

# 2025 Abridged Basic Formulary – PPO

Effective July 1, 2025



## For the most current list of covered medications or if you have questions:



Call Member Services at **1-855-505-8110**, TTY **711**.

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**PERS Gold**

**PERS Platinum**

The formulary is subject to change and all previous versions of the formulary are no longer in effect.

Last updated: July 1, 2025

**CalPERS Abridged**

# CalPERS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTIDOTE THERAPEUTICS</b>		
<b>ALCOHOL DETERRENTS (91:02)</b>		
<i>naltrexone hcl oral</i>	1	
VIVITROL ( <i>naltrexone</i> )	3	SP
<b>ANTIDOTE THERAPEUTICS</b>		
BAQSIMI ONE PACK ( <i>glucagon</i> )	2	
BAQSIMI TWO PACK ( <i>glucagon</i> )	2	
DEPEN TITRATABS ( <i>penicillamine</i> )	2	SP
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	
KLOXXADO ( <i>naloxone hcl</i> )	2	
<i>naloxone hcl nasal</i>	1	
REXTOVY ( <i>naloxone hcl</i> )	2	
ZIMHI ( <i>naloxone hcl</i> )	3	
<b>ANTIDOTES (91:04)</b>		
<i>naltrexone hcl oral</i>	1	
VIVITROL ( <i>naltrexone</i> )	3	SP
ZEGALOGUE ( <i>dasiglucagon hcl</i> )	2	
ZIMHI ( <i>naloxone hcl</i> )	3	
<b>ANTIHISTAMINE DRUGS - Drugs for Allergy</b>		
<b>ANTIHISTAMINE DRUGS - Drugs for Allergy</b>		
<i>promethazine hcl oral tablet 25 mg</i>	1	
<b>FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy</b>		
<i>cyproheptadine hcl oral tablet</i>	1	
<b>FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy</b>		
<i>bromphen-pseudoeph-dm</i>	1	
<i>cyproheptadine hcl oral tablet</i>	1	
<i>hydroxyzine hcl oral</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
<i>meclizine hcl oral tablet</i>	1	
<i>promethazine hcl injection</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<i>promethazine-dm</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pseudoephedrine-bromphen-dm</i>	1	
<b>OTHER ANTIHISTAMINES - Drugs for Allergy</b>		
<i>famotidine oral suspension reconstituted</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>hydroxyzine hcl oral</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
RYALTRIS ( <i>olopatadine-mometasone</i> )	3	QL (1 GM per 1 day)
<b>PHENOTHIAZINE DERIVATIVES - Drugs for Allergy</b>		
<i>promethazine hcl injection</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<i>promethazine-dm</i>	1	
<b>PROPYLAMINE DERIVATIVES - Drugs for Allergy</b>		
<i>bromphen-pseudoeph-dm</i>	1	
<i>pseudoephedrine-bromphen-dm</i>	1	
<b>SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy</b>		
<i>cetirizine hcl oral solution</i>	1	
<i>levocetirizine dihydrochloride oral tablet</i>	1	
<b>ANTI-INFECTIVE AGENTS - Drugs for Infections</b>		
<b>1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics</b>		
<i>cefadroxil oral capsule</i>	1	
<i>cephalexin</i>	1	
<b>2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics</b>		
<i>cefuroxime axetil</i>	1	
<b>3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics</b>		
<i>cefdinir</i>	1	
<i>cefpodoxime proxetil oral tablet</i>	1	
<b>ALLYLAMINE ANTIFUNGALS - Drugs for Fungus</b>		
<i>terbinafine hcl oral</i>	1	QL (84 day supply per 180 days)
<b>AMEBICIDES - Drugs for the Mouth and Throat</b>		
<i>chlorhexidine gluconate mouth/throat</i>	1	

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<i>metronidazole external cream</i>	1	
<i>metronidazole external gel</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal</i>	1	
<i>perio gard</i>	1	
<b>AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics</b>		
TOBI PODHALER ( <i>tobramycin</i> )	3	SP; QL (224 EA per 40 days)
TOBRADEX ST ( <i>tobramycin-dexamethasone</i> )	3	
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin-dexamethasone</i>	1	
<b>AMINOMETHYLCYCLINES - Antibiotics</b>		
NUZYRA ORAL ( <i>omadacycline tosylate</i> )	3	QL (30 EA per 14 days)
SEYSARA ( <i>sarecycline hcl</i> )	3	ST
<b>AMINOPENICILLIN ANTIBIOTICS - Antibiotics</b>		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin-potassium clavulanate</i>	1	
OMECLAMOX-PAK ( <i>amoxicill-clarithro-omeprazole</i> )	2	
VOQUEZNA DUAL PAK ( <i>amoxicillin-vonoprazan</i> )	3	PA
VOQUEZNA TRIPLE PAK ( <i>amoxicill-clarithro-vonoprazan</i> )	3	PA
<b>ANTHELMINTICS - Drugs for Parasites</b>		
EMVERM ( <i>mebendazole</i> )	2	
<b>ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections</b>		
PYLERA ( <i>bis subcit-metronid-tetracyc</i> )	3	
<b>ANTIMALARIALS - Drugs for the Mouth and Throat</b>		
AMZEEQ ( <i>minocycline hcl micronized</i> )	3	
ARAKODA ( <i>tafenoquine succinate</i> )	3	
<i>atovaquone-proguanil hcl</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>hydroxychloroquine sulfate oral</i>	1	

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<i>minocycline hcl oral capsule</i>	1	
ZILXI ( <i>minocycline hcl micronized</i> )	3	ST
<b>ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat</b>		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
PYLERA ( <i>bis subcit-metronid-tetracyc</i> )	3	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim pediatric</i>	1	
<b>ANTITUBERCULOSIS AGENTS - Antibiotics</b>		
<i>ciprofloxacin hcl oral</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>levofloxacin oral tablet</i>	1	
<b>ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections</b>		
PAXLOVID (150/100) ( <i>nirmatrelvir-ritonavir</i> )	2	QL (4 EA per 1 day)
PAXLOVID (300/100) ( <i>nirmatrelvir-ritonavir</i> )	2	QL (6 EA per 1 day)
XOFLUZA (40 MG DOSE) ( <i>baloxavir marboxil</i> )	3	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE) ( <i>baloxavir marboxil</i> )	3	QL (2 EA per 365 days)
<b>AZOLE ANTIFUNGALS - Drugs for Fungus</b>		
CRESEMBA INTRAVENOUS ( <i>isavuconazonium sulfate</i> )	3	
CRESEMBA ORAL ( <i>isavuconazonium sulfate</i> )	3	PA
<i>fluconazole oral tablet</i>	1	
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external shampoo</i>	1	
<b>CORONAVIRUS (COVID-19) - Drugs for Viral Infections</b>		
PAXLOVID (150/100) ( <i>nirmatrelvir-ritonavir</i> )	2	QL (4 EA per 1 day)
PAXLOVID (300/100) ( <i>nirmatrelvir-ritonavir</i> )	2	QL (6 EA per 1 day)
<b>ENDONUCLEASE INHIBITORS - Drugs for Viral Infections</b>		
XOFLUZA (40 MG DOSE) ( <i>baloxavir marboxil</i> )	3	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE) ( <i>baloxavir marboxil</i> )	3	QL (2 EA per 365 days)
<b>HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections</b>		
EPCLUSA ORAL PACKET 150-37.5 MG ( <i>sofosbuvir-velpatasvir</i> )	2	PA; SP; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )	2	PA; SP; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET ( <i>sofosbuvir-velpatasvir</i> )	2	PA; SP; QL (1 EA per 1 day)

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HARVONI ORAL PACKET 33.75-150 MG ( <i>ledipasvir-sofosbuvir</i> )	2	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	2	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	2	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG ( <i>ledipasvir-sofosbuvir</i> )	2	PA; SP; QL (1 EA per 1 day)
VOSEVI ( <i>sofosbuv-velpatasv-voxilaprev</i> )	2	PA; SP; QL (1 EA per 1 day)
<b>HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections</b>		
MAVYRET ORAL PACKET ( <i>glecaprevir-pibrentasvir</i> )	2	PA; SP; QL (5 EA per 1 day)
MAVYRET ORAL TABLET ( <i>glecaprevir-pibrentasvir</i> )	2	PA; SP; QL (3 EA per 1 day)
VOSEVI ( <i>sofosbuv-velpatasv-voxilaprev</i> )	2	PA; SP; QL (1 EA per 1 day)
<b>HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections</b>		
EPCLUSA ORAL PACKET 150-37.5 MG ( <i>sofosbuvir-velpatasvir</i> )	2	PA; SP; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )	2	PA; SP; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET ( <i>sofosbuvir-velpatasvir</i> )	2	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 33.75-150 MG ( <i>ledipasvir-sofosbuvir</i> )	2	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	2	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	2	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG ( <i>ledipasvir-sofosbuvir</i> )	2	PA; SP; QL (1 EA per 1 day)
MAVYRET ORAL PACKET ( <i>glecaprevir-pibrentasvir</i> )	2	PA; SP; QL (5 EA per 1 day)
MAVYRET ORAL TABLET ( <i>glecaprevir-pibrentasvir</i> )	2	PA; SP; QL (3 EA per 1 day)
VOSEVI ( <i>sofosbuv-velpatasv-voxilaprev</i> )	2	PA; SP; QL (1 EA per 1 day)
<b>HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections</b>		
BIKTARVY ( <i>bictegravir-emtricitab-tenofof</i> )	3	
DOVATO ( <i>dolutegravir-lamivudine</i> )	2	
JULUCA ( <i>dolutegravir-rilpivirine</i> )	2	
TRIUMEQ ( <i>abacavir-dolutegravir-lamivud</i> )	2	
<b>HIV NONNUCLEOSIDE REV.TRANScrip. INHIB. - Drugs for Viral Infections</b>		
BIKTARVY ( <i>bictegravir-emtricitab-tenofof</i> )	3	
JULUCA ( <i>dolutegravir-rilpivirine</i> )	2	
<i>methocarbamol oral tablet 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMFI ( <i>efavirenz-lamivudine-tenofovir</i> )	2	
SYMFI LO ( <i>efavirenz-lamivudine-tenofovir</i> )	2	
<b>HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections</b>		
BIKTARVY ( <i>bictegravir-emtricitab-tenofov</i> )	3	
CIMDUO ( <i>lamivudine-tenofovir</i> )	2	
DESCOVY ORAL TABLET 120-15 MG ( <i>emtricitabine-tenofovir af</i> )	3	
DESCOVY ORAL TABLET 200-25 MG ( <i>emtricitabine-tenofovir af</i> )	3	PA; HCR
DOVATO ( <i>dolutegravir-lamivudine</i> )	2	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1	HCR
SYMFI ( <i>efavirenz-lamivudine-tenofovir</i> )	2	
SYMFI LO ( <i>efavirenz-lamivudine-tenofovir</i> )	2	
SYMTUZA ( <i>darun-cobic-emtricit-tenofaf</i> )	3	
TRIUMEQ ( <i>abacavir-dolutegravir-lamivud</i> )	2	
<b>HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections</b>		
PREZCOBIX ( <i>darunavir-cobicistat</i> )	2	
SYMTUZA ( <i>darun-cobic-emtricit-tenofaf</i> )	3	
<b>INTERFERON ANTIVIRALS - Drugs for Viral Infections</b>		
BESREMI ( <i>ropeginterferon alfa-2b-njft</i> )	3	PA; SP
<b>LINCOMYCIN ANTIBIOTICS - Antibiotics</b>		
<i>clindacin etz external swab</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE ( <i>clindamycin phosphate (1 dose)</i> )	3	
<i>neuac</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONEXTON ( <i>clindamycin phos-benzoyl perox</i> )	1	
XACIATO ( <i>clindamycin phosphate</i> )	3	
<b>NATURAL PENICILLIN ANTIBIOTICS - Antibiotics</b>		
<i>penicillin v potassium oral tablet</i>	1	
<b>NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections</b>		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (40 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (20 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	QL (360 ML per 365 days)
<b>NITROIMIDAZOLE DERIVATIVES, MISC - Drugs for the Mouth and Throat</b>		
<i>metronidazole external cream</i>	1	
<i>metronidazole external gel</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal</i>	1	
<b>NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections</b>		
<i>acyclovir external ointment</i>	1	QL (1 GM per 1 day)
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral tablet</i>	1	
DESCOVY ORAL TABLET 120-15 MG ( <i>emtricitabine-tenofovir af</i> )	3	
DESCOVY ORAL TABLET 200-25 MG ( <i>emtricitabine-tenofovir af</i> )	3	PA; HCR
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1	HCR
<i>valacyclovir hcl oral</i>	1	QL (4 EA per 1 day)
<b>OTHER MACROLIDE ANTIBIOTICS - Antibiotics</b>		
<i>azithromycin oral</i>	1	
<i>clarithromycin oral tablet</i>	1	
DIFICID ( <i>fidaxomicin</i> )	3	
OMECLAMOX-PAK ( <i>amoxicill-clarithro-omeprazole</i> )	2	
VOQUEZNA TRIPLE PAK ( <i>amoxicill-clarithro-vonoprazan</i> )	3	PA
<b>OTHER MACROLIDES (8:12.12.92) - Antibiotics</b>		
<i>azithromycin oral</i>	1	

