>sepiapterin powder packet 250 mg, 1000 mg</i>)	NP	LD, PA, SP
SKYCLARYS (<i>omaveloxolone cap 50 mg</i>)	NP	LD, PA, QL (90 capsules/30 days), SP
sodium phenylbutyrate oral powder 3 gm/teaspoonful	np	PA
sodium phenylbutyrate tab 500 mg	np	PA
STRENSIQ (<i>asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml</i>)	P	LD, PA, SP

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Drug Name	Tier	Coverage Requirements and Limits
SUCRAID (<i>sacrosidase soln 8500 unit/ml</i>)	NP	LD, PA, QL (300 mls/30 days), SP
<i>trientine hcl cap 250 mg</i>	np	
TRIENTINE HYDROCHLORIDE (<i>trientine hcl cap 500 mg</i>)	NP	
VONVENDI (<i>von willebrand factor (recombinant) for inj 650 unit, 1300 unit</i>)	P	PA, QL (1 ml/30 days)
VOXZOGO (<i>vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg</i>)	NP	LD, PA, QL (30 vials/30 days), SP
VYKAT XR (<i>diazoxide choline tab er 24hr 25 mg</i>)	NP	LD, PA, QL (120 tablets/30 days), SP
VYKAT XR (<i>diazoxide choline tab er 24hr 75 mg</i>)	NP	LD, PA, QL (210 tablets/30 days), SP
VYKAT XR (<i>diazoxide choline tab er 24hr 150 mg</i>)	NP	LD, PA, QL (90 tablets/30 days), SP
VYNDAMAX (<i>tafamidis cap 61 mg</i>)	P	PA, QL (30 capsules/30 days)
WAINUA (<i>eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml</i>)	NP	LD, PA, QL (1 pen/28 days), SP
WELIREG (<i>belzutifan tab 40 mg</i>)	NP	LD, OC, PA, QL (90 tablets/30 days), SP
XYNTHA (<i>antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit</i>)	P	PA, QL (1 ml/30 days)
XYNTHA (<i>antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit</i>)	P	PA, QL (1 ml/30 days)
XYNTHA SOLOFUSE (<i>antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit</i>)	P	PA, QL (1 ml/30 days)
XYNTHA SOLOFUSE (<i>antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit</i>)	P	PA, QL (1 ml/30 days)
ZENPEP (<i>pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit</i>)	P	PA
ZOKINVY (<i>lonafarnib cap 50 mg, 75 mg</i>)	P	LD, PA, QL (120 capsules/30 days), SP
Genitourinary Agents (Drugs for the Genital, Bladder, and Kidney)		
Antispasmodics, Urinary (Drugs for Overactive Bladder)		
<i>mirabegron granules for oral extended release susp 8 mg/ml</i>	np	
<i>mirabegron tab er 24 hr 25 mg, 50 mg</i>	np	
MYRBETRIQ (<i>mirabegron granules for oral extended release susp 8 mg/ml</i>)	P	
MYRBETRIQ (<i>mirabegron tab er 24 hr 25 mg, 50 mg</i>)	P	
<i>oxybutynin chloride solution 5 mg/5ml</i>	p	

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oxybutynin chloride tab er 24hr 5 mg, 10 mg, 15 mg	p	
oxybutynin chloride tab 5 mg	p	
solifenacin succinate tab 5 mg, 10 mg	p	
tolterodine tartrate cap er 24hr 2 mg, 4 mg	np	
tolterodine tartrate tab 1 mg, 2 mg	np	
tropium chloride cap er 24hr 60 mg	np	
tropium chloride tab 20 mg	np	
Benign Prostatic Hypertrophy Agents (Drugs for BPH)		
alfuzosin hcl tab er 24hr 10 mg	p	
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg	p	
dutasteride cap 0.5 mg	p	
finasteride tab 5 mg	p	
silodosin cap 4 mg, 8 mg	np	
tamsulosin hcl cap 0.4 mg	p	
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	p	
Genitourinary Agents, Other (Other Drugs for the Genital, Bladder, and Kidney)		
ADDYI (flibanserin tab 100 mg)	NP+	PA, QL (30 tablets/30 days)
avanafil tab 50 mg, 100 mg, 200 mg	np+	
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	np	
CAVERJECT (alprostadil for inj 20 mcg, 40 mcg)	NP+	QL (8 doses/30 days)
CAVERJECT IMPULSE (alprostadil for inj kit 10 mcg, 20 mcg)	NP+	QL (8 doses/30 days)
CYSTAGON (cysteamine bitartrate cap 50 mg, 150 mg)	P	LD, SP
EDEX (2 CARTRIDGE) (alprostadil for inj kit 10 mcg, 20 mcg, 40 mcg)	NP+	QL (4 kits/30 days)
EDEX (6 CARTRIDGE) (alprostadil for inj kit 10 mcg, 20 mcg, 40 mcg)	NP+	QL (4 kits/30 days)
ELMIRON (pentosan polysulfate sodium caps 100 mg)	NP	
K-PHOS (potassium phosphate monobasic tab 500 mg)	NP	
LITHOSTAT (acetohydroxamic acid tab 250 mg)	NP	
methylergonovine maleate tab 0.2 mg	np	
Methylergonovine Maleate Tab 0.2 mg (METHERGINE)	np	
metronidazole vaginal gel 0.75%	np	
nitroglycerin oint 0.4%	np	
NUVESSA (metronidazole vaginal gel 1.3%)	NP	
penicillamine tab 250 mg	np	
PHEXX (lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%)	NP	AC

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Drug Name	Tier	Coverage Requirements and Limits
PHOSPHO-TRIN K500 (<i>potassium phosphate monobasic tab 500 mg</i>)	NP	
PROCYSBI (<i>cysteamine bitartrate delayed release granules packet 75 mg, 300 mg</i>)	NP	LD, PA, SP
PROCYSBI (<i>cysteamine bitartrate cap delayed release 25 mg (base equiv), 75 mg (base equiv)</i>)	NP	LD, PA, SP
<i>sildenafil citrate tab 25 mg, 50 mg, 100 mg</i>	p+	QL (8 doses/30 days)
SODIUM CITRATE AND CITRIC (<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>)	NP	
SODIUM CITRATE/CITRIC ACI (<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>)	NP	
<i>tadalafil tab 2.5 mg</i>	p	
<i>tadalafil tab 5 mg</i>	p	
<i>tadalafil tab 10 mg, 20 mg</i>	p+	
THIOLA EC (<i>tiopronin tab delayed release 100 mg, 300 mg</i>)	NP	LD, SP
<i>tiopronin tab delayed release 100 mg, 300 mg</i>	np	LD, SP
Tiopronin Tab Delayed Release 100 mg (VENXXIVA), 300 mg (VENXXIVA)	np	LD, SP
<i>tiopronin tab 100 mg</i>	np	
VANDAZOLE (<i>metronidazole vaginal gel 0.75%</i>)	NP	
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	np+	
<i>vardenafil hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg</i>	np+	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) (Drugs for Replacing/Stimulating Adrenal Gland Hormones)		
No USP Class		
ACTHAR (<i>corticotropin inj gel 80 unit/ml</i>)	NP	PA
ANUCORT-HC (<i>hydrocortisone acetate suppos 25 mg</i>)	NP	
<i>budesonide delayed release particles cap 3 mg</i>	np	
<i>budesonide rectal foam 2 mg/act</i>	np	
CORTIFOAM (<i>hydrocortisone acetate perianal foam 10% (90 mg/ dose)</i>)	P	
DEXAMETHASONE (<i>dexamethasone soln 0.5 mg/5ml</i>)	NP	
<i>dexamethasone elixir 0.5 mg/5ml</i>	np	
DEXAMETHASONE INTENSOL (<i>dexamethasone conc 1 mg/ml</i>)	NP	
<i>dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	p	
<i>fludrocortisone acetate tab 0.1 mg</i>	p	
HEMMOREX-HC (<i>hydrocortisone acetate suppos 25 mg</i>)	NP	
HYDROCORTISONE ACETATE (<i>hydrocortisone acetate suppos 25 mg</i>)	NP	

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Drug Name	Tier	Coverage Requirements and Limits
hydrocortisone enema 100 mg/60ml	np	
hydrocortisone tab 5 mg, 10 mg, 20 mg	np	
MEDROL (methylprednisolone tab 2 mg)	NP	
methylprednisolone tab therapy pack 4 mg (21)	p	
methylprednisolone tab 4 mg, 16 mg	p	
methylprednisolone tab 8 mg	np	
methylprednisolone tab 32 mg	p	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	p	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	np	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	np	
prednisolone soln 15 mg/5ml	np	
PREDNISONE (prednisone oral soln 5 mg/5ml)	P	
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21)	p	
prednisone tab therapy pack 10 mg (48)	np	
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	p	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) (Drugs for Replacing/Stimulating Pituitary Gland Hormones)		
No USP Class		
DESMOPRESSIN ACETATE (desmopressin acetate nasal spray soln 0.01%)	NP	
desmopressin acetate inj 4 mcg/ml	np	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	np	
desmopressin acetate preservative free (pf) inj 4 mcg/ml	np	
desmopressin acetate tab 0.1 mg, 0.2 mg	np	
FOLLISTIM AQ (follitropin beta inj 300 unit/0.36ml)	P+	QL (15 cartridges/30 days)
FOLLISTIM AQ (follitropin beta inj 600 unit/0.72ml)	P+	QL (8 cartridges/30 days)
FOLLISTIM AQ (follitropin beta inj 900 unit/1.08ml)	P+	QL (5 cartridges/30 days)
GENOTROPIN (somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit))	P	PA
GENOTROPIN MINIQUICK (somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg)	P	PA
INCRELEX (mecasermin inj 40 mg/4ml (10 mg/ml))	P	LD, SP
ISTURISA (osilodrostat phosphate tab 1 mg)	NP	LD, PA, QL (240 tablets/30 days), SP
ISTURISA (osilodrostat phosphate tab 5 mg)	NP	LD, PA, QL (360 tablets/30 days), SP
MENOPUR (menotropins for subcutaneous inj 75 unit)	NP+	QL (60 vials/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
OMNITROPE (<i>somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml</i>)	P	PA
OMNITROPE (<i>somatropin for inj 5.8 mg</i>)	P	PA
OVIDREL (<i>choriogonadotropin alfa soln prefilled syr 250 mcg/0.5ml</i>)	P+	QL (2 syringes/30 days)
PREGNYL (<i>chorionic gonadotropin for im inj 10000 unit</i>)	P+	QL (20 vials/30 days)
PREGNYL W/DILUENT BENZYL (<i>chorionic gonadotropin for im inj 10000 unit</i>)	P+	QL (20 vials/30 days)
SKYTROFA (<i>lonapegsomatropin-tcgd for subcutaneous inj cartridge 0.7 mg, 1.4 mg, 1.8 mg, 2.1 mg, 2.5 mg, 3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg</i>)	NP	PA
SKYTROFA (<i>lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg</i>)	NP	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins) (Drugs for Replacing/Stimulating Prostaglandin)		
No USP Class		
CERVIDIL (<i>dinoprostone vaginal inserts 10 mg</i>)	NP	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	np	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	np	
misoprostol tab 100 mcg, 200 mcg	p	CW, IC
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) (Drugs for Replacing/Stimulating Sex Hormones)		
Androgens		
CRENESSITY (<i>crinecerfont cap 25 mg, 50 mg, 100 mg</i>)	NP	LD, PA, QL (60 capsules/30 days), SP
CRENESSITY (<i>crinecerfont oral soln 50 mg/ml</i>)	NP	LD, PA, QL (120 mls/30 days), SP
danazol cap 50 mg, 100 mg, 200 mg	np	
METHITEST (<i>methyltestosterone oral tab 10 mg</i>)	NP	PA, QL (600 tablets/30 days)
methyltestosterone cap 10 mg	np	PA, QL (600 capsules/30 days)
testosterone cypionate im inj in oil 100 mg/ml	np	QL (1 vial/28 days)
Testosterone Cypionate Im Inj In Oil 100 mg/ml (DEPO-TESTOSTERONE)	np	QL (1 vial/28 days)
testosterone cypionate im inj in oil 200 mg/ml	np	QL (10 mls/28 days)
Testosterone Cypionate Im Inj In Oil 200 mg/ml (DEPO-TESTOSTERONE)	np	QL (10 mls/28 days)
TESTOSTERONE ENANTHATE (<i>testosterone enanthate im inj in oil 200 mg/ml</i>)	NP	PA, QL (5 mls/28 days)
testosterone td gel 25 mg/2.5gm (1%)	np	PA, QL (60 packets/30 days)
testosterone td gel 50 mg/5gm (1%)	np	PA, QL (60 tubes/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
testosterone td gel 12.5 mg/act (1%)	np	PA, QL (4 bottles/30 days)
testosterone td gel 20.25 mg/act (1.62%)	np	PA, QL (2 bottles/30 days)
testosterone td soln 30 mg/act	np	PA, QL (2 bottles/30 days)
Estrogens (Contraceptives and Drugs for Menopause)		
ALORA (estradiol td patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr)	NP	QL (30 patches/30 days)
ANGELIQ (drospirenone-estradiol tab 0.25-0.5 mg, 0.5-1 mg)	NP	
ANNOVERA (segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr)	NP	AC, IC, QL (1 ring/365 days)
ARANELLE (norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg)	NP	AC, IC, QL (28 tablets/21 days)
CLIMARA PRO (estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day)	P	
COMBIPATCH (estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day)	NP	
DEPO-ESTRADIOL (estradiol cypionate im in oil 5 mg/ml)	NP	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	p	AC, IC, QL (28 tablets/21 days)
Desogest-eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5) (AZURETTE), 0.15-0.02/0.01 mg(21/5) (KARIVA), 0.15-0.02/0.01 mg(21/5) (PIMTREA), 0.15-0.02/0.01 mg(21/5) (SIMLIYA), 0.15-0.02/0.01 mg(21/5) (VIORELE), 0.15-0.02/0.01 mg(21/5) (VOLNEA)	p	AC, IC, QL (28 tablets/21 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	p	AC, IC, QL (28 tablets/21 days)
Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg (APRI), 0.15 mg-30 mcg (CYRED EQ), 0.15 mg-30 mcg (ENSKYCE), 0.15 mg-30 mcg (ISIBLOOM), 0.15 mg-30 mcg (JULEBER), 0.15 mg-30 mcg (KALLIGA), 0.15 mg-30 mcg (RECLIPSEN), 0.15 mg-30 mcg (SOLIA)	p	AC, IC, QL (28 tablets/21 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	np	AC, IC, QL (28 tablets/21 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	np	AC, IC, QL (28 tablets/21 days)
Drospirenone-ethinyl Estrad-levomefolate Tab 3-0.03-0.451 mg (TYDEMY)	np	AC, IC, QL (28 tablets/21 days)
drospirenone-ethinyl estradiol tab 3-0.02 mg	p	AC, IC, QL (28 tablets/21 days)
Drospirenone-ethinyl Estradiol Tab 3-0.02 mg (JASMIEL), 3-0.02 mg (LO-ZUMANDIMINE), 3-0.02 mg (LORYNA), 3-0.02 mg (NIKKI), 3-0.02 mg (VESTURA)	p	AC, IC, QL (28 tablets/21 days)
drospirenone-ethinyl estradiol tab 3-0.03 mg	p	AC, IC, QL (28 tablets/21 days)