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<i>clarithromycin oral tablet</i>	1	
DIFICID ( <i>fidaxomicin</i> )	3	
OMECLAMOX-PAK ( <i>amoxicill-clarithro-omeprazole</i> )	2	
VOQUEZNA TRIPLE PAK ( <i>amoxicill-clarithro-vonoprazan</i> )	3	PA
<b>POLYENE ANTIFUNGALS - Drugs for Fungus</b>		
<i>klayesta</i>	1	
<i>nyamyc</i>	1	
<i>nystatin external</i>	1	
<i>nystatin mouth/throat</i>	1	
<i>nystop</i>	1	
<b>POLYMYXIN ANTIBIOTICS - Antibiotics</b>		
<i>polymyxin b-trimethoprim</i>	1	
<b>QUINOLONE ANTIBIOTICS - Antibiotics</b>		
<i>ciprofloxacin hcl oral</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin hcl (2x day)</i>	1	
<i>moxifloxacin hcl ophthalmic</i>	1	
<i>ofloxacin ophthalmic</i>	1	
<i>ofloxacin otic</i>	1	
<b>SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics</b>		
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfasalazine oral</i>	1	
<i>sulfatrim pediatric</i>	1	
<b>TETRACYCLINE ANTIBIOTICS - Antibiotics</b>		
AMZEEQ ( <i>minocycline hcl micronized</i> )	3	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline hcl oral capsule</i>	1	
PYLERA ( <i>bis subcit-metronid-tetracyc</i> )	3	
ZILXI ( <i>minocycline hcl micronized</i> )	3	ST
<b>URINARY ANTI-INFECTIVES - Drugs for the Urinary System</b>		
<i>nitrofurantoin macrocrystal</i>	1	

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<i>nitrofurantoin monohydrate macrocrystals</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim pediatric</i>	1	
<b>ANTINEOPLASTIC AGENTS - Drugs for Cancer</b>		
<b>ANTINEOPLASTIC AGENTS - Drugs for Cancer</b>		
<i>abiraterone acetate</i>	1	PA; SP
ALECENSA ( <i>alectinib hcl</i> )	2	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 90 MG ( <i>brigatinib</i> )	2	PA; SP; QL (1 EA per 1 day)
ALUNBRIG ORAL TABLET 30 MG ( <i>brigatinib</i> )	2	PA; SP; QL (4 EA per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK ( <i>brigatinib</i> )	2	PA; SP; QL (30 EA per 365 days)
<i>anastrozole oral</i>	1	HCR
ANKTIVA ( <i>nogapendekin alfa inbakic-pmln</i> )	3	PA; SP
AUGTYRO ( <i>repotrectinib</i> )	3	PA; SP
BESREMI ( <i>ropeginterferon alfa-2b-njft</i> )	3	PA; SP
CABOMETYX ORAL TABLET 20 MG ( <i>cabozantinib s-malate</i> )	2	PA; SP; QL (1 EA per 1 day)
CABOMETYX ORAL TABLET 40 MG, 60 MG ( <i>cabozantinib s-malate</i> )	2	PA; SP
CALQUENCE ( <i>acalabrutinib maleate</i> )	3	PA; SP
<i>capecitabine</i>	1	SP
COTELLIC ( <i>cobimetinib fumarate</i> )	3	PA; SP
ERIVEDGE ( <i>vismodegib</i> )	3	PA; SP
ERLEADA ( <i>apalutamide</i> )	3	PA; SP
<i>fluorouracil external cream</i>	1	
GAVRETO ( <i>pralsetinib</i> )	3	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG ( <i>ponatinib hcl</i> )	3	PA; SP; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG, 45 MG ( <i>ponatinib hcl</i> )	3	PA; SP
IDHIFA ( <i>enasidenib mesylate</i> )	3	PA; SP; QL (1 EA per 1 day)
<i>imatinib mesylate</i>	1	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG ( <i>ibrutinib</i> )	3	PA; SP; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG ( <i>ibrutinib</i> )	3	PA; SP; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION ( <i>ibrutinib</i> )	3	PA; SP
IMBRUVICA ORAL TABLET 420 MG ( <i>ibrutinib</i> )	3	PA; SP; QL (1 EA per 1 day)
JYLAMVO ( <i>methotrexate</i> )	3	PA
KANJINTI ( <i>trastuzumab-anns</i> )	2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KISQALI (200 MG DOSE) ( <i>ribociclib succinate</i> )	3	PA; SP
KISQALI (400 MG DOSE) ( <i>ribociclib succinate</i> )	3	PA; SP
KISQALI (600 MG DOSE) ( <i>ribociclib succinate</i> )	3	PA; SP
KOSELUGO ( <i>selumetinib sulfate</i> )	3	PA; SP
<i>lenalidomide</i>	1	PA; SP
<i>letrozole oral</i>	1	
LUMAKRAS ( <i>sotorasib</i> )	3	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG ( <i>leuprolide acetate</i> )	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG ( <i>leuprolide acetate (4 month)</i> )	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG ( <i>leuprolide acetate (6 month)</i> )	2	PA; SP
LYNPARZA ( <i>olaparib</i> )	2	PA; SP
MAVENCLAD ( <i>cladribine</i> )	3	PA; SP; QL (20 day supply per 999 days)
MEKINIST ( <i>trametinib dimethyl sulfoxide</i> )	3	PA; SP
<i>methotrexate sodium (pf)</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral</i>	1	
MVASI ( <i>bevacizumab-awwb</i> )	2	PA; SP
NUBEQA ( <i>darolutamide</i> )	3	PA; SP
ODOMZO ( <i>sonidegib phosphate</i> )	3	PA; SP
OPZELURA ( <i>ruxolitinib phosphate</i> )	2	ST; QL (3.34 GM per 1 day)
ORGOVYX ( <i>relugolix</i> )	3	PA; SP
PHESGO ( <i>pertuz-trastuz-hyaluron-zzxf</i> )	2	PA; SP
PIQRAY ( <i>alpelisib</i> )	3	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG ( <i>pomalidomide</i> )	3	PA; SP; QL (1 EA per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG ( <i>pomalidomide</i> )	3	PA; SP
RETEVMO ORAL TABLET 120 MG, 160 MG ( <i>selpercatinib</i> )	3	PA; SP
RETEVMO ORAL TABLET 40 MG ( <i>selpercatinib</i> )	3	PA; SP; QL (3 EA per 1 day)
RETEVMO ORAL TABLET 80 MG ( <i>selpercatinib</i> )	3	PA; SP; QL (2 EA per 1 day)
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % ( <i>tretinoin microsphere</i> )	3	PA

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REVLIMID ( <i>lenalidomide</i> )	2	PA; SP
ROZLYTREK ( <i>entrectinib</i> )	3	PA; SP
RUXIENCE ( <i>rituximab-pvvr</i> )	2	PA; SP
RYDAPT ( <i>midostaurin</i> )	3	PA; SP
SCEMBLIX ORAL TABLET 100 MG ( <i>asciminib hcl</i> )	3	PA; SP
SCEMBLIX ORAL TABLET 20 MG ( <i>asciminib hcl</i> )	3	PA; SP; QL (2 EA per 1 day)
SCEMBLIX ORAL TABLET 40 MG ( <i>asciminib hcl</i> )	3	PA; SP; QL (8 EA per 1 day)
STIVARGA ( <i>regorafenib</i> )	2	PA; SP
TABRECTA ( <i>capmatinib hcl</i> )	3	PA; SP
TAFINLAR ( <i>dabrafenib mesylate</i> )	3	PA; SP
TAGRISSE ORAL TABLET 40 MG ( <i>osimertinib mesylate</i> )	3	PA; SP; QL (1 EA per 1 day)
TAGRISSE ORAL TABLET 80 MG ( <i>osimertinib mesylate</i> )	3	PA; SP
<i>tamoxifen citrate oral tablet 10 mg</i>	1	
<i>tamoxifen citrate oral tablet 20 mg</i>	1	HCR
TASIGNA ( <i>nilotinib hcl</i> )	3	PA; SP
<i>temozolomide</i>	1	PA; SP
TRAZIMERA ( <i>trastuzumab-qyyp</i> )	2	PA; SP
<i>tretinoin external</i>	1	
TREXALL ( <i>methotrexate sodium</i> )	3	
TRUQAP ( <i>capivasertib</i> )	3	PA; SP
VERZENIO ( <i>abemaciclib</i> )	3	PA; SP
VITRAKVI ( <i>larotrectinib sulfate</i> )	3	PA; SP
XTANDI ( <i>enzalutamide</i> )	3	PA; SP
ZEJULA ORAL TABLET 100 MG ( <i>niraparib tosylate</i> )	2	PA; SP; QL (1 EA per 1 day)
ZEJULA ORAL TABLET 200 MG, 300 MG ( <i>niraparib tosylate</i> )	2	PA; SP
ZELBORAF ( <i>vemurafenib</i> )	3	PA; SP
ZIRABEV ( <i>bevacizumab-bvzr</i> )	2	PA; SP
<b>ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES - DRUGS FOR THE IMMUNE SYSTEM</b>		
<b>ANTITOXINS AND IMMUNE GLOBULINS - Organ Transplant</b>		
BIVIGAM ( <i>immune globulin (human)</i> )	3	PA; SP
CUTAQUIG ( <i>immune globulin (human)-hipp</i> )	3	PA; SP
HIZENTRA ( <i>immune globulin (human)</i> )	3	PA; SP
PANZYGA ( <i>immune globulin (human)-ifas</i> )	3	PA; SP
PRIVIGEN ( <i>immune globulin (human)</i> )	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XEMBIFY ( <i>immune globulin (human)-klhw</i> )	3	PA; SP
<b>AUTONOMIC DRUGS</b>		
<b>SMOKING CESSATION AGENTS</b>		
<i>naltrexone hcl oral</i>	1	
TYRVAYA ( <i>varenicline tartrate</i> )	3	PA; QL (0.3 ML per 1 day)
<i>varenicline tartrate</i>	1	HCR; QL (180 day supply per 365 days)
<i>varenicline tartrate(continue)</i>	1	HCR; QL (180 day supply per 365 days)
VIVITROL ( <i>naltrexone</i> )	3	SP
<b>AUTONOMIC DRUGS - Drugs for the Nervous System</b>		
<b>ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs</b>		
AUVI-Q ( <i>epinephrine</i> )	3	
<i>bromphen-pseudoeph-dm</i>	1	
<i>epinephrine injection solution auto-injector</i>	1	
EPIPEN 2-PAK ( <i>epinephrine</i> )	3	ST
NEFFY NASAL SOLUTION 2 MG/0.1ML ( <i>epinephrine</i> )	3	
<i>pseudoephedrine-bromphen-dm</i>	1	
<b>ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs</b>		
<i>clonidine hcl oral</i>	1	
<b>ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson</b>		
ANORO ELLIPTA ( <i>umeclidinium-vilanterol</i> )	2	QL (2 EA per 1 day)
ATROVENT HFA ( <i>ipratropium bromide hfa</i> )	3	QL (0.86 GM per 1 day)
BREZTRI AEROSPHERE ( <i>budeson-glycopyrrol-formoterol</i> )	2	QL (0.36 GM per 1 day)
COMBIVENT RESPIMAT ( <i>ipratropium-albuterol</i> )	2	QL (0.27 GM per 1 day)
<i>dicyclomine hcl oral capsule</i>	1	
<i>dicyclomine hcl oral tablet</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	QL (4 EA per 1 day)
<i>ipratropium bromide inhalation</i>	1	QL (10.42 ML per 1 day)
<i>ipratropium bromide nasal</i>	1	
<i>ipratropium-albuterol</i>	1	QL (18 ML per 1 day)
QBREXZA ( <i>glycopyrronium tosylate</i> )	3	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>scopolamine</i>	1	
SPIRIVA HANDIHALER ( <i>tiotropium bromide monohydrate</i> )	1	QL (1 EA per 1 day)
SPIRIVA RESPIMAT ( <i>tiotropium bromide monohydrate</i> )	2	QL (0.14 GM per 1 day)
STIOLTO RESPIMAT ( <i>tiotropium bromide-olodaterol</i> )	2	QL (0.14 GM per 1 day)
TRELEGY ELLIPTA ( <i>fluticasone-umeclidin-vilant</i> )	2	QL (2 EA per 1 day)
YUPELRI ( <i>revefenacin</i> )	3	QL (3 ML per 1 day)
<b>ANTIPARKINSONIAN AGENTS - Drugs for Parkinson</b>		
<i>benztropine mesylate oral</i>	1	
<b>AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System</b>		
<i>varenicline tartrate</i>	1	HCR; QL (180 day supply per 365 days)
<i>varenicline tartrate(continue)</i>	1	HCR; QL (180 day supply per 365 days)
<b>BOTULINUM TOXINS - Drugs for Relaxing Muscles</b>		
DYSPOORT ( <i>abobotulinumtoxina</i> )	2	PA
MYOBLOC ( <i>rimabotulinumtoxinb</i> )	2	PA
XEOMIN ( <i>incobotulinumtoxina</i> )	2	PA
<b>CENTRALLY ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles</b>		
<i>carisoprodol oral</i>	1	
<i>cyclobenzaprine hcl oral</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>tizanidine hcl oral</i>	1	
<b>GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles</b>		
<i>baclofen oral tablet</i>	1	
<b>NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart</b>		
BETIMOL ( <i>timolol hemihydrate</i> )	3	
<i>carvedilol</i>	1	
HEMANGEOL ( <i>propranolol hcl</i> )	3	PA
<i>labetalol hcl oral</i>	1	
<i>nadolol oral</i>	1	
<i>nebivolol hcl</i>	1	
<i>propranolol hcl er</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propranolol hcl oral tablet</i>	1	
<i>sotalol hcl oral</i>	1	
<i>timolol maleate (once-daily)</i>	1	
<i>timolol maleate ocudose</i>	1	
<i>timolol maleate ophthalmic solution</i>	1	
<i>timolol maleate pf</i>	1	
<b>NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart</b>		
<i>doxazosin mesylate oral</i>	1	
<i>prazosin hcl oral</i>	1	
<b>PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence</b>		
<i>donepezil hcl oral tablet</i>	1	
NAMZARIC ( <i>memantine hcl-donepezil hcl</i> )	2	QL (1 EA per 1 day)
<b>SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart</b>		
<i>alfuzosin hcl er</i>	1	
<i>carvedilol</i>	1	
<i>labetalol hcl oral</i>	1	
<i>tamsulosin hcl</i>	1	
<b>SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs</b>		
ADVAIR HFA ( <i>fluticasone-salmeterol</i> )	2	QL (0.4 GM per 1 day)
AIRSUPRA ( <i>albuterol-budesonide</i> )	2	QL (1.1 GM per 1 day)
<i>albuterol sulfate hfa</i>	1	QL (1.2 GM per 1 day)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	1	QL (18 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL (12.5 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1	QL (5 EA per 1 day)
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	1	QL (5 EA per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	2	QL (5 ML per 1 day)
ANORO ELLIPTA ( <i>umeclidinium-vilanterol</i> )	2	QL (2 EA per 1 day)
BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )	2	QL (2 EA per 1 day)
<i>breyana</i>	1	QL (0.35 GM per 1 day)

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BREZTRI AEROSPHERE ( <i>budeson-glycopyrrol-formoterol</i> )	2	QL (0.36 GM per 1 day)
<i>budesonide-formoterol fumarate</i>	1	QL (0.35 GM per 1 day)
COMBIVENT RESPIMAT ( <i>ipratropium-albuterol</i> )	2	QL (0.27 GM per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	ST; QL (2 EA per 1 day)
<i>ipratropium-albuterol</i>	1	QL (18 ML per 1 day)
PERFOROMIST ( <i>formoterol fumarate</i> )	3	QL (4 ML per 1 day)
SEREVENT DISKUS ( <i>salmeterol xinafoate</i> )	2	QL (2 EA per 1 day)
STIOLTO RESPIMAT ( <i>tiotropium bromide-olodaterol</i> )	2	QL (0.14 GM per 1 day)
STRIVERDI RESPIMAT ( <i>olodaterol hcl</i> )	2	QL (4.2 GM per 30 days)
SYMBICORT ( <i>budesonide-formoterol fumarate</i> )	3	QL (0.35 GM per 1 day)
TRELEGY ELLIPTA ( <i>fluticasone-umeclidin-vilant</i> )	2	QL (2 EA per 1 day)
<i>wixela inhub</i>	1	ST; QL (2 EA per 1 day)
<b>SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart</b>		
<i>atenolol oral</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>nadolol oral</i>	1	
<b>SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles</b>		
DYSPORT ( <i>abobotulinumtoxina</i> )	2	PA
MYOBLOC ( <i>rimabotulinumtoxinb</i> )	2	PA
XEOMIN ( <i>incobotulinumtoxina</i> )	2	PA
<b>BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood</b>		
<b>ANTIANEMIA DRUGS - Vitamins and Minerals</b>		
ARANESP (ALBUMIN FREE) ( <i>darbepoetin alfa</i> )	2	PA; SP
PROCRIT ( <i>epoetin alfa</i> )	2	PA; SP
RETACRIT ( <i>epoetin alfa-epbx</i> )	2	PA; SP
<b>BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding</b>		
TAVALISSE ( <i>fostamatinib disodium</i> )	3	PA; SP
<b>COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots</b>		
<i>jantoven</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>warfarin sodium oral</i>	1	
<b>DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots</b>		
ELIQUIS ( <i>apixaban</i> )	2	QL (2 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK ( <i>apixaban</i> )	2	QL (148 EA per 365 days)
XARELTO ORAL SUSPENSION RECONSTITUTED ( <i>rivaroxaban</i> )	2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG ( <i>rivaroxaban</i> )	2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG ( <i>rivaroxaban</i> )	2	QL (2 EA per 1 day)
XARELTO STARTER PACK ( <i>rivaroxaban</i> )	2	QL (102 EA per 365 days)
<b>HEMATOPOIETIC AGENTS - Drugs for Anemia</b>		
ARANESP (ALBUMIN FREE) ( <i>darbepoetin alfa</i> )	2	PA; SP
DOPTELET ( <i>avatrombopag maleate</i> )	3	PA; SP
NEULASTA ( <i>pegfilgrastim</i> )	3	PA; SP
NEULASTA ONPRO ( <i>pegfilgrastim</i> )	3	PA; SP
NIVESTYM ( <i>filgrastim-aafi</i> )	2	PA; SP
PROCRIT ( <i>epoetin alfa</i> )	2	PA; SP
PROMACTA ( <i>eltrombopag olamine</i> )	3	PA; SP
RETACRIT ( <i>epoetin alfa-epbx</i> )	2	PA; SP
UDENYCA ( <i>pegfilgrastim-cbqv</i> )	3	PA; SP
UDENYCA ONBODY ( <i>pegfilgrastim-cbqv</i> )	3	PA; SP
ZARXIO ( <i>filgrastim-sndz</i> )	2	PA; SP
<b>HEMOSTATICS - Drugs to Prevent Bleeding</b>		
ADVATE ( <i>antihemophil factor (rahf-pfm)</i> )	2	SP
ADYNOVATE	3	SP
AFSTYLA ( <i>antihemophil fact single chain</i> )	3	SP
ALPROLIX ( <i>coagulation factor ix (rfixfc)</i> )	3	SP
ALTUVIIIIO ( <i>antihem fact fc-vwf-xten-ehfl</i> )	3	SP
<i>desmopressin acetate oral</i>	1	
ELOCTATE ( <i>antihem fact (bdd-rfviiiifc)</i> )	3	SP
ESPEROCT ( <i>antihemoph fact rcmb gpeg-exei</i> )	3	SP
IDELVION ( <i>coagulation factor ix (rix-fp)</i> )	3	SP
JIVI ( <i>ahf (bdd-rfviii peg-aucl)</i> )	3	SP
KOATE ( <i>antihemophilic factor</i> )	2	SP
KOGENATE FS ( <i>antihem factor recomb (rfviii)</i> )	2	SP