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Drug Name	Tier	Coverage Requirements and Limits
Drospirenone-ethinyl Estradiol Tab 3-0.03 mg (OCELLA), 3-0.03 mg (SYEDA), 3-0.03 mg (ZUMANDIMINE)	p	AC, IC, QL (28 tablets/21 days)
DUAVEE (<i>conjugated estrogens-bazedoxifene tab 0.45-20 mg</i>)	P	
ELESTRIN (<i>estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)</i>)	NP	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	np	
Estradiol & Norethindrone Acetate Tab 0.5-0.1 mg (ABIGALE LO)	np	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	np	
Estradiol & Norethindrone Acetate Tab 1-0.5 mg (ABIGALE), 1-0.5 mg (MIMVEY)	np	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	np	
<i>estradiol tab 0.5 mg, 1 mg, 2 mg</i>	p	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)</i>	np	
<i>estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	np	QL (30 patches/30 days)
Estradiol Td Patch Twice Weekly 0.025 mg/24hr (DOTTI), 0.025 mg/24hr (LYLLANA), 0.0375 mg/24hr (DOTTI), 0.0375 mg/24hr (LYLLANA), 0.05 mg/24hr (DOTTI), 0.05 mg/24hr (LYLLANA), 0.075 mg/24hr (DOTTI), 0.075 mg/24hr (LYLLANA), 0.1 mg/24hr (DOTTI), 0.1 mg/24hr (LYLLANA)	np	QL (30 patches/30 days)
<i>estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	np	QL (30 patches/30 days)
<i>estradiol vaginal cream 0.01%</i>	p	
<i>estradiol vaginal tab 10 mcg</i>	np	
Estradiol Vaginal Tab 10 mcg (YUVAFEM)	np	
<i>estradiol valerate im in oil 10 mg/ml, 20 mg/ml</i>	np	
<i>estradiol valerate im in oil 40 mg/ml</i>	np	
ESTRING (<i>estradiol vaginal ring 2 mg (7.5 mcg/24hrs)</i>)	P	
<i>estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	np	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	p	AC, IC, QL (28 tablets/21 days)
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 mg-35 mcg (KELNOR 1/35), 1 mg-35 mcg (VALTYA 1/35), 1 mg-35 mcg (ZOVIA 1/35)	p	AC, IC, QL (28 tablets/21 days)
EVAMIST (<i>estradiol transdermal spray 1.53 mg/spray</i>)	NP	
FEMLYV (<i>norethindrone ace & ethinyl estradiol tab disint 1 mg-20 mcg</i>)	NP	AC, IC, QL (28 tablets/21 days)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	np	AC, IC, QL (28 tablets/21 days)

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Drug Name	Tier	Coverage Requirements and Limits
Levonor-eth Est Tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (RIVELSA), 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (ROSYRAH)	np	AC, IC, QL (28 tablets/21 days)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	p	AC, IC, QL (28 tablets/21 days)
Levonorg-eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7) (CAMRESE LO), 0.01mg(7) (LOJAIMIESS)	p	AC, IC, QL (28 tablets/21 days)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	p	AC, IC, QL (28 tablets/21 days)
Levonorg-eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7) (ASHLYNA), 0.01mg(7) (CAMRESE), 0.01mg(7) (DAYSEE), 0.01mg(7) (JAIMIESS), 0.01mg(7) (SIMPESS)	p	AC, IC, QL (28 tablets/21 days)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	p	AC, IC, QL (28 tablets/21 days)
Levonorgestrel & Ethinyl Estradiol (91-day) Tab 0.15-0.03 mg (ICLEVIA), 0.15-0.03 mg (INTROVALE), 0.15-0.03 mg (JOLESSA), 0.15-0.03 mg (SETLAKIN)	p	AC, IC, QL (28 tablets/21 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	p	AC, IC, QL (28 tablets/21 days)
Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg (AFIRMELLE), 0.1 mg-20 mcg (AUBRA EQ), 0.1 mg-20 mcg (AVIANE), 0.1 mg-20 mcg (DELYLA), 0.1 mg-20 mcg (FALMINA), 0.1 mg-20 mcg (LESSINA), 0.1 mg-20 mcg (LUTERA), 0.1 mg-20 mcg (ORSYTHIA), 0.1 mg-20 mcg (SRONYX), 0.1 mg-20 mcg (VIENVA), 0.15 mg-30 mcg (ALTAVERA), 0.15 mg-30 mcg (AYUNA), 0.15 mg-30 mcg (CHATEAL EQ), 0.15 mg-30 mcg (KURVELO), 0.15 mg-30 mcg (LEVORA 0.15/30-28), 0.15 mg-30 mcg (MARLISSA), 0.15 mg-30 mcg (PORTIA-28)	p	AC, IC, QL (28 tablets/21 days)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	p	AC, IC, QL (28 tablets/21 days)
Levonorgestrel-eth Estra Tab 0.05-30/0.075-40/0.125-30mg-mcg (ENPRESSE-28), 0.05-30/0.075-40/0.125-30mg-mcg (LEVONEST), 0.05-30/0.075-40/0.125-30mg-mcg (TRIVORA-28)	p	AC, IC, QL (28 tablets/21 days)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	np	AC, IC, QL (28 tablets/21 days)
Levonorgestrel-ethinyl Estradiol (continuous) Tab 90-20 mcg (AMETHYST), 90-20 mcg (DOLISHALE)	np	AC, IC, QL (28 tablets/21 days)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	np	AC, IC, QL (28 tablets/21 days)
Levonorgestrel-ethinyl Estradiol-fe Tab 0.1 mg-20 mcg (21) (JOYEAX), 0.1 mg-20 mcg (21) (MINZOYA)	np	AC, IC, QL (28 tablets/21 days)
LO LOESTRIN FE (norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2))	P	AC, IC, QL (28 tablets/21 days)
MENOSTAR (estradiol td patch weekly 14 mcg/24hr)	NP	QL (30 patches/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
MYFEMBREE (<i>relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg</i>)	P	PA, QL (30 tablets/30 days)
NATAZIA (<i>estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg</i>)	NP	AC, IC, QL (28 tablets/21 days)
NEXTSTELLIS (<i>drospirenone-estetrol tab 3-14.2 mg</i>)	NP	AC, IC, QL (28 tablets/21 days)
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	np	AC, IC, QL (3 patches/21 days)
Norelgestromin-ethinyl Estradiol Td ptwk 150-35 mcg/24hr (XULANE), ptwk 150-35 mcg/24hr (ZAFEMY)	np	AC, IC, QL (3 patches/21 days)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg</i>	p	AC, IC, QL (28 tablets/21 days)
Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg (BALZIVA), 0.4 mg-35 mcg (BRIELLYN), 0.4 mg-35 mcg (PHILITH), 0.4 mg-35 mcg (VYFEMLA), 0.5 mg-35 mcg (NECON 0.5/35-28), 0.5 mg-35 mcg (NORTREL 0.5/35 (28)), 0.5 mg-35 mcg (WERA), 1 mg-35 mcg (ALYACEN 1/35), 1 mg-35 mcg (DASETTA 1/35), 1 mg-35 mcg (NECON 1/35), 1 mg-35 mcg (NORTREL 1/35), 1 mg-35 mcg (NYLIA 1/35)	p	AC, IC, QL (28 tablets/21 days)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, 0.8 mg-25 mcg</i>	np	AC, IC, QL (28 tablets/21 days)
Norethindrone & Ethinyl Estradiol-fe Chew Tab 0.4 mg-35 mcg (WYMZYA FE), 0.4 mg-35 mcg (XELRIA FE), 0.8 mg-25 mcg (GALBRIELA), 0.8 mg-25 mcg (KAITLIB FE), 0.8 mg-25 mcg (LAYOLIS FE)	np	AC, IC, QL (28 tablets/21 days)
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	np	AC, IC, QL (28 tablets/21 days)
Norethindrone Ac-ethinyl Estrad-fe Tab 1-20/1-30/1-35 mg-mcg (TILIA FE), 1-20/1-30/1-35 mg-mcg (TRI-LEGEST FE), 1-20/1-30/1-35 mg-mcg (XARAH FE)	np	AC, IC, QL (28 tablets/21 days)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>	p	AC, IC, QL (28 tablets/21 days)
Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg (AUROVELA 1/20), 1 mg-20 mcg (JUNEL 1/20), 1 mg-20 mcg (LARIN 1/20), 1 mg-20 mcg (LOESTRIN 1/20-21), 1 mg-20 mcg (LUIZZA 1/20), 1 mg-20 mcg (MICROGESTIN 1/20), 1.5 mg-30 mcg (AUROVELA 1.5/30), 1.5 mg-30 mcg (HAILEY 1.5/30), 1.5 mg-30 mcg (JUNEL 1.5/30), 1.5 mg-30 mcg (LARIN 1.5/30), 1.5 mg-30 mcg (LOESTRIN 1.5/30-21), 1.5 mg-30 mcg (LUIZZA 1.5/30), 1.5 mg-30 mcg (MICROGESTIN 1.5/30)	p	AC, IC, QL (28 tablets/21 days)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>	p	AC, IC, QL (28 doses/21 days)

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Drug Name	Tier	Coverage Requirements and Limits
Norethindrone Ace & Ethinyl Estradiol-fe Tab 1 mg-20 mcg (AUROVELA FE 1/20), 1 mg-20 mcg (BLISOVI FE 1/20), 1 mg-20 mcg (FEIRZA 1/20), 1 mg-20 mcg (HAILEY FE 1/20), 1 mg-20 mcg (JUNEL FE 1/20), 1 mg-20 mcg (LARIN FE 1/20), 1 mg-20 mcg (LOESTRIN FE 1/20), 1 mg-20 mcg (MICROGESTIN FE 1/20), 1 mg-20 mcg (TARINA FE 1/20 EQ), 1.5 mg-30 mcg (AUROVELA FE 1.5/30), 1.5 mg-30 mcg (BLISOVI FE 1.5/30), 1.5 mg-30 mcg (FEIRZA 1.5/30), 1.5 mg-30 mcg (HAILEY FE 1.5/30), 1.5 mg-30 mcg (JUNEL FE 1.5/30), 1.5 mg-30 mcg (LARIN FE 1.5/30), 1.5 mg-30 mcg (LOESTRIN FE 1.5/30), 1.5 mg-30 mcg (MICROGESTIN FE 1.5/30)	p	AC, IC, QL (28 doses/21 days)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	np	AC, IC, QL (28 doses/21 days)
Norethindrone Ace-eth Estradiol-fe Chew Tab 1 mg-20 mcg (24) (CHARLOTTE 24 FE), 1 mg-20 mcg (24) (FINZALA), 1 mg-20 mcg (24) (MIBELAS 24 FE)	np	AC, IC, QL (28 doses/21 days)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	np	AC, IC, QL (28 doses/21 days)
Norethindrone Ace-ethinyl Estradiol-fe Cap 1 mg-20 mcg (24) (GEMMILY), 1 mg-20 mcg (24) (MERZEE), 1 mg-20 mcg (24) (TAYSOFY)	np	AC, IC, QL (28 doses/21 days)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	p	AC, IC, QL (28 doses/21 days)
Norethindrone Ace-ethinyl Estradiol-fe Tab 1 mg-20 mcg (24) (AUROVELA 24 FE), 1 mg-20 mcg (24) (BLISOVI 24 FE), 1 mg-20 mcg (24) (HAILEY 24 FE), 1 mg-20 mcg (24) (JUNEL FE 24), 1 mg-20 mcg (24) (LARIN 24 FE), 1 mg-20 mcg (24) (TARINA 24 FE)	p	AC, IC, QL (28 doses/21 days)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg	np	
Norethindrone Acetate-ethinyl Estradiol Tab 0.5 mg-2.5 mcg (FYAVOLV), 1 mg-5 mcg (FYAVOLV), 1 mg-5 mcg (JINTELI)	np	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	p	AC, IC, QL (28 tablets/21 days)
Norethindrone-eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-mcg (ALYACEN 7/7/7), 0.5-35/0.75-35/1-35 mg-mcg (DASETTA 7/7/7), 0.5-35/0.75-35/1-35 mg-mcg (NORTREL 7/7/7), 0.5-35/0.75-35/1-35 mg-mcg (NYLIA 7/7/7), 0.5-35/0.75-35/1-35 mg-mcg (PIRMELLA 7/7/7)	p	AC, IC, QL (28 tablets/21 days)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	p	AC, IC, QL (28 tablets/21 days)
Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg (ESTARYLLA), 0.25 mg-35 mcg (MILI), 0.25 mg-35 mcg (MONO-LINYAH), 0.25 mg-35 mcg (SPRINTEC 28), 0.25 mg-35 mcg (VYLIBRA)	p	AC, IC, QL (28 tablets/21 days)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	p	AC, IC, QL (28 tablets/21 days)