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KOVALTRY ( <i>antihemophil factor (rahf-pfm)</i> )	2	SP
NOCDURNA ( <i>desmopressin acetate</i> )	3	PA
NOVOEIGHT ( <i>antihemophil fact bd truncated</i> )	2	SP
NUWIQ ( <i>antihem fact (bdd-rfviii,sim)</i> )	2	SP
REBINYN ( <i>coagulation factor ix glycopeg</i> )	3	SP
RECOMBINATE ( <i>antihem factor recomb (rfviii)</i> )	2	SP
<i>tranexamic acid oral</i>	1	
WILATE ( <i>antihemophilic factor-vwf</i> )	2	SP
XYNTHA ( <i>antihem fact (bdd-rfviii,mor)</i> )	2	SP
XYNTHA SOLOFUSE ( <i>antihem fact (bdd-rfviii,mor)</i> )	2	SP
<b>HEPARINS - Drugs to Prevent Blood Clots</b>		
<i>enoxaparin sodium injection solution prefilled syringe</i>	1	
<b>LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals</b>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
<b>PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots</b>		
BRILINTA ( <i>ticagrelor</i> )	2	
<i>clopidogrel bisulfate oral</i>	1	
<i>prasugrel hcl</i>	1	
<b>CARDIOVASCULAR DRUGS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS (24:36)</b>		
<i>acetazolamide oral</i>	1	
<b>KALLIKREIN</b>		
ORLADEYO ( <i>berotralstat hcl</i> )	3	PA; SP; QL (1 EA per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION ( <i>lanadelumab-flyo</i> )	3	PA; SP; QL (0.15 ML per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>lanadelumab-flyo</i> )	3	PA; SP; QL (0.08 ML per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ( <i>lanadelumab-flyo</i> )	3	PA; SP; QL (0.15 ML per 1 day)
<b>LOOP DIURETICS (24:36)</b>		
<i>bumetanide oral</i>	1	
<i>furosemide oral tablet</i>	1	
<i>toremide</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>POTASSIUM-SPARING DIURETIC</b>		
<i>spironolactone oral tablet</i>	1	
<b>THIAZIDE DIURETICS (24:36)</b>		
<i>hydrochlorothiazide oral</i>	1	
<b>THIAZIDE-LIKE DIURETICS (24:36)</b>		
<i>chlorthalidone</i>	1	
<b>CARDIOVASCULAR DRUGS - Drugs for the Heart</b>		
<b>ACL INHIBITORS - Drugs for Cholesterol</b>		
NEXLETOL ( <i>bempedoic acid</i> )	2	PA; QL (1 EA per 1 day)
NEXLIZET ( <i>bempedoic acid-ezetimibe</i> )	2	PA; QL (1 EA per 1 day)
<b>ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for Varicose Veins</b>		
<i>doxazosin mesylate oral</i>	1	
<i>nadolol oral</i>	1	
<i>prazosin hcl oral</i>	1	
<b>ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>carvedilol</i>	1	
<i>doxazosin mesylate oral</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>prazosin hcl oral</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST/NEPROLYS - Drugs for the Heart</b>		
ENTRESTO ORAL CAPSULE SPRINKLE ( <i>sacubitril-valsartan</i> )	2	QL (8 EA per 1 day)
ENTRESTO ORAL TABLET ( <i>sacubitril-valsartan</i> )	2	QL (2 EA per 1 day)
<b>ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>candesartan cilexetil</i>	1	
EDARBI ( <i>azilsartan medoxomil</i> )	3	ST
<i>irbesartan</i>	1	
<i>losartan potassium oral</i>	1	
<i>olmesartan medoxomil oral</i>	1	
<i>telmisartan</i>	1	
<i>valsartan oral tablet</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart</b>		
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>candesartan cilexetil</i>	1	
EDARBI ( <i>azilsartan medoxomil</i> )	3	ST
EDARBYCLOR ( <i>azilsartan-chlorthalidone</i> )	3	ST
ENTRESTO ORAL CAPSULE SPRINKLE ( <i>sacubitril-valsartan</i> )	2	QL (8 EA per 1 day)
ENTRESTO ORAL TABLET ( <i>sacubitril-valsartan</i> )	2	QL (2 EA per 1 day)
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan potassium oral</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>olmesartan medoxomil oral</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>telmisartan</i>	1	
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>ANGIOTENSIN-CONVERT. ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>benazepril hcl oral</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>lisinopril oral</i>	1	
<i>ramipril</i>	1	
<b>ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart</b>		
<i>amlodipine besylate-benazepril hcl</i>	1	
<i>benazepril hcl oral</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>lisinopril oral</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<b>ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol</b>		
<i>icosapent ethyl</i>	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXLETOL ( <i>bempedoic acid</i> )	2	PA; QL (1 EA per 1 day)
NEXLIZET ( <i>bempedoic acid-ezetimibe</i> )	2	PA; QL (1 EA per 1 day)
<i>omega-3-acid ethyl esters</i>	1	
VASCEPA ( <i>icosapent ethyl</i> )	2	PA
<b>BETA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure</b>		
<i>atenolol oral</i>	1	
<i>atenolol-chlorthalidone</i>	1	
BETIMOL ( <i>timolol hemihydrate</i> )	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
<i>doxazosin mesylate oral</i>	1	
HEMANGEOL ( <i>propranolol hcl</i> )	3	PA
<i>labetalol hcl oral</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>nadolol oral</i>	1	
<i>nebivolol hcl</i>	1	
<i>prazosin hcl oral</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl oral tablet</i>	1	
<i>sotalol hcl oral</i>	1	
<i>timolol maleate (once-daily)</i>	1	
<i>timolol maleate ocudose</i>	1	
<i>timolol maleate ophthalmic solution</i>	1	
<i>timolol maleate pf</i>	1	
<b>CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>cartia xt</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
<i>verapamil hcl er oral tablet extended release</i>	1	
<b>CALCIUM-CHANNEL BLOCKING AGENTS - Drugs for High Blood Pressure &amp; Angina</b>		
<i>cartia xt</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl er coated beads</i>	1	
<i>verapamil hcl er oral tablet extended release</i>	1	
<b>CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure &amp; Angina</b>		
<i>cartia xt</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
<i>verapamil hcl er oral tablet extended release</i>	1	
<b>CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>acetazolamide oral</i>	1	
<b>CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina</b>		
CORLANOR ORAL SOLUTION ( <i>ivabradine hcl</i> )	3	QL (15 ML per 1 day)
<i>ranolazine er</i>	1	
<b>CARDIOTONIC AGENTS - Drugs for Angina</b>		
CORLANOR ORAL SOLUTION ( <i>ivabradine hcl</i> )	3	QL (15 ML per 1 day)
<b>CENTRAL ALPHA-AGONISTS - Drugs for Abnormal Heart Rhythms</b>		
<i>atenolol oral</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
<i>clonidine hcl oral</i>	1	
<i>guanfacine hcl</i>	1	
HEMANGEOL ( <i>propranolol hcl</i> )	3	PA
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>nadolol oral</i>	1	
<i>nebivolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl oral tablet</i>	1	
<i>sotalol hcl oral</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>CGMP SYNTHESIS AGENT - Drugs for High Blood Pressure &amp; Angina</b>		
VERQUVO ( <i>vericiguat</i> )	3	PA; QL (1 EA per 1 day)
<b>CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol</b>		
<i>ezetimibe</i>	1	
NEXLIZET ( <i>bempedoic acid-ezetimibe</i> )	2	PA; QL (1 EA per 1 day)
<b>CLASS IC ANTIARRHYTHMICS - Drugs for Angina</b>		
<i>flecainide acetate</i>	1	
<b>CLASS II ANTIARRHYTHMICS - Drugs for Angina</b>		
<i>atenolol oral</i>	1	
BETIMOL ( <i>timolol hemihydrate</i> )	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol</i>	1	
HEMANGEOL ( <i>propranolol hcl</i> )	3	PA
<i>labetalol hcl oral</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>nadolol oral</i>	1	
<i>nebivolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl oral tablet</i>	1	
<i>sotalol hcl oral</i>	1	
<i>timolol maleate (once-daily)</i>	1	
<i>timolol maleate ocudose</i>	1	
<i>timolol maleate ophthalmic solution</i>	1	
<i>timolol maleate pf</i>	1	
<b>CLASS III ANTIARRHYTHMICS - Drugs for Angina</b>		
<i>amiodarone hcl oral</i>	1	
MULTAQ ( <i>dronedarone hcl</i> )	3	
<i>sotalol hcl oral</i>	1	
<b>CLASS IV ANTIARRHYTHMICS - Drugs for Angina</b>		
<i>cartia xt</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
<i>verapamil hcl er oral tablet extended release</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>DIHYDROPYRIDINES - Drugs for High Blood Pressure &amp; Angina</b>		
<i>amlodipine besylate oral</i>	1	
<i>amlodipine besylate-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
NORLIQVA ( <i>amlodipine besylate</i> )	3	PA
<b>DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>amlodipine besylate oral</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
NORLIQVA ( <i>amlodipine besylate</i> )	3	PA
<b>DIRECT VASODILATORS - Drugs for High Blood Pressure &amp; Angina</b>		
<i>clonidine hcl oral</i>	1	
<i>guanfacine hcl</i>	1	
<i>hydralazine hcl oral</i>	1	
<i>minoxidil oral</i>	1	
<b>FIBRIC ACID DERIVATIVES - Drugs for Cholesterol</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	
<i>gemfibrozil oral</i>	1	
<b>HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1	HCR
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	1	
<i>lovastatin oral</i>	1	HCR
<i>pravastatin sodium</i>	1	HCR
<i>rosuvastatin calcium oral</i>	1	HCR
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	HCR
<i>simvastatin oral tablet 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>bumetanide oral</i>	1	
<i>furosemide oral tablet</i>	1	
<i>toremide</i>	1	
<b>MINERALOCORTICOID (ALDOSTERONE) ANTAGNISTS - Drugs for the Heart</b>		
KERENDIA ( <i>finerenone</i> )	3	PA; QL (1 EA per 1 day)
<i>spironolactone oral tablet</i>	1	
<b>MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>spironolactone oral tablet</i>	1	
<b>NITRATES AND NITRITES - Drugs for High Blood Pressure &amp; Angina</b>		
<i>atenolol oral</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol</i>	1	
HEMANGEOL ( <i>propranolol hcl</i> )	3	PA
<i>isosorbide mononitrate er</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>nadolol oral</i>	1	
<i>nitroglycerin sublingual</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl oral tablet</i>	1	
<i>sotalol hcl oral</i>	1	
<b>NITRATES AND NITRITES - Drugs for the Heart</b>		
<i>isosorbide mononitrate er</i>	1	
<i>nitroglycerin sublingual</i>	1	
<b>OMEGA-3-MEDIATED ANTILIPEMICS - Drugs for Cholesterol</b>		
<i>icosapent ethyl</i>	1	PA
<i>omega-3-acid ethyl esters</i>	1	
VASCEPA ( <i>icosapent ethyl</i> )	2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>PCSK9 INHIBITORS - Drugs for Cholesterol</b>		
REPATHA ( <i>evolocumab</i> )	2	ST; QL (0.11 ML per 1 day)
REPATHA PUSHTRONEX SYSTEM ( <i>evolocumab</i> )	2	ST; QL (0.13 ML per 1 day)
REPATHA SURECLICK ( <i>evolocumab</i> )	2	ST; QL (0.11 ML per 1 day)
<b>PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for High Blood Pressure &amp; Angina</b>		
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA; SP; QL (7.5 ML per 1 day)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (8 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; SP; QL (3 EA per 1 day)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL (8 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<b>PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart</b>		
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA; SP; QL (7.5 ML per 1 day)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (8 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; SP; QL (3 EA per 1 day)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL (8 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<b>POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>spironolactone oral tablet</i>	1	
<b>RENIN INHIBITORS - Drugs for the Heart</b>		
TEKTURNA ( <i>aliskiren fumarate</i> )	2	
<b>RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart</b>		
ENTRESTO ORAL CAPSULE SPRINKLE ( <i>sacubitril-valsartan</i> )	2	QL (8 EA per 1 day)
ENTRESTO ORAL TABLET ( <i>sacubitril-valsartan</i> )	2	QL (2 EA per 1 day)
<b>STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart</b>		
<i>spironolactone oral tablet</i>	1	
<b>THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>hydrochlorothiazide oral</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>chlorthalidone</i>	1	
<b>VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart</b>		
<i>amlodipine besylate oral</i>	1	
<i>cartia xt</i>	1	
CORLANOR ORAL SOLUTION ( <i>ivabradine hcl</i> )	3	QL (15 ML per 1 day)
<i>diltiazem hcl er coated beads</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
NORLIQVA ( <i>amlodipine besylate</i> )	3	PA
OPSUMIT ( <i>macitentan</i> )	2	PA; SP; QL (1 EA per 1 day)
ORENITRAM ( <i>treprostinil diolamine</i> )	3	PA; SP
ORENITRAM MONTH 1 ( <i>treprostinil diolamine</i> )	3	PA; SP; QL (336 EA per 365 days)
ORENITRAM MONTH 2 ( <i>treprostinil diolamine</i> )	3	PA; SP; QL (672 EA per 365 days)
ORENITRAM MONTH 3 ( <i>treprostinil diolamine</i> )	3	PA; SP; QL (504 EA per 365 days)
<i>treprostinil</i>	1	PA; SP
TYVASO ( <i>treprostinil</i> )	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO DPI INSTITUTIONAL KIT ( <i>treprostinil</i> )	3	PA; SP; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT ( <i>treprostinil</i> )	3	PA; SP; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT ( <i>treprostinil</i> )	3	PA; SP; QL (2 EA per 365 days)
TYVASO REFILL KIT ( <i>treprostinil</i> )	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER KIT ( <i>treprostinil</i> )	3	PA; SP; QL (2.9 ML per 1 day)
<i>verapamil hcl er oral tablet extended release</i>	1	
VERQUVO ( <i>vericiguat</i> )	3	PA; QL (1 EA per 1 day)
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT</b>		
RADICAVA ORS ( <i>edaravone</i> )	2	PA; SP
RADICAVA ORS STARTER KIT ( <i>edaravone</i> )	2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEGLUTIK ( <i>riluzole</i> )	2	PA; QL (20 ML per 1 day)
<b>CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System</b>		
<b>AMPHETAMINE DERIVATIVES - Drugs for the Nervous System</b>		
<i>phentermine hcl oral</i>	1	
<b>AMPHETAMINES - Drugs for the Nervous System</b>		
<i>amphetamine-dextroamphetamine er</i>	1	QL (2 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (3 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	QL (2 EA per 1 day)
<i>amphet-dextroamphet 3-bead er</i>	1	QL (1 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (6 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	1	QL (2 EA per 1 day)
<i>lisdexamfetamine dimesylate</i>	1	QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE ( <i>lisdexamfetamine dimesylate</i> )	3	ST; QL (1 EA per 1 day)
<b>ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain</b>		
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	QL (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	1	QL (10 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (5 EA per 1 day)
<i>apap-caff-dihydrocodeine</i>	1	QL (12 EA per 1 day)
<i>butalbital-apap-caffeine</i>	1	
<i>endocet oral tablet 10-325 mg</i>	1	QL (3 EA per 1 day)
<i>endocet oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>endocet oral tablet 5-325 mg</i>	1	QL (6 EA per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	1	QL (4 EA per 1 day)
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GRALISE ORAL TABLET 300 MG ( <i>gabapentin (once-daily)</i> )	3	ST; QL (6 EA per 1 day)
GRALISE ORAL TABLET 450 MG, 600 MG ( <i>gabapentin (once-daily)</i> )	3	ST; QL (3 EA per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG ( <i>gabapentin (once-daily)</i> )	3	ST; QL (2 EA per 1 day)
HORIZANT ( <i>gabapentin enacarbil</i> )	3	PA; QL (2 EA per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 07/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	1	QL (73.5 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	QL (98 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	1	QL (9 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	1	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	QL (3 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (4 EA per 1 day)
TREZIX ( <i>apap-caff-dihydrocodeine</i> )	3	QL (12 EA per 1 day)
<b>ANOREXIGENIC AGENTS - Drugs for the Nervous System</b>		
QSYMIA ( <i>phentermine-topiramate</i> )	2	PA
<b>ANOREXIGENIC AGENTS AND STIMULANTS, MISC - Drugs for the Nervous System</b>		
QSYMIA ( <i>phentermine-topiramate</i> )	2	PA
<b>ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson</b>		
<i>benztropine mesylate oral</i>	1	
<b>ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures</b>		
<i>acetazolamide oral</i>	1	
APTIOM ( <i>eslicarbazepine acetate</i> )	3	
BRIVIACT INTRAVENOUS ( <i>brivaracetam</i> )	3	
BRIVIACT ORAL ( <i>brivaracetam</i> )	3	ST
<i>divalproex sodium er</i>	1	
<i>divalproex sodium oral</i>	1	
EPIDIOLEX ( <i>cannabidiol</i> )	3	PA; SP
FYCOMPA ( <i>perampanel</i> )	3	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GRALISE ORAL TABLET 300 MG ( <i>gabapentin (once-daily)</i> )	3	ST; QL (6 EA per 1 day)
GRALISE ORAL TABLET 450 MG, 600 MG ( <i>gabapentin (once-daily)</i> )	3	ST; QL (3 EA per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 07/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRALISE ORAL TABLET 750 MG, 900 MG ( <i>gabapentin (once-daily)</i> )	3	ST; QL (2 EA per 1 day)
HORIZANT ( <i>gabapentin enacarbil</i> )	3	PA; QL (2 EA per 1 day)
<i>lacosamide oral tablet</i>	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine oral tablet</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
MOTPOLY XR ( <i>lacosamide</i> )	3	ST
<i>oxcarbazepine</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 300 mg</i>	1	QL (2 EA per 1 day)
<i>roweepra</i>	1	
<i>subvenite</i>	1	
<i>topiramate oral tablet</i>	1	
XCOPRI ( <i>cenobamate</i> )	3	ST
<i>zonisamide oral</i>	1	
<b>ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression &amp; Psychosis</b>		
<i>bupropion hcl er (sr)</i>	1	QL (2 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (3 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (1 EA per 1 day)
<i>bupropion hcl oral</i>	1	
<i>mirtazapine oral tablet</i>	1	
SPRAVATO (56 MG DOSE) ( <i>esketamine hcl</i> )	3	PA; SP
SPRAVATO (84 MG DOSE) ( <i>esketamine hcl</i> )	3	PA; SP
ZURZUVAE ( <i>zuranolone</i> )	3	PA; QL (14 day supply per 1 fill)
<b>ANTIMANIC AGENTS - Drugs for Personality Disorder</b>		
ABILIFY ASIMTUFII ( <i>aripiprazole</i> )	3	
ABILIFY MAINTENA ( <i>aripiprazole</i> )	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 07/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aripiprazole oral tablet</i>	1	QL (1 EA per 1 day)
ARISTADA ( <i>aripiprazole lauroxil</i> )	3	
ARISTADA INITIO ( <i>aripiprazole lauroxil</i> )	3	
<i>divalproex sodium er</i>	1	
<i>divalproex sodium oral</i>	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine oral tablet</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate oral</i>	1	
<i>olanzapine oral tablet</i>	1	QL (1 EA per 1 day)
PERSERIS ( <i>risperidone</i> )	3	
<i>quetiapine fumarate er</i>	1	QL (2 EA per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (3 EA per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	1	QL (2 EA per 1 day)
<i>risperidone oral tablet</i>	1	QL (2 EA per 1 day)
RYKINDO ( <i>risperidone</i> )	3	
<i>subvenite</i>	1	
<i>ziprasidone hcl</i>	1	QL (2 EA per 1 day)
<b>ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment</b>		
<i>divalproex sodium er</i>	1	
<i>divalproex sodium oral</i>	1	
HEMANGEOL ( <i>propranolol hcl</i> )	3	PA
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>naproxen oral tablet</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl oral tablet</i>	1	
<i>topiramate oral tablet</i>	1	
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety &amp; Sleep Disorder</b>		
BELSOMRA ( <i>suvorexant</i> )	3	ST; QL (1 EA per 1 day)
<i>bupirone hcl oral</i>	1	
DAYVIGO ( <i>lemborexant</i> )	3	ST; QL (1 EA per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eszopiclone</i>	1	QL (1 EA per 1 day)
<i>hydroxyzine hcl oral</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
<i>promethazine hcl injection</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<i>zolpidem tartrate er</i>	1	QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet</i>	1	QL (1 EA per 1 day)
<b>ATYPICAL ANTIPSYCHOTICS - Drugs for Depression &amp; Psychosis</b>		
ABILIFY ASIMTUFII ( <i>aripiprazole</i> )	3	
ABILIFY MAINTENA ( <i>aripiprazole</i> )	3	
<i>aripiprazole oral tablet</i>	1	QL (1 EA per 1 day)
ARISTADA ( <i>aripiprazole lauroxil</i> )	3	
ARISTADA INITIO ( <i>aripiprazole lauroxil</i> )	3	
INVEGA HAFYERA ( <i>paliperidone palmitate</i> )	3	ST
INVEGA SUSTENNA ( <i>paliperidone palmitate</i> )	3	
INVEGA TRINZA ( <i>paliperidone palmitate</i> )	3	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (1 EA per 1 day)
<i>lurasidone hcl oral tablet 80 mg</i>	1	QL (2 EA per 1 day)
<i>olanzapine oral tablet</i>	1	QL (1 EA per 1 day)
PERSERIS ( <i>risperidone</i> )	3	
<i>quetiapine fumarate er</i>	1	QL (2 EA per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (3 EA per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	1	QL (2 EA per 1 day)
REXULTI ( <i>brexpiprazole</i> )	3	QL (1 EA per 1 day)
<i>risperidone oral tablet</i>	1	QL (2 EA per 1 day)
RYKINDO ( <i>risperidone</i> )	3	
UZEDY ( <i>risperidone</i> )	3	
VRAYLAR ( <i>cariprazine hcl</i> )	3	QL (1 EA per 1 day)
<i>ziprasidone hcl</i>	1	QL (2 EA per 1 day)
<b>BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures</b>		
<i>primidone oral</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety &amp; Sleep Disorder</b>		
<i>butalbital-apap-caffeine</i>	1	
<b>BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures</b>		
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>clonazepam oral tablet 2 mg</i>	1	QL (10 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (10 EA per 1 day)
<i>diazepam oral tablet</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>lorazepam oral tablet 2 mg</i>	1	QL (5 EA per 1 day)
NAYZILAM ( <i>midazolam (anticonvulsant)</i> )	3	QL (0.34 EA per 1 day)
SYMPAZAN ( <i>clobazam</i> )	3	PA
VALTOCO 10 MG DOSE ( <i>diazepam</i> )	3	QL (0.34 EA per 1 day)
VALTOCO 5 MG DOSE ( <i>diazepam</i> )	3	QL (0.34 EA per 1 day)
<b>BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety &amp; Sleep Disorder</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (4 EA per 1 day)
<i>alprazolam oral tablet 2 mg</i>	1	QL (5 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>clonazepam oral tablet 2 mg</i>	1	QL (10 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (10 EA per 1 day)
<i>diazepam oral tablet</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>lorazepam oral tablet 2 mg</i>	1	QL (5 EA per 1 day)
NAYZILAM ( <i>midazolam (anticonvulsant)</i> )	3	QL (0.34 EA per 1 day)
SYMPAZAN ( <i>clobazam</i> )	3	PA
<i>temazepam</i>	1	QL (1 EA per 1 day)
<i>triazolam</i>	1	QL (2 EA per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>erenumab-aooe</i> )	2	PA; QL (0.04 ML per 1 day)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML ( <i>erenumab-aooe</i> )	2	PA; QL (0.07 ML per 1 day)
AJOVY ( <i>fremanezumab-vfrm</i> )	2	PA; QL (0.06 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> )	2	PA; QL (0.1 ML per 1 day)
NURTEC ( <i>rimegepant sulfate</i> )	2	PA; QL (0.54 EA per 1 day)
QULIPTA ( <i>atogepant</i> )	2	PA; QL (1 EA per 1 day)
UBRELVY ( <i>ubrogepant</i> )	2	PA; QL (0.54 EA per 1 day)
ZAVZPRET ( <i>zavegepant hcl</i> )	3	PA; QL (0.2 EA per 1 day)
<b>CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson</b>		
ONGENTYS ( <i>opicapone</i> )	3	ST
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder</b>		
<i>atomoxetine hcl</i>	1	QL (1 EA per 1 day)
<i>guanfacine hcl</i>	1	
<i>guanfacine hcl er</i>	1	
<i>memantine hcl oral tablet</i>	1	
NAMZARIC ( <i>memantine hcl-donepezil hcl</i> )	2	QL (1 EA per 1 day)
RADICAVA ORS ( <i>edaravone</i> )	2	PA; SP
RADICAVA ORS STARTER KIT ( <i>edaravone</i> )	2	PA; SP
SODIUM OXYBATE	3	PA; SP; QL (18 ML per 1 day)
TEGLUTIK ( <i>riluzole</i> )	2	PA; QL (20 ML per 1 day)
VYLEESI ( <i>bremelanotide acetate</i> )	3	PA; QL (8 ML per 30 days)
XYWAV ( <i>ca, mg, k, and na oxybates</i> )	3	PA; SP; QL (18 ML per 1 day)
<b>CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain</b>		
<i>celecoxib oral</i>	1	QL (2 EA per 1 day)
<b>DOPAMINE PRECURSORS - Drugs for Parkinson</b>		
<i>carbidopa-levodopa oral tablet</i>	1	
CREXONT ( <i>carbidopa-levodopa</i> )	3	ST