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Drug Name	Tier	Coverage Requirements and Limits
Norgestimate-eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-ESTARYLLA), 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-MARZIA), 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-MILI), 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-SPRINTEC), 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-VYLIBRA LO), 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-FEMYNOR), 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-ESTARYLLA), 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-LINYAH), 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-MILI), 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-SPRINTEC), 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-VYLIBRA), 0.18-35/0.215-35/0.25-35 mg-mcg (TRINESSA)	p	AC, IC, QL (28 tablets/21 days)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	p	AC, IC, QL (28 tablets/21 days)
Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg (CRYSELLE), 0.3 mg-30 mcg (CRYSELLE-28), 0.3 mg-30 mcg (ELINEST), 0.3 mg-30 mcg (LOW-OGESTREL), 0.3 mg-30 mcg (TURQOZ)	p	AC, IC, QL (28 tablets/21 days)
NUVARING (etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr)	np	AC, IC, QL (1 ring/21 days)
ORIAHNN (elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack)	P	PA, QL (56 capsules/28 days)
PREMARIN (estrogens, conjugated vaginal cream 0.625 mg/gm)	NP	
PREMPHASE (conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14))	P	
PREMPRO (conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg)	P	
TWIRLA (levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr)	NP	AC, IC, QL (3 patches/21 days)
TYBLUME (levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg)	NP	AC, IC, QL (28 tablets/21 days)
VALTYA 1/50 (ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg)	NP	AC, IC, QL (28 tablets/21 days)
VELIVET (desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg)	NP	AC, IC
Progestins		
ANGELIQ (drospirenone-estradiol tab 0.25-0.5 mg, 0.5-1 mg)	NP	
ANNOVERA (segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr)	NP	AC, IC, QL (1 ring/365 days)
ARANELLE (norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg)	NP	AC, IC, QL (28 tablets/21 days)
CLIMARA PRO (estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day)	P	
COMBIPATCH (estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day)	NP	

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Drug Name	Tier	Coverage Requirements and Limits
DEPO-SUBQ PROVERA 104 (<i>medroxyprogesterone acetate susp pref syr 104 mg/0.65ml</i>)	NP	AC, IC
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	p	AC, IC, QL (28 tablets/21 days)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	p	AC, IC, QL (28 tablets/21 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	np	AC, IC, QL (28 tablets/21 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	np	AC, IC, QL (28 tablets/21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	p	AC, IC, QL (28 tablets/21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	p	AC, IC, QL (28 tablets/21 days)
ELLA (<i>ulipristal acetate tab 30 mg</i>)	P	AC, IC, QL (2 tablets/365 days)
ENDOMETRIN (<i>progesterone vaginal insert 100 mg</i>)	P+	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	np	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	np	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	p	AC, IC, QL (28 tablets/21 days)
FEMLYV (<i>norethindrone ace & ethinyl estradiol tab disint 1 mg-20 mcg</i>)	NP	AC, IC, QL (28 tablets/21 days)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	np	AC, IC, QL (28 tablets/21 days)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	p	AC, IC, QL (28 tablets/21 days)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	p	AC, IC, QL (28 tablets/21 days)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	p	AC, IC, QL (28 tablets/21 days)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg</i>	p	AC, IC, QL (28 tablets/21 days)
<i>levonorgestrel tab 1.5 mg</i>	p	AC, IC, QL (2 tablets/365 days)
Levonorgestrel Tab 1.5 mg (AFTERA), 1.5 mg (AFTERPILL), 1.5 mg (CURAE), 1.5 mg (ECONTRA ONE-STEP), 1.5 mg (HER STYLE), 1.5 mg (MY CHOICE), 1.5 mg (MY WAY), 1.5 mg (NEW DAY), 1.5 mg (OPCICON ONE-STEP), 1.5 mg (OPTION 2), 1.5 mg (PLAN B ONE-STEP), 1.5 mg (REACT), 1.5 mg (SHEWISE), 1.5 mg (TAKE ACTION), 1.5 mg (YOUR CHOICE)	p	AC, IC, QL (2 tablets/365 days)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	p	AC, IC, QL (28 tablets/21 days)

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Drug Name	Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	np	AC, IC, QL (28 tablets/21 days)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	np	AC, IC, QL (28 tablets/21 days)
LO LOESTRIN FE (norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2))	P	AC, IC, QL (28 tablets/21 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	p	AC, IC
medroxyprogesterone acetate im susp 150 mg/ml	p	AC, IC
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg	p	
megestrol acetate susp 40 mg/ml	np	OC
megestrol acetate tab 20 mg, 40 mg	p	OC
MYFEMBREE (relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg)	P	PA, QL (30 tablets/30 days)
NATAZIA (estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg)	NP	AC, IC, QL (28 tablets/21 days)
NEXTSTELLIS (drospirenone-estetrol tab 3-14.2 mg)	NP	AC, IC, QL (28 tablets/21 days)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	np	AC, IC, QL (3 patches/21 days)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg	p	AC, IC, QL (28 tablets/21 days)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, 0.8 mg-25 mcg	np	AC, IC, QL (28 tablets/21 days)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	np	AC, IC, QL (28 tablets/21 days)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	p	AC, IC, QL (28 tablets/21 days)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	p	AC, IC, QL (28 doses/21 days)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	np	AC, IC, QL (28 doses/21 days)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	np	AC, IC, QL (28 doses/21 days)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	p	AC, IC, QL (28 doses/21 days)
norethindrone acetate tab 5 mg	np	
Norethindrone Acetate Tab 5 mg (GALLIFREY)	np	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg	np	
norethindrone tab 0.35 mg	p	AC, IC, QL (28 tablets/21 days)

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Drug Name	Tier	Coverage Requirements and Limits
Norethindrone Tab 0.35 mg (CAMILA), 0.35 mg (DEBLITANE), 0.35 mg (EMZAHH), 0.35 mg (ERRIN), 0.35 mg (HEATHER), 0.35 mg (INCASSIA), 0.35 mg (JENCYCLA), 0.35 mg (LYLEQ), 0.35 mg (LYZA), 0.35 mg (MELEYA), 0.35 mg (NORA-BE), 0.35 mg (NORLYDA), 0.35 mg (NORLYROC), 0.35 mg (ORQUIDEA), 0.35 mg (SHAROBEL)	p	AC, IC, QL (28 tablets/21 days)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	p	AC, IC, QL (28 tablets/21 days)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	p	AC, IC, QL (28 tablets/21 days)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	p	AC, IC, QL (28 tablets/21 days)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	p	AC, IC, QL (28 tablets/21 days)
NUVARING (etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr)	np	AC, IC, QL (1 ring/21 days)
OPILL (norgestrel tab 0.075 mg)	NP	AC, IC, QL (28 tablets/21 days)
ORIAHNN (elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack)	P	PA, QL (56 capsules/28 days)
PREMPHASE (conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14))	P	
PREMPRO (conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg)	P	
progesterone cap 100 mg	p	
progesterone cap 200 mg	np	
progesterone im in oil 50 mg/ml	np	
progesterone vaginal insert 100 mg	np+	
SLYND (drospirenone tab 4 mg)	NP	AC, IC, QL (28 tablets/21 days)
TYBLUME (levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg)	NP	AC, IC, QL (28 tablets/21 days)
VALTYA 1/50 (ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg)	NP	AC, IC, QL (28 tablets/21 days)
VELIVET (desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg)	NP	AC, IC
Selective Estrogen Receptor Modifying Agents		
clomiphene citrate tab 50 mg	np+	
Clomiphene Citrate Tab 50 mg (CLOMID), 50 mg (MILOPHENE)	np+	
DUAVEE (conjugated estrogens-bazedoxifene tab 0.45-20 mg)	P	
raloxifene hcl tab 60 mg	p	AC, IC

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Drug Name	Tier	Coverage Requirements and Limits
SOLTAMOX (<i>tamoxifen citrate oral soln 10 mg/5ml (base equivalent)</i>)	NP	OC
<i>tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)</i>	p	AC, IC, OC
<i>toremifene citrate tab 60 mg (base equivalent)</i>	np	OC
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) (Drugs for Replacing/Stimulating Thyroid Gland Hormones)		
No USP Class		
AMERITHROID (<i>thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)</i>)	NP	
ARMOUR THYROID (<i>thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)</i>)	NP	
EVEXITHROID (<i>thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 45 mg (3/4 grain), 90 mg (1 1/2 grain), 75 mg (1 1/4 grain), 120 mg (2 grain), 180 mg (3 grain)</i>)	NP	
LEVOTHYROXINE SODIUM (<i>levothyroxine sodium cap 13 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg</i>)	NP	
<i>levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	p	
Levothyroxine Sodium Tab 25 mcg (EUTHYROX), 25 mcg (LEVO-T), 25 mcg (LEVOXYL), 25 mcg (UNITHROID), 50 mcg (EUTHYROX), 50 mcg (LEVO-T), 50 mcg (LEVOXYL), 50 mcg (UNITHROID), 75 mcg (EUTHYROX), 75 mcg (LEVO-T), 75 mcg (LEVOXYL), 75 mcg (UNITHROID), 88 mcg (EUTHYROX), 88 mcg (LEVO-T), 88 mcg (LEVOXYL), 88 mcg (UNITHROID), 100 mcg (EUTHYROX), 100 mcg (LEVO-T), 100 mcg (LEVOXYL), 100 mcg (UNITHROID), 112 mcg (EUTHYROX), 112 mcg (LEVO-T), 112 mcg (LEVOXYL), 112 mcg (UNITHROID), 125 mcg (EUTHYROX), 125 mcg (LEVO-T), 125 mcg (LEVOXYL), 125 mcg (UNITHROID), 137 mcg (EUTHYROX), 137 mcg (LEVO-T), 137 mcg (LEVOXYL), 137 mcg (UNITHROID), 150 mcg (EUTHYROX), 150 mcg (LEVO-T), 150 mcg (LEVOXYL), 150 mcg (UNITHROID), 175 mcg (EUTHYROX), 175 mcg (LEVO-T), 175 mcg (LEVOXYL), 175 mcg (UNITHROID), 200 mcg (EUTHYROX), 200 mcg (LEVO-T), 200 mcg (LEVOXYL), 200 mcg (UNITHROID), 300 mcg (LEVO-T), 300 mcg (UNITHROID)	p	
<i>liothyronine sodium tab 5 mcg, 25 mcg</i>	p	
Liothyronine Sodium Tab 5 mcg (LIOMNY), 25 mcg (LIOMNY)	p	
<i>liothyronine sodium tab 50 mcg</i>	np	
Liothyronine Sodium Tab 50 mcg (LIOMNY)	np	
NIVA THYROID (<i>thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)</i>)	NP	

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Drug Name	Tier	Coverage Requirements and Limits
NP THYROID 120 (<i>thyroid tab 120 mg (2 grain)</i>)	NP	
NP THYROID 15 (<i>thyroid tab 15 mg (1/4 grain)</i>)	NP	
NP THYROID 30 (<i>thyroid tab 30 mg (1/2 grain)</i>)	NP	
NP THYROID 60 (<i>thyroid tab 60 mg (1 grain)</i>)	NP	
NP THYROID 90 (<i>thyroid tab 90 mg (1 1/2 grain)</i>)	NP	
RENTHYROID (<i>thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 45 mg (3/4 grain), 90 mg (1 1/2 grain), 75 mg (1 1/4 grain), 120 mg (2 grain)</i>)	NP	
SYNTHROID (<i>levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>)	P	
THYQUIDITY (<i>levothyroxine sodium oral solution 100 mcg/5ml</i>)	NP	
THYROID (<i>thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)</i>)	NP	
TIROSINT (<i>levothyroxine sodium cap 13 mcg, 25 mcg, 37.5 mcg, 44 mcg, 50 mcg, 62.5 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg</i>)	NP	
TIROSINT-SOL (<i>levothyroxine sodium oral solution 13 mcg/ml, 25 mcg/ml, 37.5 mcg/ml, 44 mcg/ml, 50 mcg/ml, 62.5 mcg/ml, 75 mcg/ml, 88 mcg/ml, 100 mcg/ml, 112 mcg/ml, 125 mcg/ml, 137 mcg/ml, 150 mcg/ml, 175 mcg/ml, 200 mcg/ml</i>)	NP	
YORVIPATH (<i>palopegteriparatide pen-inj 168 mcg/0.56ml (teriparatide eq), 294 mcg/0.98ml (teriparatide eq), 420 mcg/1.4ml (teriparatide eq)</i>)	NP	LD, PA, QL (2 pens/28 days), SP
Hormonal Agents, Suppressant (Adrenal or Pituitary) (Drugs for Suppressing Hormones from the Adrenal or Pituitary Gland)		
No USP Class		
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	np	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	np	
<i>cabergoline tab 0.5 mg</i>	np	
ELIGARD (<i>leuprolide acetate for subcutaneous inj kit 7.5 mg</i>)	P	
ELIGARD (<i>leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg</i>)	P	
ELIGARD (<i>leuprolide acetate (4 month) for subcutaneous inj kit 30 mg</i>)	P	
ELIGARD (<i>leuprolide acetate (6 month) for subcutaneous inj kit 45 mg</i>)	P	
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	np+	QL (12 syringes/30 days)
Ganirelix Acetate Soln Prefilled Syringe 250 mcg/0.5ml (FYREMADEL)	np+	QL (12 syringes/30 days)
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	np	
LUPRON DEPOT (1-MONTH) (<i>leuprolide acetate for inj kit 3.75 mg, 7.5 mg</i>)	P	

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Drug Name	Tier	Coverage Requirements and Limits
LUPRON DEPOT (3-MONTH) (<i>leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg</i>)	P	
LUPRON DEPOT (4-MONTH) (<i>leuprolide acetate (4 month) for inj kit 30 mg</i>)	P	
LUPRON DEPOT (6-MONTH) (<i>leuprolide acetate (6 month) for inj kit 45 mg</i>)	P	
LUPRON DEPOT-PED (1-MONTH (<i>leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg</i>)	P	
LUPRON DEPOT-PED (3-MONTH (<i>leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg</i>)	P	
LUPRON DEPOT-PED (6-MONTH (<i>leuprolide acet (6 month) for im inj pediatric kit 45 mg</i>)	P	
MIFEPREX (<i>mifepristone tab 200 mg</i>)	NP+	CW, IC
<i>mifepristone tab 200 mg</i>	np+	CW, IC
<i>mifepristone tab 300 mg</i>	np	LD, PA, QL (120 tablets/30 days), SP
MYFEMBREE (<i>relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg</i>)	P	PA, QL (30 tablets/30 days)
ORGOVYX (<i>relugolix tab 120 mg</i>)	NP	LD, OC, PA, QL (30 tablets/28 days), SP
ORIAHNN (<i>elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack</i>)	P	PA, QL (56 capsules/28 days)
ORILISSA (<i>elagolix sodium tab 150 mg (base equiv)</i>)	P	PA, QL (30 tablets/30 days)
ORILISSA (<i>elagolix sodium tab 200 mg (base equiv)</i>)	P	PA, QL (60 tablets/30 days)
SIGNIFOR (<i>pasireotide diaspertate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)</i>)	NP	LD, SP
SOMAVERT (<i>pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)</i>)	NP	PA, QL (30 vials/30 days)
SYNAREL (<i>nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)</i>)	NP	
Hormonal Agents, Suppressant (Thyroid) (Drug for Suppressing Hormones from the Thyroid Gland)		
Antithyroid Agents (Drugs to Suppress Thyroid Hormone)		
<i>methimazole tab 5 mg, 10 mg</i>	p	
<i>propylthiouracil tab 50 mg</i>	np	
Immunological Agents (Drugs for Enhancing or Suppressing the Immune System)		
Angioedema Agents		
ANDEMBRY (<i>garadacimab-gxii soln auto-injector 200 mg/1.2ml</i>)	P	LD, PA, QL (1 pen/30 days), SP
BERINERT (<i>c1 esterase inhibitor (human) for iv inj kit 500 unit</i>)	NP	PA, QL (10 vials/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
DAWNZERA (<i>donidalorsen sodium subcutaneous soln auto-inj 80 mg/0.8ml</i>)	P	LD, PA, QL (1 pen/28 days), SP
HAEGARDA (<i>c1 esterase inhibitor (human) for subcutaneous inj 2000 unit</i>)	P	PA, QL (27 vials/28 days)
HAEGARDA (<i>c1 esterase inhibitor (human) for subcutaneous inj 3000 unit</i>)	P	PA, QL (18 vials/28 days)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	np	LD, PA, QL (6 syringes/30 days), SP
ORLADEYO (<i>berotralstat hcl cap 110 mg, 150 mg</i>)	NP	LD, PA, QL (30 capsules/30 days), SP
ORLADEYO (<i>berotralstat hcl pellet pack 72 mg, 96 mg, 108 mg, 132 mg</i>)	NP	LD, PA, QL (28 packets/28 days), SP
RUCONEST (<i>c1 esterase inhibitor (recombinant) for iv inj 2100 unit</i>)	NP	LD, PA, QL (8 vials/30 days), SP
TAKHZYRO (<i>lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)</i>)	P	LD, PA, QL (2 syringes/28 days), SP
Immunological Agents, Other (Other Drugs that Stimulate or Suppress the Immune System)		
ADBRY (<i>tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml</i>)	P	PA, QL (2 pens/28 days)
ADBRY (<i>tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml</i>)	P	PA, QL (4 syringes/28 days)
ARCALYST (<i>rilonacept for inj 220 mg</i>)	NP	LD, PA, QL (8 vials/28 days), SP
AURANOFIN (<i>auranofin cap 3 mg</i>)	NP	
AVTOZMA (<i>tocilizumab-anoh subcutaneous soln auto-inj 162 mg/0.9ml</i>)	P	PA, QL (4 pens/28 days)
AVTOZMA (<i>tocilizumab-anoh subcutaneous soln pref syr 162 mg/0.9ml</i>)	P	PA, QL (4 syringes/28 days)
BENLYSTA (<i>belimumab subcutaneous solution auto-injector 200 mg/ml</i>)	NP	PA, QL (4 syringes/28 days)
BENLYSTA (<i>belimumab subcutaneous solution prefilled syringe 200 mg/ml</i>)	NP	PA, QL (4 syringes/28 days)
BIMZELX (<i>bimekizumab-bkzx subcutaneous soln auto-injector 160 mg/ml</i>)	NP	PA, QL (2 pens/56 days)
BIMZELX (<i>bimekizumab-bkzx subcutaneous soln auto-injector 320 mg/2ml</i>)	NP	PA, QL (1 pen/56 days)
BIMZELX (<i>bimekizumab-bkzx subcutaneous soln prefilled syr 160 mg/ml</i>)	NP	PA, QL (2 syringes/56 days)
BIMZELX (<i>bimekizumab-bkzx subcutaneous soln prefilled syr 320 mg/2ml</i>)	NP	PA
CIBINQO (<i>abrocitinib tab 50 mg, 100 mg, 200 mg</i>)	P	PA, QL (30 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
COSENTYX (<i>secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml</i>)	P	PA, QL (1 syringe/28 days)
COSENTYX (<i>secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)</i>)	P	PA, QL (2 syringes/28 days)
COSENTYX SENSOREADY PEN (<i>secukinumab subcutaneous soln auto-injector 150 mg/ml</i>)	P	PA, QL (1 pen/28 days)
COSENTYX SENSOREADY PEN (<i>secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)</i>)	P	PA, QL (2 pens/28 days)
COSENTYX UNOREADY (<i>secukinumab subcutaneous soln auto-injector 300 mg/2ml</i>)	P	PA, QL (1 pen/28 days)
EBGLYSS (<i>lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2ml</i>)	P	PA, QL (1 pen/28 days)
EBGLYSS (<i>lebrikizumab-lbkz solution prefilled syringe 250 mg/2ml</i>)	P	PA, QL (1 syringe/28 days)
EMPAVELI (<i>pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)</i>)	P	LD, PA, QL (8 vials/28 days), SP
ENSPRYNG (<i>satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml</i>)	NP	PA, QL (1 syringe/28 days)
ENTYVIO PEN (<i>vedolizumab soln auto-injector 108 mg/0.68ml</i>)	P	PA, QL (2 pens/28 days)
FABHALTA (<i>iptacopan hcl cap 200 mg</i>)	P	LD, PA, QL (60 capsules/30 days), SP
ICOTYDE (<i>icotrokinra hcl tab 200 mg</i>)	P	PA, QL (30 tablets/30 days)
KEVZARA (<i>sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml</i>)	NP	PA, QL (2 pens/28 days)
KEVZARA (<i>sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml</i>)	NP	PA, QL (2 syringes/28 days)
LEQSELVI (<i>deuruxolitinib phosphate tab 8 mg (base equiv)</i>)	NP	PA, QL (60 tablets/30 days)
LITFULO (<i>ritlecitinib tosylate cap 50 mg (base equiv)</i>)	NP	PA, QL (28 capsules/28 days)
OLUMIANT (<i>baricitinib tab 1 mg, 2 mg, 4 mg</i>)	NP	PA, QL (30 tablets/30 days)
OMVOH (<i>mirikizumab-mrkz subcutaneous soln auto-injector 200 mg/2ml</i>)	P	PA, QL (1 pen/28 days)
OMVOH (<i>mirikizumab-mrkz subcutaneous auto-inj 100 mg/ml & 200mg/2ml</i>)	P	PA, QL (2 pens/28 days)
OMVOH (<i>mirikizumab-mrkz subcutaneous sol prefill syringe 200 mg/2ml</i>)	P	PA, QL (1 syringe/28 days)
OMVOH (<i>mirikizumab-mrkz subcutaneous pref syr 100 mg/ml & 200mg/2ml</i>)	P	PA, QL (2 syringes/28 days)
ORENCIA (<i>abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml</i>)	NP	PA, QL (4 syringes/28 days)
ORENCIA CLICKJECT (<i>abatacept subcutaneous soln auto-injector 125 mg/ml</i>)	NP	PA, QL (4 syringes/28 days)
OTEZLA (<i>apremilast tab 20 mg, 30 mg</i>)	P	PA, QL (60 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
OTEZLA (<i>apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg, 10 mg & 20 mg & 30 mg</i>)	P	PA, QL (1 pack/180 days)
OTEZLA XR (<i>apremilast tab er 24hr 75 mg</i>)	P	PA, QL (30 tablets/30 days)
OTEZLA/OTEZLA XR 28 DAY T (<i>apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg</i>)	P	PA, QL (1 pack/180 days)
RHAPSIDO (<i>remibrutinib tab 25 mg</i>)	P	PA, QL (60 tablets/30 days)
RIDAURA (<i>auranofin cap 3 mg</i>)	NP	
RINVOQ (<i>upadacitinib tab er 24hr 15 mg, 30 mg</i>)	P	PA, QL (30 tablets/30 days)
RINVOQ (<i>upadacitinib tab er 24hr 45 mg</i>)	P	PA, QL (84 tablets/365 days)
RINVOQ LQ (<i>upadacitinib oral soln 1 mg/ml</i>)	P	PA, QL (360 mls/30 days)
SAPHNELO (<i>anifrolumab-fnia soln prefilled syringe 120 mg/0.8ml</i>)	P	LD, PA, QL (4 syringes/28 days), SP
SAPHNELO PEN (<i>anifrolumab-fnia soln auto-injector 120 mg/0.8ml</i>)	P	LD, PA, QL (4 pens/28 days), SP
SKYRIZI (<i>risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml</i>)	P	PA, QL (1 cartridge/56 days)
SKYRIZI (<i>risankizumab-rzaa soln prefilled syringe 55 mg/0.37ml, 150 mg/ml</i>)	P	PA, QL (1 syringe/84 days)
SKYRIZI PEN (<i>risankizumab-rzaa soln auto-injector 150 mg/ml</i>)	P	PA, QL (1 pen/84 days)
SOTYKTU (<i>deucravacitinib tab 6 mg</i>)	P	PA, QL (30 tablets/30 days)
STEQEYMA (<i>ustekinumab-stba subcutaneous soln 45 mg/0.5ml</i>)	P	PA, QL (1 vial/84 days)
STEQEYMA (<i>ustekinumab-stba soln prefilled syringe 45 mg/0.5ml</i>)	P	PA, QL (1 syringe/84 days)
STEQEYMA (<i>ustekinumab-stba soln prefilled syringe 90 mg/ml</i>)	P	PA, QL (1 syringe/56 days)
<i>sulfasalazine tab delayed release 500 mg</i>	np	
<i>sulfasalazine tab 500 mg</i>	p	
THALOMID (<i>thalidomide cap 50 mg</i>)	P	PA, QL (90 capsules/30 days)
THALOMID (<i>thalidomide cap 100 mg</i>)	P	PA, QL (120 capsules/30 days)
<i>tofacitinib citrate oral soln 1 mg/ml (base equivalent)</i>	np	PA, QL (240 mls/30 days)
<i>tofacitinib citrate tab er 24hr 11 mg (base equivalent)</i>	np	PA, QL (30 tablets/30 days)
<i>tofacitinib citrate tab er 24hr 22 mg (base equivalent)</i>	np	PA, QL (120 tablets/365 days)
<i>tofacitinib citrate tab 5 mg (base equivalent)</i>	np	PA, QL (60 tablets/30 days)
<i>tofacitinib citrate tab 10 mg (base equivalent)</i>	np	PA, QL (240 tablets/365 days)
TREMFYA (<i>guselkumab soln prefilled syringe 200 mg/2ml</i>)	P	PA, QL (1 syringe/28 days)
TREMFYA (<i>guselkumab soln auto-injector 200 mg/2ml</i>)	P	PA, QL (1 pen/28 days)
TREMFYA (<i>guselkumab soln pen-injector 100 mg/ml</i>)	P	PA, QL (1 pen/56 days)
TREMFYA (<i>guselkumab soln prefilled syringe 100 mg/ml</i>)	P	PA, QL (1 syringe/56 days)
TREMFYA INDUCTION PACK FO (<i>guselkumab soln auto-injector 200 mg/2ml</i>)	P	PA, QL (3 kits/180 days)
TREMFYA PEN (<i>guselkumab soln auto-injector 100 mg/ml</i>)	P	PA, QL (1 pen/56 days)

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Drug Name	Tier	Coverage Requirements and Limits
TYENNE (<i>tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml</i>)	P	PA, QL (4 pens/28 days)
TYENNE (<i>tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml</i>)	P	PA, QL (4 syringes/28 days)
VYVGART HYTRULO (<i>efgartigimod alf-hyalur-qvfc pref syr 1000-10000 mg-unit/5ml</i>)	NP	PA, QL (4 syringes/28 days)
XOLAIR (<i>omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml</i>)	P	PA
XOLAIR (<i>omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml</i>)	P	PA
XOLREMDI (<i>mavorixafor cap 100 mg</i>)	NP	LD, PA, QL (120 capsules/30 days), SP
YESINTEK (<i>ustekinumab-kfce subcutaneous soln 45 mg/0.5ml</i>)	P	PA, QL (1 vial/84 days)
YESINTEK (<i>ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml</i>)	P	PA, QL (1 syringe/84 days)
YESINTEK (<i>ustekinumab-kfce soln prefilled syringe 90 mg/ml</i>)	P	PA, QL (1 syringe/56 days)
Immunostimulants (Drugs that Stimulate the Immune System)		
ACTIMMUNE (<i>interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)</i>)	P	LD, SP
BESREMI (<i>ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml</i>)	P	LD, PA, QL (2 syringes/28 days), SP
BESREMI PEN (<i>ropeginterferon alfa-2b-njft soln pen inj 500 mcg/0.5ml</i>)	P	PA, QL (2 pens/28 days)
PEGASYS (<i>peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml</i>)	P	PA
PEGASYS (<i>peginterferon alfa-2a inj 180 mcg/ml</i>)	P	PA
Immunosuppressants (Drugs to Suppress the Immune System)		
ADALIMUMAB-AATY CD/UC/HS (<i>adalimumab-aaty auto-injector kit 80 mg/0.8ml</i>)	P	PA, QL (1 kit/180 days)
ADALIMUMAB-AATY 1-PEN KIT (<i>adalimumab-aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml</i>)	P	PA, QL (2 pens/28 days)
ADALIMUMAB-AATY 2-PEN KIT (<i>adalimumab-aaty auto-injector kit 40 mg/0.4ml</i>)	P	PA, QL (2 pens/28 days)
ADALIMUMAB-AATY 2-SYRINGE (<i>adalimumab-aaty prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml</i>)	P	PA, QL (2 syringes/28 days)
ADALIMUMAB-ADBIM (<i>adalimumab-adbm prefilled syringe kit 40 mg/0.4ml, 40 mg/0.8ml</i>)	P	PA, QL (2 syringes/28 days)
ADALIMUMAB-ADBIM (<i>adalimumab-adbm auto-injector kit 40 mg/0.4ml</i>)	P	PA, QL (2 pens/28 days)
ADALIMUMAB-ADBIM (<i>adalimumab-adbm auto-injector kit 40 mg/0.8ml</i>)	P	PA, QL (1 kit/28 days)
ASTAGRAF XL (<i>tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg</i>)	NP	
azathioprine tab 50 mg	np	