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INBRIJA ( <i>levodopa</i> )	3	PA; SP
RYTARY ( <i>carbidopa-levodopa</i> )	3	ST
<b>ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson</b>		
<i>cabergoline</i>	1	
<b>FIBROMYALGIA AGENTS - Drugs for Nerve Pain</b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg</i>	1	QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 300 mg</i>	1	QL (2 EA per 1 day)
<b>GABA-MEDIATED ANTICONVULSANTS - Drugs for Seizures</b>		
<i>divalproex sodium er</i>	1	
<i>divalproex sodium oral tablet delayed release</i>	1	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GRALISE ORAL TABLET 300 MG ( <i>gabapentin (once-daily)</i> )	3	ST; QL (6 EA per 1 day)
GRALISE ORAL TABLET 450 MG, 600 MG ( <i>gabapentin (once-daily)</i> )	3	ST; QL (3 EA per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG ( <i>gabapentin (once-daily)</i> )	3	ST; QL (2 EA per 1 day)
HORIZANT ( <i>gabapentin enacarbil</i> )	3	PA; QL (2 EA per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 300 mg</i>	1	QL (2 EA per 1 day)
<b>ION CHANNEL INHIBITION AGENTS - Drugs for Seizures</b>		
APTIOM ( <i>eslicarbazepine acetate</i> )	3	
<i>lacosamide oral tablet</i>	1	
MOTPOLY XR ( <i>lacosamide</i> )	3	ST
<i>oxcarbazepine</i>	1	
XCOPRI ( <i>cenobamate</i> )	3	ST
<i>zonisamide oral</i>	1	
<b>NMDA ANTAGONISTS - Drugs for Depression &amp; Psychosis</b>		
SPRAVATO (56 MG DOSE) ( <i>esketamine hcl</i> )	3	PA; SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPRAVATO (84 MG DOSE) ( <i>esketamine hcl</i> )	3	PA; SP
<b>NON-BENZODIAZEPINE ANXIOLYTICS - Drugs for Anxiety &amp; Sleep Disorder</b>		
<i>bupirone hcl oral</i>	1	
<b>NON-BENZODIAZEPINE HYPNOTICS - Drugs for Anxiety &amp; Sleep Disorder</b>		
<i>eszopiclone</i>	1	QL (1 EA per 1 day)
<i>zolpidem tartrate er</i>	1	QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet</i>	1	QL (1 EA per 1 day)
<b>NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson</b>		
NEUPRO ( <i>rotigotine</i> )	3	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hcl</i>	1	
<b>NON-OPIOID ANALGESICS - Drugs for Pain</b>		
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	QL (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	1	QL (10 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (5 EA per 1 day)
<i>apap-caff-dihydrocodeine</i>	1	QL (12 EA per 1 day)
<i>butalbital-apap-caffeine</i>	1	
<i>endocet oral tablet 10-325 mg</i>	1	QL (3 EA per 1 day)
<i>endocet oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>endocet oral tablet 5-325 mg</i>	1	QL (6 EA per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	1	QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	1	QL (73.5 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	QL (98 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	1	QL (9 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	1	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	QL (3 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (4 EA per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TREZIX ( <i>apap-caff-dihydrocodeine</i> )	3	QL (12 EA per 1 day)
<b>NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC - Drugs for Pain</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule</i>	1	
<i>ketorolac tromethamine oral</i>	1	QL (20 EA per 1 fill)
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral</i>	1	
<i>naproxen oral tablet</i>	1	
<b>OPIOID AGONISTS (28:08) - Drugs for Pain</b>		
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	QL (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	1	QL (10 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (5 EA per 1 day)
<i>apap-caff-dihydrocodeine</i>	1	QL (12 EA per 1 day)
<i>endocet oral tablet 10-325 mg</i>	1	QL (3 EA per 1 day)
<i>endocet oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>endocet oral tablet 5-325 mg</i>	1	QL (6 EA per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	1	QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	1	QL (73.5 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	QL (98 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	1	QL (9 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	1	QL (6 EA per 1 day)
<i>hydromorphone hcl oral tablet 2 mg</i>	1	QL (5 EA per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	1	QL (2 EA per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	1	QL (1 EA per 1 day)
HYSINGLA ER ( <i>hydrocodone bitartrate</i> )	2	PA; QL (1 EA per 1 day)
<i>morphine sulfate er oral tablet extended release</i>	1	PA; QL (3 EA per 1 day)
<i>oxycodone hcl oral solution</i>	1	QL (32.6 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone hcl oral tablet 10 mg</i>	1	QL (3 EA per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	1	QL (2 EA per 1 day)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	1	QL (1 EA per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>	1	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	QL (3 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (4 EA per 1 day)
OXYCONTIN ( <i>oxycodone hcl</i> )	2	PA; QL (4 EA per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	1	QL (2 EA per 1 day)
<i>tramadol hcl oral tablet 25 mg</i>	1	QL (8 EA per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (5 EA per 1 day)
<i>tramadol hcl oral tablet 75 mg</i>	1	QL (3 EA per 1 day)
TREZIX ( <i>apap-caff-dihydrocodeine</i> )	3	QL (12 EA per 1 day)
XTAMPZA ER ( <i>oxycodone</i> )	2	PA; QL (4 EA per 1 day)
<b>OPIOID ANTAGONISTS (28:10) - Drugs for Overdose or Poisoning</b>		
<i>buprenorphine hcl-naloxone hcl</i>	1	
KLOXXADO ( <i>naloxone hcl</i> )	2	
<i>naloxone hcl nasal</i>	1	
<i>naltrexone hcl oral</i>	1	
OPVEE ( <i>nalmefene hcl</i> )	2	
REXTOVY ( <i>naloxone hcl</i> )	2	
VIVITROL ( <i>naltrexone</i> )	3	SP
ZIMHI ( <i>naloxone hcl</i> )	3	
ZUBSOLV ( <i>buprenorphine hcl-naloxone hcl</i> )	2	
<b>OPIOID PARTIAL AGONISTS - Drugs for Pain</b>		
BELBUCA ( <i>buprenorphine hcl</i> )	2	PA; QL (2 EA per 1 day)
BRIXADI ( <i>buprenorphine</i> )	3	SP
BRIXADI (WEEKLY) ( <i>buprenorphine</i> )	3	SP
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine hcl-naloxone hcl</i>	1	
SUBLOCADE ( <i>buprenorphine</i> )	3	SP
ZUBSOLV ( <i>buprenorphine hcl-naloxone hcl</i> )	2	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety &amp; Sleep Disorder</b>		
BELSOMRA ( <i>suvorexant</i> )	3	ST; QL (1 EA per 1 day)
DAYVIGO ( <i>lemborexant</i> )	3	ST; QL (1 EA per 1 day)
<b>PHENOTHIAZINES - Drugs for Depression &amp; Psychosis</b>		
<i>prochlorperazine maleate oral</i>	1	
<b>RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System</b>		
<i>apap-caff-dihydrocodeine</i>	1	QL (12 EA per 1 day)
<i>atomoxetine hcl</i>	1	QL (1 EA per 1 day)
AZSTARYS ( <i>serdexmethylphen-dexmethylphen</i> )	2	ST; QL (1 EA per 1 day)
<i>butalbital-apap-caffeine</i>	1	
<i>dexmethylphenidate hcl</i>	1	QL (2 EA per 1 day)
<i>dexmethylphenidate hcl er</i>	1	QL (1 EA per 1 day)
JORNAY PM ( <i>methylphenidate hcl</i> )	3	ST; QL (1 EA per 1 day)
<i>methylphenidate hcl er (cd)</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl er (la)</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	1	QL (2 EA per 1 day)
<i>methylphenidate hcl er (xr)</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1	QL (2 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1	QL (3 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet</i>	1	QL (3 EA per 1 day)
TREZIX ( <i>apap-caff-dihydrocodeine</i> )	3	QL (12 EA per 1 day)
<b>REVERSIBLE COX-1/COX-2 INHIBITORS - Drugs for Pain</b>		
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule</i>	1	
<i>ketorolac tromethamine ophthalmic</i>	1	
<i>ketorolac tromethamine oral</i>	1	QL (20 EA per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral</i>	1	
<i>naproxen oral tablet</i>	1	
<b>SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression &amp; Psychosis</b>		
<i>desvenlafaxine succinate er</i>	1	QL (1 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg</i>	1	QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (3 EA per 1 day)
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	QL (2 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1	QL (3 EA per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	1	
<b>SELECTIVE SEROTONIN AGONISTS - Migraine Treatment</b>		
<i>eletriptan hydrobromide</i>	1	QL (12 EA per 30 days)
<i>naratriptan hcl</i>	1	QL (0.3 EA per 1 day)
<i>rizatriptan benzoate</i>	1	QL (0.6 EA per 1 day)
<i>sumatriptan succinate oral</i>	1	QL (0.3 EA per 1 day)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	QL (0.17 ML per 1 day)
<b>SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression &amp; Psychosis</b>		
<i>citalopram hydrobromide oral tablet</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral solution</i>	1	
<i>fluoxetine hcl oral tablet</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>paroxetine hcl oral tablet</i>	1	
<i>sertraline hcl oral tablet</i>	1	
<b>SEROTONIN MODULATORS - Drugs for Depression &amp; Psychosis</b>		
<i>mirtazapine oral tablet</i>	1	
<i>trazodone hcl oral</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRINTELLIX ( <i>vortioxetine hbr</i> )	3	ST; QL (1 EA per 1 day)
<i>vilazodone hcl</i>	1	QL (1 EA per 1 day)
<b>TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression &amp; Psychosis</b>		
<i>amitriptyline hcl oral</i>	1	
<i>doxepin hcl oral capsule</i>	1	
<i>doxepin hcl oral tablet</i>	1	QL (1 EA per 1 day)
<i>nortriptyline hcl oral capsule</i>	1	
<b>VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System</b>		
AUSTEDO ( <i>deutetrabenazine</i> )	3	PA; SP; QL (4 EA per 1 day)
AUSTEDO XR ( <i>deutetrabenazine</i> )	3	PA; SP; QL (1 EA per 1 day)
AUSTEDO XR PATIENT TITRATION ( <i>deutetrabenazine</i> )	3	PA; SP; QL (56 EA per 365 days)
INGREZZA ORAL CAPSULE ( <i>valbenazine tosylate</i> )	3	PA; SP; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE SPRINKLE ( <i>valbenazine tosylate</i> )	3	PA; SP; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK ( <i>valbenazine tosylate</i> )	3	PA; SP; QL (56 EA per 365 days)
<b>WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (2 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1	
<i>modafinil oral</i>	1	PA; QL (1 EA per 1 day)
SODIUM OXYBATE	3	PA; SP; QL (18 ML per 1 day)
SUNOSI ( <i>solriamfetol hcl</i> )	2	PA; QL (1 EA per 1 day)
WAKIX ( <i>pitolisant hcl</i> )	3	PA; SP; QL (2 EA per 1 day)
<b>DEVICES - Medical Supplies and Durable Medical Equipment</b>		
<b>DEVICES - Medical Supplies and Durable Medical Equipment</b>		
ACCU-CHEK FASTCLIX LANCET KIT ( <i>lancets misc.</i> )	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT ( <i>lancets misc.</i> )	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	2	
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )	2	
CEQUR SIMPLICITY 2U ( <i>injection device for insulin</i> )	2	
CEQUR SIMPLICITY INSERTER ( <i>injection device for insulin</i> )	2	
CONTOUR NEXT EZ ( <i>blood glucose monitoring suppl</i> )	2	
CONTOUR NEXT GEN MONITOR ( <i>blood glucose monitoring suppl</i> )	2	
CONTOUR NEXT MONITOR ( <i>blood glucose monitoring suppl</i> )	2	
CONTOUR NEXT ONE ( <i>blood glucose monitoring suppl</i> )	2	
CONTOUR PLUS BLUE ( <i>blood glucose monitoring suppl</i> )	2	
NOVOFINE PEN NEEDLE ( <i>insulin pen needle</i> )	2	
NOVOFINE PLUS PEN NEEDLE ( <i>insulin pen needle</i> )	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 ( <i>insulin disposable pump</i> )	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5 ( <i>insulin disposable pump</i> )	2	
OMNIPOD 5 LIBRE2 PLUS G6 ( <i>insulin disposable pump</i> )	2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS ( <i>insulin disposable pump</i> )	2	
OMNIPOD DASH PODS (GEN 4) ( <i>insulin disposable pump</i> )	2	
<b>DIAGNOSTIC AGENTS</b>		
<b>ADRENOCORTICAL INSUFFICIENCY</b>		