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azathioprine tab 75 mg, 100 mg	np	
Azathioprine Tab 75 mg (AZASAN), 100 mg (AZASAN)	np	
CELLCEPT (mycophenolate mofetil cap 250 mg)	NP	
CELLCEPT (mycophenolate mofetil for oral susp 200 mg/ml)	NP	
CELLCEPT (mycophenolate mofetil tab 500 mg)	NP	
CIMZIA (1 SYRINGE) (certolizumab pegol prefilled syringe kit 200 mg/ml)	NP	PA, QL (4 syringes/28 days)
CIMZIA (2 SYRINGE) (certolizumab pegol prefilled syringe kit 200 mg/ml)	NP	PA, QL (4 syringes/28 days)
CIMZIA STARTER KIT (certolizumab pegol prefilled syringe kit 200 mg/ml)	NP	PA, QL (1 kit/180 days)
cyclosporine cap 25 mg, 100 mg	np	
cyclosporine modified cap 25 mg, 100 mg	np	
Cyclosporine Modified Cap 25 mg (GENGRAF), 100 mg (GENGRAF)	np	
cyclosporine modified cap 50 mg	np	
cyclosporine modified oral soln 100 mg/ml	np	
Cyclosporine Modified Oral Soln 100 mg/ml (GENGRAF)	np	
ENBREL (etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml)	P	PA, QL (4 syringes/28 days)
ENBREL (etanercept subcutaneous inj 25 mg/0.5ml)	P	PA, QL (8 vials/28 days)
ENBREL MINI (etanercept subcutaneous solution cartridge 50 mg/ml)	P	PA, QL (4 cartridges/28 days)
ENBREL SURECLICK (etanercept subcutaneous solution auto-injector 50 mg/ml)	P	PA, QL (4 pens/28 days)
ENVARSUS XR (tacrolimus tab er 24hr 0.75 mg, 1 mg, 4 mg)	NP	
everolimus tab for oral susp 2 mg, 5 mg	np	OC, PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg	np	OC, PA, QL (90 tablets/30 days)
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	np	
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	np	LD, OC, PA, QL (30 tablets/30 days), SP
HUMIRA (adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml)	P	PA, QL (2 syringes/28 days)
HUMIRA PEN (adalimumab auto-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml)	P	PA, QL (2 pens/28 days)
HUMIRA PEN-CD/UC/HS START (adalimumab auto-injector kit 80 mg/0.8ml)	P	PA, QL (1 kit/180 days)
IMBRUVICA (ibrutinib tab 140 mg, 280 mg, 420 mg)	P	LD, OC, PA, QL (30 tablets/30 days), SP

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Drug Name	Tier	Coverage Requirements and Limits
IMBRUVICA (<i>ibrutinib cap 70 mg</i>)	P	LD, OC, PA, QL (30 capsules/30 days), SP
IMBRUVICA (<i>ibrutinib cap 140 mg</i>)	P	LD, OC, PA, QL (90 capsules/30 days), SP
IMBRUVICA (<i>ibrutinib oral susp 70 mg/ml</i>)	P	LD, OC, PA, QL (216 mls/30 days), SP
IMURAN (<i>azathioprine tab 50 mg</i>)	NP	
<i>leflunomide tab 10 mg, 20 mg</i>	np	
LUPKYNIS (<i>voclosporin cap 7.9 mg</i>)	NP	LD, PA, QL (180 capsules/30 days), SP
METHOTREXATE SODIUM (<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml)</i>)	NP	
<i>methotrexate sodium for inj 1 gm</i>	np	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml)</i>	p	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	p	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	p	OC
<i>mycophenolate mofetil cap 250 mg</i>	np	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	np	
<i>mycophenolate mofetil tab 500 mg</i>	np	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</i>	np	
MYFORTIC (<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</i>)	NP	
MYHIBBIN (<i>mycophenolate mofetil oral susp 200 mg/ml</i>)	P	
NEORAL (<i>cyclosporine modified cap 25 mg, 100 mg</i>)	NP	
NEORAL (<i>cyclosporine modified oral soln 100 mg/ml</i>)	NP	
PROGRAF (<i>tacrolimus cap 0.5 mg, 1 mg, 5 mg</i>)	NP	
PROGRAF (<i>tacrolimus packet for susp 0.2 mg, 1 mg</i>)	NP	
RASUVO (<i>methotrexate soln pf auto-injector 7.5 mg/0.15ml, 10 mg/0.2ml, 12.5 mg/0.25ml, 15 mg/0.3ml, 17.5 mg/0.35ml, 20 mg/0.4ml, 22.5 mg/0.45ml, 25 mg/0.5ml, 30 mg/0.6ml</i>)	P	
REZUROCK (<i>belumosudil mesylate tab 200 mg</i>)	NP	LD, PA, QL (60 tablets/30 days), SP
SANDIMMUNE (<i>cyclosporine cap 25 mg, 100 mg</i>)	NP	
SIMPONI (<i>golimumab subcutaneous soln auto-injector 100 mg/ml</i>)	P	PA, QL (1 syringe/28 days)
SIMPONI (<i>golimumab subcutaneous soln prefilled syringe 100 mg/ml</i>)	P	PA, QL (1 syringe/28 days)
<i>sirolimus oral soln 1 mg/ml</i>	np	
<i>sirolimus tab 0.5 mg, 1 mg, 2 mg</i>	np	

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Drug Name	Tier	Coverage Requirements and Limits
SPEVIGO (<i>spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml</i>)	NP	LD, PA, QL (2 syringes/28 days), SP
SPEVIGO (<i>spesolimab-sbzo subcutaneous soln pref syr 300 mg/2ml</i>)	NP	LD, PA, QL (1 syringe/28 days), SP
<i>tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg</i>	np	
<i>tacrolimus cap 0.5 mg, 1 mg, 5 mg</i>	np	
ZORTRESS (<i>everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>)	NP	
ZYMFENTRA 1-PEN (<i>infliximab-dyyb soln auto-injector kit 120 mg/ml</i>)	NP	PA, QL (2 pens/28 days)
ZYMFENTRA 2-PEN (<i>infliximab-dyyb soln auto-injector kit 120 mg/ml</i>)	NP	PA, QL (2 pens/28 days)
ZYMFENTRA 2-SYRINGE (<i>infliximab-dyyb soln prefilled syringe kit 120 mg/ml</i>)	NP	PA, QL (2 syringes/28 days)
Vaccines (Drugs for Disease Prevention)		
ABRYSVO (<i>rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml</i>)	P	AC, IC
ACTHIB (<i>haemophilus b polysaccharide conjugate vaccine for inj</i>)	P	AC, IC
ADACEL (<i>tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml</i>)	P	AC, IC
ADACEL (<i>tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml</i>)	P	AC, IC
AREXVY (<i>rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml</i>)	P	AC, IC
BEXSERO (<i>meningococcal vac b (recomb omv adjuv) inj prefilled syringe</i>)	P	AC, IC
BOOSTRIX (<i>tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml</i>)	P	AC, IC
CAPVAXIVE (<i>pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml</i>)	P	AC, IC
COMIRNATY 2026-27 (<i>covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml</i>)	P	AC
COMIRNATY/5-11Y/2026-27 (<i>covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml</i>)	P	AC
DAPTACEL (<i>diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml</i>)	P	AC, IC
ENGRIX-B (<i>hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml</i>)	P	AC, IC
ENGRIX-B (<i>hepatitis b vaccine (recombinant) susp 20 mcg/ml</i>)	P	AC, IC
FLUAD 2026-2027 (<i>influenza vac type a&b surface ant adj susp pref syr 0.5 ml</i>)	P	AC
FLUARIX 2026-2027 (<i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>)	P	AC
FLUBLOK 2026-2027 (<i>influenza virus vacc recombinant ha pf soln pref syr 0.5 ml</i>)	P	AC

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FLUCELVAX 2026-2027 (<i>influenza virus vac tiss-cult subunit susp pref syr 0.5 ml</i>)	P	AC
FLULAVAL 2026-2027 (<i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>)	P	AC
FLUMIST NASAL VACCINE 202 (<i>influenza virus vaccine live intranasal liquid</i>)	P	AC, IC
FLUZONE HIGH-DOSE 2026-20 (<i>influenza virus vac split high-dose pf susp pref syr 0.5ml</i>)	P	AC
FLUZONE 2026-2027 (<i>influenza virus vaccine split im susp</i>)	P	
FLUZONE 2026-2027 (<i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>)	P	AC
GARDASIL 9 (<i>human papillomavirus (hvp) 9-valent recomb vac susp pref syr</i>)	P	AC, IC
GARDASIL 9 (<i>human papillomavirus (hvp) 9-valent recomb vac im susp</i>)	P	AC, IC
HAVRIX (<i>hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml, 1440 el unit/ml</i>)	P	AC, IC
HEPLISAV-B (<i>hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml</i>)	P	AC, IC
HIBERIX (<i>haemophilus b polysaccharide conjugate vac for inj 10 mcg</i>)	P	AC, IC
IMOVAX RABIES (H.D.C.V.) (<i>rabies virus vaccine, hdc for inj susp</i>)	P	
INFANRIX (<i>diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml</i>)	P	AC, IC
IPOLE INACTIVATED IPV (<i>poliovirus vaccine, ipv inj susp</i>)	P	AC, IC
JYNNEOS (<i>smallpox & monkeypox vac, live, non-replicating inj 0.5 ml</i>)	P	AC, IC
KINRIX (<i>diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml</i>)	P	AC, IC
M-M-R II (<i>measles-mumps-rubella virus vaccines for inj soln</i>)	P	AC, IC
MENQUADFI (<i>meningococcal (a, c, y, and w-135) tetanus conjugate vaccine</i>)	P	AC, IC
MENVEO (<i>meningococcal (a, c, y, and w-135) oligo conj vac im soln</i>)	P	AC, IC
MENVEO (<i>meningococcal (a, c, y, and w-135) oligo conj vac for inj</i>)	P	AC, IC
MFLUSIVA 2026-27 (<i>influenza virus vac type a&b mrna susp pref syr 0.38 ml</i>)	P	
MNEXSPIKE COVID-19 VACCIN (<i>covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml</i>)	P	AC, IC
MRESVIA (<i>rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml</i>)	P	AC, IC
NUVAXOVID COVID-19 VACCIN (<i>covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml</i>)	P	AC
PEDIARIX (<i>diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr</i>)	P	AC, IC

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PEDVAXHIB (<i>haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml</i>)	P	AC, IC
PENBRAYA (<i>meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj</i>)	P	AC, IC
PENMENVY (<i>meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj</i>)	P	AC, IC
PENTACEL (<i>diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp</i>)	P	AC, IC
PNEUMOVAX 23 (<i>pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml</i>)	P	AC, IC
PREVNAR 20 (<i>pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml</i>)	P	AC, IC
PRIORIX (<i>measles-mumps-rubella virus vaccines for subcutaneous susp</i>)	P	AC, IC
PROQUAD (<i>measles-mumps-rubella-varicella virus vaccines for susp</i>)	P	AC, IC
QUADRACEL (<i>diph-tetanus tox ad-acell pert & polio virus, ipv vac inj</i>)	P	AC, IC
QUADRACEL (<i>diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml</i>)	P	AC, IC
RABAVERT (<i>rabies vaccine, pcec for inj</i>)	P	
RECOMBIVAX HB (<i>hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml</i>)	P	AC, IC
RECOMBIVAX HB (<i>hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml</i>)	P	AC, IC
ROTARIX (<i>rotavirus vaccine, live oral susp</i>)	P	AC, IC
ROTATEQ (<i>rotavirus vaccine, live oral pentavalent soln</i>)	P	AC, IC
SHINGRIX (<i>zoster vac recomb adjuvanted im susp pref syr 50 mcg/0.5ml</i>)	P	AC
SPIKEVAX COVID-19 VACCINE (<i>covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml</i>)	P	AC
SPIKEVAX COVID-19 VACCINE (<i>covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml</i>)	P	AC, IC
TENIVAC (<i>tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml</i>)	P	AC, IC
TRUMENBA (<i>meningococcal group b vac (recomb) im susp prefilled syr</i>)	P	AC, IC
TWINRIX (<i>hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml</i>)	P	AC, IC
VAQTA (<i>hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml</i>)	P	AC, IC
VAQTA (<i>hepatitis a vaccine susp prefilled syr 25 unit/0.5ml, 50 unit/ml</i>)	P	AC, IC
VARIVAX (<i>varicella virus vac live for inj 1350 pfu/0.5ml</i>)	P	AC, IC

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VAXELIS (<i>diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr</i>)	P	AC, IC
VAXNEUVANCE (<i>pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml</i>)	P	AC, IC
VIVOTIF (<i>typhoid vaccine cap delayed release</i>)	NP	
Inflammatory Bowel Disease Agents (Drugs for Inflammatory Bowel Disease)		
Aminosalicylates		
<i>balsalazide disodium cap 750 mg</i>	np	
<i>mesalamine cap er 24hr 0.375 gm</i>	np	
MESALAMINE DR (<i>mesalamine cap dr 400 mg</i>)	NP	QL (180 capsules/30 days)
<i>mesalamine enema 4 gm</i>	np	QL (1800 mls/30 days)
<i>mesalamine suppos 1000 mg</i>	np	QL (30 suppository/30 days)
<i>mesalamine tab delayed release 800 mg</i>	np	QL (180 tablets/30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	np	QL (120 tablets/30 days)
<i>sulfasalazine tab delayed release 500 mg</i>	np	
<i>sulfasalazine tab 500 mg</i>	p	
Glucocorticoids		
ANUCORT-HC (<i>hydrocortisone acetate suppos 25 mg</i>)	NP	
<i>budesonide delayed release particles cap 3 mg</i>	np	
<i>budesonide rectal foam 2 mg/act</i>	np	
CORTIFOAM (<i>hydrocortisone acetate perianal foam 10% (90 mg/dose)</i>)	P	
DEXAMETHASONE (<i>dexamethasone soln 0.5 mg/5ml</i>)	NP	
<i>dexamethasone elixir 0.5 mg/5ml</i>	np	
DEXAMETHASONE INTENSOL (<i>dexamethasone conc 1 mg/ml</i>)	NP	
<i>dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	p	
HEMMOREX-HC (<i>hydrocortisone acetate suppos 25 mg</i>)	NP	
HYDROCORTISONE ACETATE (<i>hydrocortisone acetate suppos 25 mg</i>)	NP	
<i>hydrocortisone enema 100 mg/60ml</i>	np	
<i>hydrocortisone tab 5 mg, 10 mg, 20 mg</i>	np	
MEDROL (<i>methylprednisolone tab 2 mg</i>)	NP	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	p	
<i>methylprednisolone tab 4 mg, 16 mg</i>	p	
<i>methylprednisolone tab 8 mg</i>	np	
<i>methylprednisolone tab 32 mg</i>	p	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	p	

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Drug Name	Tier	Coverage Requirements and Limits
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	np	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	np	
<i>prednisolone soln 15 mg/5ml</i>	np	
PREDNISONE (<i>prednisone oral soln 5 mg/5ml</i>)	P	
<i>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21)</i>	p	
<i>prednisone tab therapy pack 10 mg (48)</i>	np	
<i>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</i>	p	
Metabolic Bone Disease Agents (Drugs for the Bone)		
No USP Class		
<i>alendronate sodium tab 10 mg, 35 mg</i>	p	
<i>alendronate sodium tab 70 mg</i>	p	
<i>calcitonin (salmon) inj 200 unit/ml</i>	np	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	np	
<i>calcitriol cap 0.25 mcg</i>	p	
<i>calcitriol cap 0.5 mcg</i>	np	
<i>cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv)</i>	np	
DUAVEE (<i>conjugated estrogens-basedoxifene tab 0.45-20 mg</i>)	P	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	p	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	p	
<i>raloxifene hcl tab 60 mg</i>	p	AC, IC
<i>risedronate sodium tab 30 mg</i>	np	
<i>risedronate sodium tab 35 mg</i>	p	
<i>risedronate sodium tab 150 mg</i>	np	
SOHONOS (<i>palovarotene cap 1 mg, 1.5 mg</i>)	NP	LD, PA, QL (120 capsules/30 days), SP
SOHONOS (<i>palovarotene cap 2.5 mg</i>)	NP	LD, PA, QL (150 capsules/30 days), SP
SOHONOS (<i>palovarotene cap 5 mg</i>)	NP	LD, PA, QL (90 capsules/30 days), SP
SOHONOS (<i>palovarotene cap 10 mg</i>)	NP	LD, PA, QL (60 capsules/30 days), SP
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	np	PA, QL (2.24 mls/28 days)
TYMLOS (<i>abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml</i>)	P	PA, QL (1.56 mls/30 days)
Miscellaneous Therapeutic Agents		
No USP Class		
AEROCHAMBER HOLDING CHAMB (<i>spacer/aerosol-holding chambers - device</i>)	P	

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Drug Name	Tier	Coverage Requirements and Limits
AEROCHAMBER MINI AEROSOL <i>(spacer/aerosol-holding chambers - device)</i>	P	
AEROCHAMBER MV <i>(spacer/aerosol-holding chambers - device)</i>	P	
AEROCHAMBER PLUS FLOW VU <i>(spacer/aerosol-holding chambers - device)</i>	P	
AEROCHAMBER PLUS FLOW-VU/ <i>(spacer/aerosol-holding chambers - device)</i>	P	
AEROCHAMBER Z-STAT PLUS V <i>(spacer/aerosol-holding chambers - device)</i>	P	
AEROCHAMBER Z-STAT PLUS/F <i>(spacer/aerosol-holding chambers - device)</i>	P	
AEROCHAMBER Z-STAT PLUS/L <i>(spacer/aerosol-holding chambers - device)</i>	P	
AEROCHAMBER Z-STAT PLUS/M <i>(spacer/aerosol-holding chambers - device)</i>	P	
AEROCHAMBER Z-STAT PLUS/S <i>(spacer/aerosol-holding chambers - device)</i>	P	
AEROCHAMBER2GO ANTI-STATI <i>(spacer/aerosol-holding chambers - device)</i>	P	
AEROVENT PLUS HOLDING CHA <i>(spacer/aerosol-holding chambers - device)</i>	P	
BREATHE COMFORT ANTI-STAT <i>(spacer/aerosol-holding chambers - device)</i>	P	
BREATHE EASE/LARGE MASK <i>(spacer/aerosol-holding chambers - device)</i>	P	
BREATHE EASE/MEDIUM MASK <i>(spacer/aerosol-holding chambers - device)</i>	P	
BREATHE EASE/SMALL MASK <i>(spacer/aerosol-holding chambers - device)</i>	P	
BREATHERITE VALVED MDI CH <i>(spacer/aerosol-holding chambers - device)</i>	P	
CAYA <i>(diaphragm arc-spring)</i>	P	AC, IC
CLEVER CHOICE ANTI-STATIC <i>(spacer/aerosol-holding chambers - device)</i>	P	
COMPACT SPACE CHAMBER/ANT <i>(spacer/aerosol-holding chambers - device)</i>	P	
CONDOMS MALE - VARIOUS	P	AC, IC
CONTOUR BLOOD GLUCOSE TES <i>(glucose blood test strip)</i>	P	QL (204 strips/30 days)
CONTOUR HIGH CONTROL <i>(blood glucose calibration - liquid - high)</i>	P	
CONTOUR LOW CONTROL <i>(blood glucose calibration - liquid - low)</i>	P	
CONTOUR NEXT BLOOD GLUCOS <i>(glucose blood test strip)</i>	P	QL (204 strips/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
CONTOUR NEXT CONTROL LEVE <i>(blood glucose calibration - liquid - normal, - low)</i>	P	
CONTOUR NORMAL CONTROL <i>(blood glucose calibration - liquid - normal)</i>	P	
CONTOUR PLUS BLOOD GLUCOS <i>(glucose blood test strip)</i>	P	QL (204 strips/30 days)
CONTOUR PLUS CONTROL SOLU <i>(blood glucose calibration - liquid)</i>	P	
DEXCOM G6 RECEIVER <i>(continuous glucose system receiver)</i>	P	CW, IC, QL (1 receiver/365 days)
DEXCOM G6 SENSOR <i>(continuous glucose system sensor)</i>	P	CW, IC, QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER <i>(continuous glucose system transmitter)</i>	P	CW, IC, QL (1 transmitter/90 days)
DEXCOM G7 RECEIVER <i>(continuous glucose system receiver)</i>	P	CW, IC, QL (1 receiver/365 days)
DEXCOM G7 SENSOR <i>(continuous glucose system sensor)</i>	P	CW, IC, QL (3 sensors/30 days)
DEXCOM G7 15 DAY SENSOR <i>(continuous glucose system sensor)</i>	P	CW, IC, QL (2 sensors/30 days)
EASIVENT <i>(spacer/aerosol-holding chambers - device)</i>	P	
EASIVENT/MASK-LARGE <i>(spacer/aerosol-holding chambers - device)</i>	P	
EASIVENT/MASK-MEDIUM <i>(spacer/aerosol-holding chambers - device)</i>	P	
EASIVENT/MASK-SMALL <i>(spacer/aerosol-holding chambers - device)</i>	P	
ENCARE <i>(nonoxynol-9 vaginal suppos 100 mg)</i>	P	AC, IC
EQ SPACE CHAMBER ANTI-STA <i>(spacer/aerosol-holding chambers - device)</i>	P	
FC2 FEMALE CONDOM <i>(condoms - female)</i>	P	AC, IC
FEMCAP <i>(cervical cap 22 mm, 26 mm, 30 mm)</i>	P	AC, IC
FLEXICHAMBER <i>(spacer/aerosol-holding chambers - device)</i>	P	
FLEXICHAMBER ADULT MASK/S <i>(spacer/aerosol-holding chamber supplies - masks)</i>	P	
FLEXICHAMBER CHILD MASK/L <i>(spacer/aerosol-holding chamber supplies - masks)</i>	P	
FLEXICHAMBER CHILD MASK/S <i>(spacer/aerosol-holding chamber supplies - masks)</i>	P	
FREESTYLE CONTROL SOLUTIO <i>(blood glucose calibration - liquid)</i>	P	
FREESTYLE INSULINX BLOOD <i>(glucose blood test strip)</i>	P	QL (204 strips/30 days)
FREESTYLE LITE TEST STRIP <i>(glucose blood test strip)</i>	P	QL (204 strips/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
FREESTYLE PRECISION NEO B <i>(glucose blood test strip)</i>	P	QL (204 strips/30 days)
FREESTYLE TEST STRIPS <i>(glucose blood test strip)</i>	P	QL (204 strips/30 days)
ILET INSULIN INFUSION KIT <i>(insulin infusion pump supplies)</i>	P	PA, QL (1 kit/30 days)
ILET INSULIN INFUSION KIT <i>(insulin infusion pump supplies)</i>	P	PA, QL (15 kits/30 days)
ILET INSULIN PUMP <i>(insulin infusion pump - device)</i>	P	PA, QL (1 kit/720 days)
ILET STARTER KIT - CONTAC <i>(insulin infusion pump supplies)</i>	P	PA, QL (1 kit/720 days)
ILET STARTER KIT - INSET <i>(insulin infusion pump supplies)</i>	P	PA, QL (1 kit/720 days)
INSPIREASE DRUG DELIVERY <i>(spacer/aerosol-holding chambers - device)</i>	P	
INSPIREASE RESERVOIR BAGS <i>(spacer/aerosol-holding chamber supplies - bags)</i>	P	
INSULIN PEN NEEDLES - VARIOUS	P	QL (300 insulin pen needles/30 days)
INSULIN SYRINGES - VARIOUS	P	QL (300 syringes/30 days)
KETOSTIX <i>(acetone (urine) test strip)</i>	NP	
KYGEVVI <i>(doxecitine-doxribtimine powder pack 2-2 gm)</i>	NP	LD, SP
LANCETS - VARIOUS	P	
LUMINOPIA <i>(digital therapy application - visual)</i>	NP+	PA
MEDISENSE GLUCOSE KETONE <i>(blood glucose calibration - liquid)</i>	P	
MICROCHAMBER <i>(spacer/aerosol-holding chambers - device)</i>	P	
MICROSPACER <i>(spacer/aerosol-holding chambers - device)</i>	P	
MISC NEEDLES AND SYRINGES - VARIOUS	P	
OMNIFLEX DIAPHRAGM <i>(diaphragms)</i>	P	AC, IC
OMNIPOD DASH INTRO KIT (G <i>(insulin infusion disposable pump kit)</i>	P	PA, QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) <i>(insulin infusion disposable pump reservoir)</i>	P	PA, QL (30 pods/30 days)
OMNIPOD 5 DEXCOM G7G6 INT <i>(insulin infusion disposable pump kit)</i>	P	PA, QL (1 kit/720 days)
OMNIPOD 5 DEXCOM G7G6 POD <i>(insulin infusion disposable pump reservoir)</i>	P	PA, QL (30 pods/30 days)
OMNIPOD 5 LIBRE INTRO KIT <i>(insulin infusion disposable pump kit)</i>	P	PA, QL (1 kit/720 days)
OMNIPOD 5 LIBRE PODS <i>(insulin infusion disposable pump reservoir)</i>	P	PA, QL (30 pods/30 days)
OPTICHAMBER <i>(spacer/aerosol-holding chambers - device)</i>	P	
OPTICHAMBER DIAMOND <i>(spacer/aerosol-holding chambers - device)</i>	P	