ACTHAR ( <i>corticotropin</i> )	2	PA; SP
ACTHAR GEL ( <i>corticotropin</i> )	2	PA; SP
CORTROPHIN ( <i>corticotropin</i> )	2	PA; SP
<b>DIABETES MELLITUS</b>		
CONTOUR NEXT TEST ( <i>glucose blood</i> )	2	QL (300 EA per 30 days)
CONTOUR PLUS TEST ( <i>glucose blood</i> )	3	PA; QL (300 EA per 30 days)
CONTOUR TEST ( <i>glucose blood</i> )	2	QL (300 EA per 30 days)
ONETOUCH ULTRA ( <i>glucose blood</i> )	2	QL (300 EA per 30 days)
ONETOUCH ULTRA BLUE TEST ( <i>glucose blood</i> )	2	QL (300 EA per 30 days)
ONETOUCH ULTRA TEST ( <i>glucose blood</i> )	2	QL (300 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH VERIO IN VITRO STRIP ( <i>glucose blood</i> )	2	QL (300 EA per 30 days)
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>ALKALINIZING AGENTS</b>		
<i>potassium citrate er</i>	1	
<b>AMMONIA DETOXICANTS</b>		
<i>constulose</i>	1	
<i>lactulose oral solution</i>	1	
PHEBURANE ( <i>sodium phenylbutyrate</i> )	3	PA; SP
<b>CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance</b>		
<i>acetazolamide oral</i>	1	
<b>LOOP DIURETICS (40:28) - Drugs for Water Balance</b>		
<i>bumetanide oral</i>	1	
<i>furosemide oral tablet</i>	1	
<i>toremide</i>	1	
<b>PHOSPHATE-REMOVING AGENTS</b>		
AURYXIA ( <i>ferric citrate</i> )	3	
<b>POTASSIUM-REMOVING AGENTS</b>		
LOKELMA ( <i>sodium zirconium cyclosilicate</i> )	3	
VELTASSA ( <i>patiromer sorbitex calcium</i> )	3	
<b>POTASSIUM-SPARING DIURETICS - Drugs for Water Balance</b>		
<i>spironolactone oral tablet</i>	1	
<i>triamterene-hctz</i>	1	
<b>REPLACEMENT PREPARATIONS</b>		
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con oral tablet extended release</i>	1	
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er</i>	1	
<b>THIAZIDE DIURETICS - Drugs for Water Balance</b>		
<i>bisoprolol-hydrochlorothiazide</i>	1	
EDARBYCLOR ( <i>azilsartan-chlorthalidone</i> )	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrochlorothiazide oral</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>triamterene-hctz</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>THIAZIDE-LIKE DIURETICS - Drugs for Water Balance</b>		
<i>atenolol-chlorthalidone</i>	1	
<i>chlorthalidone</i>	1	
<b>ENZYMES</b>		
<b>ENZYME INHIBITORS</b>		
CERDELGA ( <i>eliglustat tartrate</i> )	3	PA; SP
ORFADIN ( <i>nitisinone</i> )	3	PA; SP
<b>ENZYMES</b>		
CREON ( <i>pancrelipase (lip-prot-amyl)</i> )	2	
FABRAZYME ( <i>agalsidase beta</i> )	2	PA; SP
PULMOZYME ( <i>dornase alfa</i> )	2	PA; SP
SANTYL ( <i>collagenase</i> )	3	QL (3 GM per 1 day)
STRENSIQ ( <i>asfotase alfa</i> )	2	PA; SP
ZENPEP ( <i>pancrelipase (lip-prot-amyl)</i> )	2	
<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>		
<b>ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye</b>		
<i>brimonidine tartrate ophthalmic</i>	1	
<i>brimonidine tartrate-timolol</i>	1	
MIRVASO ( <i>brimonidine tartrate</i> )	2	
SIMBRINZA ( <i>brinzolamide-brimonidine</i> )	2	
<b>ANTIALLERGIC AGENTS - Drugs for Allergy</b>		
<i>azelastine hcl nasal</i>	1	QL (2 ML per 1 day)
<i>azelastine-fluticasone</i>	1	QL (0.77 GM per 1 day)
DYMISTA ( <i>azelastine-fluticasone</i> )	2	QL (0.77 GM per 1 day)
RYALTRIS ( <i>olopatadine-mometasone</i> )	3	QL (1 GM per 1 day)
<b>ANTIBACTERIALS (52:04) - Drugs for Infections</b>		
AMZEEQ ( <i>minocycline hcl micronized</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZASITE ( <i>azithromycin</i> )	3	
BESIVANCE ( <i>besifloxacin hcl</i> )	3	
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>erythromycin ophthalmic</i>	1	
<i>minocycline hcl oral capsule</i>	1	
<i>moxifloxacin hcl (2x day)</i>	1	
<i>moxifloxacin hcl ophthalmic</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc otic</i>	1	
<i>ofloxacin ophthalmic</i>	1	
<i>ofloxacin otic</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
TOBI PODHALER ( <i>tobramycin</i> )	3	SP; QL (224 EA per 40 days)
TOBRADEX ST ( <i>tobramycin-dexamethasone</i> )	3	
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin-dexamethasone</i>	1	
ZILXI ( <i>minocycline hcl micronized</i> )	3	ST
ZYLET ( <i>loteprednol-tobramycin</i> )	3	
<b>ANTI-INFECTIVES, MISCELLANEOUS (52:04) - Drugs for Infections</b>		
<i>chlorhexidine gluconate mouth/throat</i>	1	
<i>periogard</i>	1	
<b>ANTI-INFLAMMATORY AGENTS (EENT) - Drugs for Inflammation</b>		
CEQUA ( <i>cyclosporine</i> )	3	PA
MIEBO ( <i>perfluorohexyloctane</i> )	2	PA; QL (0.1 ML per 1 day)
RESTASIS ( <i>cyclosporine</i> )	1	PA
RESTASIS MULTIDOSE ( <i>cyclosporine</i> )	2	PA
XIIDRA ( <i>lifitegrast</i> )	2	PA
<b>ASTRINGENTS (52:04) - Drugs for Infections</b>		
<i>chlorhexidine gluconate mouth/throat</i>	1	
<i>periogard</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye</b>		
BETIMOL ( <i>timolol hemihydrate</i> )	3	
<i>brimonidine tartrate-timolol</i>	1	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
<i>timolol maleate (once-daily)</i>	1	
<i>timolol maleate ocudose</i>	1	
<i>timolol maleate ophthalmic solution</i>	1	
<i>timolol maleate pf</i>	1	
<b>CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye</b>		
<i>acetazolamide oral</i>	1	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
SIMBRINZA ( <i>brinzolamide-brimonidine</i> )	2	
<b>CORTICOSTEROIDS (EENT) - Drugs for Inflammation</b>		
ADVAIR HFA ( <i>fluticasone-salmeterol</i> )	2	QL (0.4 GM per 1 day)
AIRSUPRA ( <i>albuterol-budesonide</i> )	2	QL (1.1 GM per 1 day)
<i>ala-cort</i>	1	
ARNUIY ELLIPTA ( <i>fluticasone furoate</i> )	2	QL (1 EA per 1 day)
<i>azelastine-fluticasone</i>	1	QL (0.77 GM per 1 day)
BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )	2	QL (2 EA per 1 day)
<i>ciprofloxacin-dexamethasone</i>	1	
CORTIFOAM ( <i>hydrocortisone acetate</i> )	3	
<i>dexamethasone oral tablet</i>	1	
DYMISTA ( <i>azelastine-fluticasone</i> )	2	QL (0.77 GM per 1 day)
EYSUVIS ( <i>loteprednol etabonate</i> )	3	PA
FLAREX ( <i>fluorometholone acetate</i> )	3	
<i>fluticasone propionate nasal</i>	1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	ST; QL (2 EA per 1 day)
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone oral</i>	1	
INVELTYS ( <i>loteprednol etabonate</i> )	3	
LOTEMAX SM ( <i>loteprednol etabonate</i> )	3	
<i>mometasone furoate external</i>	1	
<i>mometasone furoate nasal</i>	1	QL (1.14 GM per 1 day)
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc otic</i>	1	
OMNARIS ( <i>ciclesonide</i> )	3	QL (0.42 GM per 1 day)
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution</i>	1	
PROCTOFOAM HC ( <i>hydrocortisone ace-pramoxine</i> )	2	
<i>procto-med hc</i>	1	
QNASL ( <i>beclomethasone diprop (nasal)</i> )	3	QL (0.36 GM per 1 day)
QNASL CHILDRENS ( <i>beclomethasone diprop (nasal)</i> )	3	QL (0.23 GM per 1 day)
RYALTRIS ( <i>olopatadine-mometasone</i> )	3	QL (1 GM per 1 day)
TOBRADEX ST ( <i>tobramycin-dexamethasone</i> )	3	
<i>tobramycin-dexamethasone</i>	1	
TRELEGY ELLIPTA ( <i>fluticasone-umeclidin-vilant</i> )	2	QL (2 EA per 1 day)
<i>wixela inhub</i>	1	ST; QL (2 EA per 1 day)
ZYLET ( <i>loteprednol-tobramycin</i> )	3	
<b>EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation</b>		
CEQUA ( <i>cyclosporine</i> )	3	PA
RESTASIS ( <i>cyclosporine</i> )	1	PA
RESTASIS MULTIDOSE ( <i>cyclosporine</i> )	2	PA
XIIDRA ( <i>lifitegrast</i> )	2	PA
<b>EENT DRUGS, MISCELLANEOUS</b>		
MIEBO ( <i>perfluorohexyloctane</i> )	2	PA; QL (0.1 ML per 1 day)
TYRVAYA ( <i>varenicline tartrate</i> )	3	PA; QL (0.3 ML per 1 day)
<b>EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation</b>		
<i>ketorolac tromethamine ophthalmic</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketorolac tromethamine oral</i>	1	QL (20 EA per 1 fill)
<b>LOCAL ANESTHETICS (EENT) - Drugs for Numbing</b>		
<i>lidocaine viscous hcl</i>	1	
<b>PROSTAGLANDIN ANALOGS - Drugs for the Eye</b>		
<i>latanoprost ophthalmic</i>	1	
LUMIGAN ( <i>bimatoprost</i> )	2	QL (0.1 ML per 1 day)
ROCKLATAN ( <i>netarsudil-latanoprost</i> )	3	QL (0.1 ML per 1 day)
<b>RHO KINASE INHIBITORS - Drugs for the Eye</b>		
RHOPRESSA ( <i>netarsudil dimesylate</i> )	3	QL (0.1 ML per 1 day)
ROCKLATAN ( <i>netarsudil-latanoprost</i> )	3	QL (0.1 ML per 1 day)
<b>VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG</b>		
MVASI ( <i>bevacizumab-awwb</i> )	2	PA; SP
ZIRABEV ( <i>bevacizumab-bvzr</i> )	2	PA; SP
<b>GASTROINTESTINAL DRUGS</b>		
<b>CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone</i>	1	QL (2 EA per 1 day)
<b>GUANYLATE CYCLASE C (GCC) RECEPT AGONIST</b>		
LINZESS ( <i>linaclotide</i> )	2	ST; QL (1 EA per 1 day)
<b>IMMUNOMODULATORY AGENTS (56:44)</b>		
ENTYVIO PEN ( <i>vedolizumab</i> )	3	PA; SP; QL (0.05 ML per 1 day)
OMVOH INTRAVENOUS ( <i>mirikizumab-mrkz</i> )	2	PA; SP; QL (45 ML per 365 days)
OMVOH SUBCUTANEOUS ( <i>mirikizumab-mrkz</i> )	2	PA; SP; QL (0.08 ML per 1 day)
VELSIPITY ( <i>etrasimod arginine</i> )	2	PA; SP; QL (1 EA per 1 day)
<b>OPIOID ANTAGONISTS (56:18)</b>		
SYMPROIC ( <i>naldemedine tosylate</i> )	2	ST; QL (1 EA per 1 day)
<b>GASTROINTESTINAL DRUGS - Drugs for the Stomach</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea</b>		
<i>ondansetron hcl oral tablet 24 mg</i>	1	QL (0.07 EA per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron odt</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTIDIARRHEA AGENTS - Drugs for Diarrhea</b>		
<i>diphenoxylate-atropine oral tablet</i>	1	
PYLERA ( <i>bis subcit-metronid-tetracyc</i> )	3	
VIBERZI ( <i>eluxadoline</i> )	3	PA; QL (2 EA per 1 day)
<b>ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea</b>		
<i>olanzapine oral tablet</i>	1	QL (1 EA per 1 day)
<i>promethazine hcl injection</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<i>scopolamine</i>	1	
<b>ANTIHISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea</b>		
<i>meclizine hcl oral tablet</i>	1	
<i>prochlorperazine maleate oral</i>	1	
<b>ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation</b>		
APRISO ( <i>mesalamine</i> )	1	
<i>mesalamine oral tablet delayed release</i>	1	
<i>sulfasalazine oral</i>	1	
<b>ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid</b>		
PYLERA ( <i>bis subcit-metronid-tetracyc</i> )	3	
TALICIA ( <i>amoxicill-rifabutin-omeprazole</i> )	3	
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid</b>		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<b>CATHARTICS AND LAXATIVES - Drugs for Constipation</b>		
CLENPIQ ( <i>sod picosulfate-mag ox-cit acd</i> )	3	
<i>gavilyte-c</i>	1	HCR
<i>gavilyte-g</i>	1	HCR
<i>gavilyte-n with flavor pack</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>na sulfate-k sulfate-mg sulf</i>	1	HCR
<i>peg 3350-kcl-na bicarb-nacl</i>	1	HCR
<i>peg-3350/electrolytes</i>	1	HCR
SUFLAVE ( <i>peg 3350-kcl-nacl-nasulf-mgsul</i> )	3	
SUPREP BOWEL PREP KIT ( <i>na sulfate-k sulfate-mg sulf</i> )	3	
SUTAB ( <i>sodium sulfate-mag sulfate-kcl</i> )	3	
<b>CHOLELITHOLYTIC AGENTS - Drugs for the Stomach</b>		
BYLVAY ( <i>odevixibat</i> )	3	PA; SP
BYLVAY (PELLETS) ( <i>odevixibat</i> )	3	PA; SP
IQIRVO ( <i>elafibranor</i> )	3	PA; SP; QL (1 EA per 1 day)
LIVDELZI ( <i>seladelpar lysine</i> )	3	PA; SP; QL (1 EA per 1 day)
<b>DIGESTANTS - Drugs for the Stomach</b>		
CREON ( <i>pancrelipase (lip-prot-amyl)</i> )	2	
ZENPEP ( <i>pancrelipase (lip-prot-amyl)</i> )	2	
<b>GI DRUGS, MISCELLANEOUS - Drugs for the Stomach</b>		
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.03 ML per 1 day)
AVSOLA ( <i>infliximab-axxq</i> )	2	PA; SP
BYLVAY ( <i>odevixibat</i> )	3	PA; SP
BYLVAY (PELLETS) ( <i>odevixibat</i> )	3	PA; SP
CIMZIA ( <i>certolizumab pegol</i> )	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) ( <i>certolizumab pegol</i> )	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER ( <i>certolizumab pegol</i> )	2	PA; SP; QL (0.08 EA per 1 day)
ENTYVIO PEN ( <i>vedolizumab</i> )	3	PA; SP; QL (0.05 ML per 1 day)
INFLECTRA ( <i>infliximab-dyyb</i> )	2	PA; SP
IQIRVO ( <i>elafibranor</i> )	3	PA; SP; QL (1 EA per 1 day)