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Drug Name	Tier	Coverage Requirements and Limits
OPTICHAMBER DIAMOND/LARGE (<i>spacer/aerosol-holding chambers - device</i>)	P	
OPTICHAMBER DIAMOND/MEDIU (<i>spacer/aerosol-holding chambers - device</i>)	P	
OPTICHAMBER DIAMOND/SMALL (<i>spacer/aerosol-holding chambers - device</i>)	P	
OPTIONS GYNOL II VAGINAL (<i>nonoxynol-9 gel 3%</i>)	P	AC, IC
OPTIUMEZ TEST STRIPS (<i>glucose blood test strip</i>)	P	QL (204 strips/30 days)
PANDA MASK LARGE (<i>spacer/aerosol-holding chamber supplies - masks</i>)	P	
PANDA MASK MEDIUM (<i>spacer/aerosol-holding chamber supplies - masks</i>)	P	
PANDA MASK SMALL (<i>spacer/aerosol-holding chamber supplies - masks</i>)	P	
PARI VORTEX MASK/PEDIATRI (<i>spacer/aerosol-holding chamber supplies - masks</i>)	P	
PEDIATRIC PANDA MASK (<i>spacer/aerosol-holding chamber supplies - masks</i>)	P	
POCKET CHAMBER (<i>spacer/aerosol-holding chambers - device</i>)	P	
POCKET SPACER (<i>spacer/aerosol-holding chambers - device</i>)	P	
PRECISION GLUCOSE KETONE (<i>blood glucose calibration - liquid</i>)	P	
PRECISION XTRA BLOOD GLUC (<i>glucose blood test strip</i>)	P	QL (204 strips/30 days)
PREGNANCY TESTS - VARIOUS (<i>pregnancy test</i>)	NP+	
PRO COMFORT INHALER SPACE (<i>spacer/aerosol-holding chambers - device</i>)	P	
PROCARE SPACER CHAMBER W/ (<i>spacer/aerosol-holding chambers - device</i>)	P	
PROCHAMBER VALVED HOLDING (<i>spacer/aerosol-holding chambers - device</i>)	P	
PURE COMFORT INHALER SPAC (<i>spacer/aerosol-holding chambers - device</i>)	P	
RITEFLO (<i>spacer/aerosol-holding chambers - device</i>)	P	
TODAY SPONGE (<i>nonoxynol-9 vaginal sponge 1000 mg</i>)	P	AC, IC
TWIIST REFILL KIT (<i>insulin infusion disposable pump reservoir kit</i>)	P	PA, QL (1 kit/30 days)
TWIIST REFILL KIT/INFUSIO (<i>insulin infusion disposable pump reservoir/infus set kit</i>)	P	PA, QL (1 kit/30 days)
TWIIST STARTER KIT (<i>insulin infusion disposable pump kit</i>)	P	PA, QL (1 kit/720 days)
VCF VAGINAL CONTRACEPTIVE (<i>nonoxynol-9 foam 12.5%</i>)	P	AC, IC
VCF VAGINAL CONTRACEPTIVE (<i>nonoxynol-9 gel 4%</i>)	p	AC, IC
VCF VAGINAL CONTRACEPTIVE (<i>nonoxynol-9 film 28%</i>)	P	AC, IC

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Drug Name	Tier	Coverage Requirements and Limits
VORTEX NON ELECTROSTATIC (<i>spacer/aerosol-holding chambers - device</i>)	P	
VORTEX VALVED CHAMBER/PED (<i>spacer/aerosol-holding chambers - device</i>)	P	
WIDE-SEAL SILICONE DIAPHR (<i>diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm</i>)	P	AC, IC
Ophthalmic Agents (Drugs for the Eyes)		
Ophthalmic Agents, Other (Other Eye Drops)		
ATROPINE SULFATE (<i>atropine sulfate ophth soln 1%</i>)	NP	
<i>atropine sulfate ophth soln 1%</i>	np	
CYCLOGYL (<i>cyclopentolate hcl ophth soln 0.5%, 2%</i>)	NP	
CYCLOMYDRIL (<i>cyclopentolate w/ phenylephrine ophth soln 0.2-1%</i>)	NP	
<i>cyclopentolate hcl ophth soln 1%</i>	p	
CYSTADROPS (<i>cysteamine hcl ophth soln 0.37% (base equivalent)</i>)	NP	LD, SP
CYSTARAN (<i>cysteamine hcl ophth soln 0.44% (base equivalent)</i>)	NP	LD, SP
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	p	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	p	
OXERVATE (<i>cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)</i>)	NP	LD, PA, QL (56 vials/112 days), SP
<i>pilocarpine hcl ophth soln 1%, 2%, 4%</i>	np	
SIMBRINZA (<i>brinzolamide-brimonidine tartrate ophth susp 1-0.2%</i>)	P	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	np	
Ophthalmic Anti-allergy Agents (Drugs for Eye Allergies)		
<i>azelastine hcl ophth soln 0.05%</i>	p	
CROMOLYN SODIUM (<i>cromolyn sodium ophth soln 4%</i>)	NP	
Ophthalmic Anti-Infectives (Drugs for Eye Infections)		
BACITRACIN/POLYMYXIN B (<i>bacitracin-polymyxin b ophth oint</i>)	NP	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	p	
<i>erythromycin ophth oint 5 mg/gm</i>	p	
<i>gatifloxacin ophth soln 0.5%</i>	np	
<i>gentamicin sulfate ophth soln 0.3%</i>	p	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	p	
NATACYN (<i>natamycin ophth susp 5%</i>)	P	
NEOMYCIN/POLYMYXIN/BACITR (<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>)	NP	
NEOMYCIN/POLYMYXIN/BACITR (<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>)	NP	

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NEOMYCIN/POLYMYXIN/GRAMICIN (<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-0.025mg-unit-mg/ml</i>)	NP	
OFLOXACIN OPHTH SOLN 0.3%	p	
POLYMYXIN B-TRIMETHOPRIM OPHTH SOLN 10000 UNIT/ML-0.1%	p	
SULFACETAMIDE SODIUM (<i>sulfacetamide sodium ophthalmic solution 10%</i>)	NP	
SULFACETAMIDE SODIUM/PRED (<i>sulfacetamide sodium-prednisolone ophthalmic solution 10-0.23(0.25)%</i>)	NP	
TOBRAMYCIN OPHTH SOLN 0.3%	p	QL (15 mls/30 days)
TRIFLURIDINE (<i>trifluridine ophthalmic solution 1%</i>)	P	
Ophthalmic Anti-inflammatories (Drugs for Eye Inflammation)		
DEXAMETHASONE SODIUM PHOS (<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>)	P	
DICLOFENAC SODIUM OPHTH SOLN 0.1%	p	
FLAREX (<i>fluorometholone acetate ophthalmic suspension 0.1%</i>)	NP	
FLUOROMETHOLONE OPHTH SUSP 0.1%	np	
FLURBIPROFEN SODIUM (<i>flurbiprofen sodium ophthalmic solution 0.03%</i>)	NP	
KETOROLAC TROMETHAMINE (<i>ketorolac tromethamine ophthalmic solution 0.4%</i>)	NP	
KETOROLAC TROMETHAMINE OPHTH SOLN 0.5%	p	
LOTEMAX (<i>loteprednol etabonate ophthalmic ointment 0.5%</i>)	P	
LOTEMAX SM (<i>loteprednol etabonate ophthalmic gel 0.38%</i>)	P	
LOTEPREDNOL ETABONATE OPHTH GEL 0.5%	np	
LOTEPREDNOL ETABONATE OPHTH SUSP 0.2%	np	
LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%	np	
MAXIDEX (<i>dexamethasone ophthalmic suspension 0.1%</i>)	NP	
PREDNISOLONE ACETATE OPHTH SUSP 1%	np	
PREDNISOLONE SODIUM PHOSP (<i>prednisolone sodium phosphate ophthalmic solution 1%</i>)	NP	
SULFACETAMIDE SODIUM/PRED (<i>sulfacetamide sodium-prednisolone ophthalmic solution 10-0.23(0.25)%</i>)	NP	
Ophthalmic Beta-Adrenergic Blocking Agents (Drugs for Glaucoma)		
BETAXOLOL HCL (<i>betaxolol hcl ophthalmic solution 0.5%</i>)	NP	
CARTEOLOL HCL (<i>carteolol hcl ophthalmic solution 1%</i>)	NP	
DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 2-0.5%	p	
LEVOBUNOLOL HCL (<i>levobunolol hcl ophthalmic solution 0.5%</i>)	NP	
TIMOLOL MALEATE OPHTH SOLN 0.25%, 0.5%	p	
Ophthalmic Intraocular Pressure Lowering Agents, Other (Drugs for Glaucoma)		

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Drug Name	Tier	Coverage Requirements and Limits
acetazolamide cap er 12hr 500 mg	np	
acetazolamide tab 125 mg	p	
acetazolamide tab 250 mg	np	
APRACLONIDINE (<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>)	NP	
brimonidine tartrate ophth soln 0.2%	p	
dorzolamide hcl ophth soln 2%	p	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	p	
methazolamide tab 25 mg, 50 mg	np	
pilocarpine hcl ophth soln 1%, 2%, 4%	np	
Ophthalmic Prostaglandin and Prostanamide Analogs (Drugs for Glaucoma)		
latanoprost ophth soln 0.005%	p	QL (2.5 mls/20 days)
Otic Agents (Drugs for the Ears)		
No USP Class		
acetic acid otic soln 2%	np	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	np	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	np	
fluocinolone acetonide (otic) oil 0.01%	np	
Fluocinolone Acetonide (otic) Oil 0.01% (FLAC)	np	
hydrocortisone w/ acetic acid otic soln 1-2%	np	
neomycin-polymyxin-hc otic soln 1%	np	
Neomycin-polymyxin-hc Otic Soln 1% (ANTIBIOTIC EAR)	np	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	np	
ofloxacin otic soln 0.3%	np	
Respiratory Tract/ Pulmonary Agents (Drugs for the Lungs)		
Antihistamines (Drugs for Allergies)		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	p	
carbinoxamine maleate tab 4 mg	np	
CLEMASTINE FUMARATE (<i>clemastine fumarate tab 2.68 mg</i>)	NP	
cyproheptadine hcl syrup 2 mg/5ml	p	
cyproheptadine hcl tab 4 mg	p	
HYDROCODONE POLISTIREX/CH (<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>)	NP	
hydroxyzine hcl syrup 10 mg/5ml	np	
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	p	
HYDROXYZINE PAMOATE (<i>hydroxyzine pamoate cap 100 mg</i>)	NP	
hydroxyzine pamoate cap 25 mg, 50 mg	p	

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Drug Name	Tier	Coverage Requirements and Limits
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	p	
<i>promethazine hcl suppos 12.5 mg, 25 mg</i>	np	
<i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg</i>	p	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	p	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	p	
PROMETHEGAN (<i>promethazine hcl suppos 50 mg</i>)	NP	
Anti-inflammatories, Inhaled Corticosteroids (Drugs for Asthma and COPD Symptoms)		
ADVAIR HFA (<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act</i>)	P	QL (1 inhaler/30 days)
ARNUITY ELLIPTA (<i>fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act</i>)	P	QL (30 blisters/30 days)
ASMANEX HFA (<i>mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act</i>)	P	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 ME (<i>mometasone furoate inhal powd 220 mcg/act (breath activated)</i>)	P	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 MET (<i>mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)</i>)	P	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 MET (<i>mometasone furoate inhal powd 220 mcg/act (breath activated)</i>)	P	QL (1 inhaler/30 days)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act</i>)	P	QL (1 inhaler/30 days)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act, 200-25 mcg/act</i>)	P	QL (60 blisters/30 days)
BREZTRI AEROSPHERE (<i>budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act</i>)	P	QL (1 inhaler/30 days)
BREZTRI AEROSPHERE (<i>budesonide-glycopyrrolate-formoterol aers 160-18-4.8 mcg/act</i>)	P	QL (1 inhaler/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml</i>	np	QL (120 mls/30 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	np	QL (240 mls/30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act</i>	np	QL (3 inhalers/30 days)
Budesonide-formoterol Fumarate Dihyd Aerosol 80-4.5 mcg/act (BREYNA), 160-4.5 mcg/act (BREYNA)	np	QL (3 inhalers/30 days)
DULERA (<i>mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act</i>)	P	QL (3 inhalers/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	p	
FLUTICASONE PROPIONATE/SA (<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act</i>)	np	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	np	QL (60 blisters/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
Fluticasone-salmeterol Aer Powder Ba 100-50 mcg/act (WIXELA INHUB), 250-50 mcg/act (WIXELA INHUB), 500-50 mcg/act (WIXELA INHUB)	np	QL (60 blisters/30 days)
QVAR REDIHALER (<i>beclomethasone diprop hfa breath act inh aer 40 mcg/act</i>)	P	QL (1 inhaler/30 days)
QVAR REDIHALER (<i>beclomethasone diprop hfa breath act inh aer 80 mcg/act</i>)	P	QL (2 inhalers/30 days)
TRELEGY ELLIPTA (<i>fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act</i>)	P	QL (1 inhaler/30 days)
XHANCE (<i>fluticasone propionate nasal exhaler susp 93 mcg/act</i>)	NP	PA, QL (2 bottles/30 days)
Antileukotrienes (Drugs for Asthma)		
<i>montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)</i>	p	
<i>montelukast sodium tab 10 mg (base equiv)</i>	p	
<i>zafirlukast tab 10 mg, 20 mg</i>	np	
Bronchodilators, Anticholinergic (Drugs for Asthma and COPD Symptoms)		
ANORO ELLIPTA (<i>umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act</i>)	P	QL (1 inhaler/30 days)
ATROVENT HFA (<i>ipratropium bromide hfa inhal aerosol 17 mcg/act</i>)	NP	QL (2 inhalers/30 days)
BREZTRI AEROSPHERE (<i>budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act</i>)	P	QL (1 inhaler/30 days)
BREZTRI AEROSPHERE (<i>budesonide-glycopyrrolate-formoterol aers 160-18-4.8 mcg/act</i>)	P	QL (1 inhaler/30 days)
COMBIVENT RESPIMAT (<i>ipratropium-albuterol inhal aerosol soln 20-100 mcg/act</i>)	P	QL (2 inhalers/30 days)
INCRUSE ELLIPTA (<i>umeclidinium br aero powd breath act 62.5 mcg/act (base eq)</i>)	P	QL (30 blisters/30 days)
<i>ipratropium bromide hfa inhal aerosol 17 mcg/act</i>	np	QL (2 inhalers/30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	np	QL (150 vials/30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	np	QL (540 mls/30 days)
SPIRIVA RESPIMAT (<i>tiotropium bromide inhal aerosol 1.25 mcg/act, 2.5 mcg/act</i>)	P	QL (1 inhaler/30 days)
STIOLTO RESPIMAT (<i>tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act</i>)	P	QL (1 inhaler/30 days)
TRELEGY ELLIPTA (<i>fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act</i>)	P	QL (1 inhaler/30 days)
Bronchodilators, Sympathomimetic (Drugs for Asthma and COPD Symptoms)		
ADVAIR HFA (<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act</i>)	P	QL (1 inhaler/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	np	QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	p	QL (125 vials/30 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	np	QL (120 vials/30 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	np	QL (60 mls/30 days)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	np	QL (125 vials/30 days)
albuterol sulfate syrup 2 mg/5ml	p	
albuterol sulfate tab 2 mg, 4 mg	np	
ANORO ELLIPTA (umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act)	P	QL (1 inhaler/30 days)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	np	
AUVI-Q (epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000))	P	CW
BREO ELLIPTA (fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act)	P	QL (1 inhaler/30 days)
BREO ELLIPTA (fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act, 200-25 mcg/act)	P	QL (60 blisters/30 days)
BREZTRI AEROSPHERE (budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act)	P	QL (1 inhaler/30 days)
BREZTRI AEROSPHERE (budesonide-glycopyrrolate-formoterol aers 160-18-4.8 mcg/act)	P	QL (1 inhaler/30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	np	QL (3 inhalers/30 days)
COMBIVENT RESPIMAT (ipratropium-albuterol inhal aerosol soln 20-100 mcg/act)	P	QL (2 inhalers/30 days)
DULERA (mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act)	P	QL (3 inhalers/30 days)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	np	CW
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	np	CW
FLUTICASONE PROPIONATE/SA (fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act)	np	
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	np	QL (60 blisters/30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	np	QL (540 mls/30 days)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	np	QL (90 vials/30 days)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	np	QL (97 vials/30 days)
SEREVENT DISKUS (salmeterol xinafoate aer pow ba 50 mcg/act (base equiv))	P	QL (60 blisters/30 days)
STIOLTO RESPIMAT (tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act)	P	QL (1 inhaler/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
STRIVERDI RESPIMAT (<i>olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)</i>)	P	QL (1 inhaler/30 days)
<i>terbutaline sulfate tab 2.5 mg, 5 mg</i>	np	
TRELEGY ELLIPTA (<i>fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act</i>)	P	QL (1 inhaler/30 days)
Cystic Fibrosis Agents		
ALYFTREK (<i>vanzacaftor-tezacaftor-deutivacaftor tab 4-20-50 mg</i>)	P	PA, QL (84 tablets/28 days)
ALYFTREK (<i>vanzacaftor-tezacaftor-deutivacaftor tab 10-50-125 mg</i>)	P	PA, QL (56 tablets/28 days)
CAYSTON (<i>aztreonam lysine for inhal soln 75 mg (base equivalent)</i>)	NP	QL (1 kit/56 days)
KALYDECO (<i>ivacaftor tab 150 mg</i>)	P	PA, QL (60 tablets/30 days)
KALYDECO (<i>ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg</i>)	P	PA, QL (60 packets/30 days)
KITABIS PAK (<i>tobramycin nebu soln 300 mg/5ml</i>)	NP	PA, QL (280 mls/56 days)
ORKAMBI (<i>lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg</i>)	NP	PA, QL (120 tablets/30 days)
ORKAMBI (<i>lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg</i>)	NP	PA, QL (60 packets/30 days)
PULMOZYME (<i>dornase alfa inhal soln 2.5 mg/2.5ml</i>)	P	
SYMDEKO (<i>tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk</i>)	P	PA, QL (56 tablets/28 days)
SYMDEKO (<i>tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk</i>)	P	PA, QL (56 tablets/28 days)
TOBI PODHALER (<i>tobramycin inhal cap 28 mg</i>)	NP	PA, QL (224 capsules/56 days)
TOBRAMYCIN (<i>tobramycin nebu soln 300 mg/5ml</i>)	NP	PA, QL (280 mls/56 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	np	QL (280 mls/56 days)
<i>tobramycin nebu soln 300 mg/4ml</i>	np	QL (224 mls/56 days)
TRIKAFTA (<i>elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran</i>)	P	PA, QL (56 packets/28 days)
TRIKAFTA (<i>elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran</i>)	P	PA, QL (56 packets/28 days)
TRIKAFTA (<i>elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk</i>)	P	PA, QL (84 tablets/28 days)
TRIKAFTA (<i>elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk</i>)	P	PA, QL (84 tablets/28 days)
Mast Cell Stabilizers (Drugs to Block Mast Cells)		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	np	
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	np	QL (240 mls/30 days)
Phosphodiesterase Inhibitors, Airways Disease (Drugs that Block Phosphodiesterase)		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	np	
JASCAYD (<i>nerandomilast tab 9 mg, 18 mg</i>)	NP	PA, QL (60 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
roflumilast tab 250 mcg, 500 mcg	np	
THEO-24 (theophylline cap er 24hr 100 mg, 200 mg, 300 mg, 400 mg)	NP	
theophylline elixir 80 mg/15ml	np	
Theophylline Elixir 80 Mg/15ml (ELIXOPHYLLIN) (ELIXOPHYLLIN)	np	
theophylline soln 80 mg/15ml	np	
theophylline tab er 12hr 300 mg, 450 mg	np	
theophylline tab er 24hr 400 mg, 600 mg	np	
Pulmonary Antihypertensives (Drugs for Pulmonary Hypertension)		
ADEMPAS (riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg)	NP	LD, PA, QL (90 tablets/30 days), SP
ambrisentan tab 5 mg, 10 mg	np	PA, QL (30 tablets/30 days)
bosentan tab for oral susp 32 mg	np	PA, QL (120 tablets/30 days)
bosentan tab 62.5 mg, 125 mg	np	PA, QL (60 tablets/30 days)
macitentan tab 10 mg	np	PA, QL (30 tablets/30 days)
ORENITRAM (treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv))	NP	LD, PA, QL (300 tablets/30 days), SP
ORENITRAM TITRATION KIT M (treprostinil tab er titr pk (mo1) 126 x 0.125mg & 42 x 0.25mg, titr pk (mo2) 126 x 0.125mg & 210 x 0.25mg, titr pk (mo3) 126 x 0.125mg & 42 x 0.25mg & 84 x 1mg)	NP	LD, PA, QL (1 pack/180 days), SP
sildenafil citrate for suspension 10 mg/ml	np	PA, QL (224 mls/30 days)
sildenafil citrate tab 20 mg	np	QL (90 tablets/30 days)
tadalafil tab 20 mg (pah)	np	PA, QL (60 tablets/30 days)
Tadalafil Tab 20 mg (pah) (ALYQ)	np	PA, QL (60 tablets/30 days)
TYVASO (treprostinil inhalation solution 0.6 mg/ml)	NP	LD, PA, QL (81.2 mls/28 days), SP
TYVASO DPI MAINTENANCE KI (treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge, 80 mcg/cartridge)	NP	LD, PA, QL (112 cartridges/28 days), SP
TYVASO DPI MAINTENANCE KI (treprostinil inh powder 112 x 32mcg & 112 x 64mcg, 112 x 48mcg & 112 x 64mcg, 112 x 48mcg & 112 x 80mcg)	NP	LD, PA, QL (224 cartridges/28 days), SP
TYVASO DPI TITRATION KIT (treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg)	NP	LD, PA, QL (252 cartridges/180 days), SP
TYVASO REFILL KIT (treprostinil inhalation solution 0.6 mg/ml)	NP	LD, PA, QL (81.2 mls/28 days), SP
TYVASO STARTER KIT (treprostinil inhalation solution 0.6 mg/ml)	NP	LD, PA, QL (1 kit/180 days), SP
UPTRAVI (selexipag tab 100 mcg)	P	PA, QL (3 bottles/180 days)
UPTRAVI (selexipag tab 150 mcg)	P	PA, QL (6 bottles/180 days)

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Drug Name	Tier	Coverage Requirements and Limits
UPTRAVI (<i>selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg</i>)	P	LD, PA, QL (60 tablets/30 days), SP
UPTRAVI (<i>selexipag tab 200 mcg</i>)	P	PA, QL (140 tablets/180 days)
UPTRAVI TITRATION PACK (<i>selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)</i>)	P	LD, PA, QL (1 pack/180 days), SP
WINREVAIR (<i>sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg</i>)	NP	LD, PA, QL (1 kit/21 days), SP
YUTREPIA (<i>treprostinil sodium inhal cap 26.5 mcg, 53 mcg, 79.5 mcg, 106 mcg</i>)	NP	LD, PA, QL (112 capsules/28 days), SP
Pulmonary Fibrosis Agents		
<i>nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)</i>	np	PA, QL (60 capsules/30 days)
PIRFENIDONE (<i>pirfenidone tab 534 mg</i>)	NP	PA, QL (21 tablets/180 days)
<i>pirfenidone cap 267 mg</i>	np	PA, QL (180 capsules/30 days)
<i>pirfenidone tab 267 mg</i>	np	PA, QL (180 tablets/30 days)
<i>pirfenidone tab 801 mg</i>	np	PA, QL (90 tablets/30 days)
Respiratory Tract Agents, Other (Drugs for Allergies, Cough, Cold and Other Conditions)		
<i>acetylcysteine inhal soln 10%, 20%</i>	np	
<i>benzonatate cap 100 mg, 200 mg</i>	p	
BRINSUPRI (<i>brensocatib tab 10 mg, 25 mg</i>)	NP	LD, PA, QL (30 tablets/30 days), SP
DUPIXENT (<i>dupilumab subcutaneous soln auto-injector 200 mg/1.14ml, 300 mg/2ml</i>)	P	PA, QL (2 pens/28 days)
DUPIXENT (<i>dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml</i>)	P	PA, QL (2 syringes/28 days)
ENTYVIO PEN (<i>vedolizumab soln auto-injector 108 mg/0.68ml</i>)	P	PA, QL (2 pens/28 days)
FASENRA PEN (<i>benralizumab subcutaneous soln auto-injector 30 mg/ml</i>)	P	PA, QL (1 pen/28 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	p	
GRASTEK (<i>timothy grass pollen allergen ext sl tab 2800 bau</i>)	NP	
HYPERSAL (<i>sodium chloride soln nebu 7%</i>)	NP	
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray)</i>	np	
NEBUSAL (<i>sodium chloride soln nebu 3%</i>)	NP	
NUCALA (<i>mepolizumab subcutaneous solution auto-injector 100 mg/ml</i>)	P	PA, QL (3 pens/28 days)
NUCALA (<i>mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml</i>)	P	PA, QL (1 syringe/28 days)
NUCALA (<i>mepolizumab subcutaneous solution pref syringe 100 mg/ml</i>)	P	PA, QL (3 syringes/28 days)

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ODACTRA (<i>dust mite mixed ext sl tab 12 sq-hdm</i>)	NP	
ORALAIR (<i>grass mixed pollen ext sl tab 300 ir (index of reactivity)</i>)	NP	
PULMOSAL (<i>sodium chloride soln nebu 7%</i>)	NP	
RAGWITEK (<i>short ragweed pollen allergen extract sl tab 12 amb a 1-u</i>)	NP	
SODIUM CHLORIDE (<i>sodium chloride soln nebu 0.9%, 3%, 7%, 10%</i>)	NP	
TEZSPIRE (<i>tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml</i>)	P	PA, QL (1 pen/28 days)
XHANCE (<i>fluticasone propionate nasal exhaler susp 93 mcg/act</i>)	NP	PA, QL (2 bottles/30 days)
XOLAIR (<i>omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml</i>)	P	PA
XOLAIR (<i>omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml</i>)	P	PA
Skeletal Muscle Relaxants (Drugs for Muscle Tightness)		
No USP Class		
<i>chlorzoxazone tab 500 mg</i>	np	
<i>cyclobenzaprine hcl tab 5 mg, 10 mg</i>	p	
<i>diazepam conc 5 mg/ml</i>	np	
<i>diazepam oral soln 1 mg/ml</i>	p	
<i>diazepam tab 2 mg, 5 mg, 10 mg</i>	p	
<i>methocarbamol tab 500 mg, 750 mg</i>	p	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	np	
Sleep Disorder Agents (Drugs for Sleep Problems)		
Sleep Promoting Agents (Drugs for Insomnia)		
<i>estazolam tab 1 mg, 2 mg</i>	np	
<i>eszopiclone tab 1 mg, 2 mg, 3 mg</i>	p	QL (30 tablets/30 days)
HETLIOZ LQ (<i>tasimelteon oral susp 4 mg/ml</i>)	NP	PA, QL (158 mls/30 days)
<i>tasimelteon capsule 20 mg</i>	np	PA, QL (30 capsules/30 days)
<i>temazepam cap 15 mg, 30 mg</i>	p	
<i>zaleplon cap 5 mg, 10 mg</i>	p	QL (30 capsules/30 days)
<i>zolpidem tartrate tab er 6.25 mg, 12.5 mg</i>	p	QL (30 tablets/30 days)
<i>zolpidem tartrate tab 5 mg, 10 mg</i>	p	QL (30 tablets/30 days)
Wakefulness Promoting Agents (Drugs for Excessive Daytime Sleepiness)		
<i>armodafinil tab 50 mg</i>	p	
<i>armodafinil tab 150 mg, 200 mg, 250 mg</i>	np	
LUMRYZ (<i>sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm</i>)	NP	LD, PA, QL (30 packets/30 days), SP

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LUMRYZ STARTER PACK (<i>sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak</i>)	NP	LD, PA, QL (28 packets/180 days), SP
<i>modafinil tab 100 mg, 200 mg</i>	np	
<i>sodium oxybate oral solution 500 mg/ml</i>	np	LD, PA, QL (540 mls/30 days), SP
SUNOSI (<i>solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)</i>)	P	PA, QL (30 tablets/30 days)
WAKIX (<i>pitolisant hcl tab 4.45 mg (base equivalent), 17.8 mg (base equivalent)</i>)	NP	LD, PA, QL (60 tablets/30 days), SP
XYWAV (<i>calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml</i>)	NP	LD, PA, QL (540 mls/30 days), SP

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divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg	11,20,45
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dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)	57
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ethosuximide cap 250 mg	12
ethosuximide soln 250 mg/5ml	12
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	90,95
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