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LINZESS ( <i>linaclotide</i> )	2	ST; QL (1 EA per 1 day)
<i>lubiprostone</i>	1	QL (2 EA per 1 day)
OMVOH INTRAVENOUS ( <i>mirikizumab-mrkz</i> )	2	PA; SP; QL (45 ML per 365 days)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>mirikizumab-mrkz</i> )	2	PA; SP; QL (0.08 ML per 1 day)
REBYOTA ( <i>fecal microbiota, live-jslm</i> )	3	PA; SP
SIMPONI ARIA ( <i>golimumab</i> )	2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>golimumab</i> )	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML ( <i>golimumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>golimumab</i> )	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML ( <i>golimumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
SKYRIZI INTRAVENOUS ( <i>risankizumab-rzaa</i> )	2	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML ( <i>risankizumab-rzaa</i> )	2	PA; SP; QL (0.03 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML ( <i>risankizumab-rzaa</i> )	2	PA; SP; QL (0.05 ML per 1 day)
SYMPROIC ( <i>naldemedine tosylate</i> )	2	ST; QL (1 EA per 1 day)
VIBERZI ( <i>eluxadoline</i> )	3	PA; QL (2 EA per 1 day)
<b>HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid</b>		
<i>famotidine oral suspension reconstituted</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<b>LIPOTROPIC AGENTS - Drugs for the Stomach</b>		
<i>scopolamine</i>	1	
<b>NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea</b>		
VARUBI (180 MG DOSE) ( <i>rolapitant hcl</i> )	3	QL (0.15 EA per 1 day)
<b>POTASSIUM-COMPETITIVE ACID BLOCKERS - Drugs for Ulcers and Stomach Acid</b>		
VOQUEZNA DUAL PAK ( <i>amoxicillin-vonoprazan</i> )	3	PA
VOQUEZNA TRIPLE PAK ( <i>amoxicill-clarithro-vonoprazan</i> )	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>PROKINETIC AGENTS - Drugs for the Stomach</b>		
<i>metoclopramide hcl oral tablet</i>	1	
<b>PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid</b>		
<i>misoprostol oral</i>	1	
<b>PROTECTANTS - Drugs for Ulcers and Stomach Acid</b>		
<i>sucralfate oral</i>	1	
<b>PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid</b>		
<i>dexlansoprazole</i>	1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release</i>	1	QL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release</i>	1	QL (2 EA per 1 day)
OMECLAMOX-PAK ( <i>amoxicill-clarithro-omeprazole</i> )	2	
<i>omeprazole oral capsule delayed release</i>	1	QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release</i>	1	QL (2 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release</i>	1	QL (2 EA per 1 day)
<b>HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron</b>		
<b>HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron</b>		
DEPEN TITRATABS ( <i>penicillamine</i> )	2	SP
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<b>MELANOCORTIN RECEPTOR ANTAGONISTS</b>		
VYLEESI ( <i>bremelanotide acetate</i> )	3	PA; QL (8 ML per 30 days)
<b>HORMONES AND SYNTHETIC SUBSTITUTES - Hormones</b>		
<b>ADRENALS - Hormones</b>		
ADVAIR HFA ( <i>fluticasone-salmeterol</i> )	2	QL (0.4 GM per 1 day)
AIRSUPRA ( <i>albuterol-budesonide</i> )	2	QL (1.1 GM per 1 day)
<i>ala-cort</i>	1	
ARNUITY ELLIPTA ( <i>fluticasone furoate</i> )	2	QL (1 EA per 1 day)
<i>betamethasone dipropionate external</i>	1	
BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )	2	QL (2 EA per 1 day)
<i>breyna</i>	1	QL (0.35 GM per 1 day)
BREZTRI AEROSPHERE ( <i>budeson-glycopyrrol-formoterol</i> )	2	QL (0.36 GM per 1 day)
<i>budesonide inhalation</i>	1	QL (4 ML per 1 day)
<i>budesonide oral</i>	1	
<i>budesonide-formoterol fumarate</i>	1	QL (0.35 GM per 1 day)
CORTIFOAM ( <i>hydrocortisone acetate</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dexamethasone oral tablet</i>	1	
<i>fludrocortisone acetate oral</i>	1	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate nasal</i>	1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	ST; QL (2 EA per 1 day)
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral</i>	1	
<i>methylprednisolone oral</i>	1	
<i>mometasone furoate external</i>	1	
<i>mometasone furoate nasal</i>	1	QL (1.14 GM per 1 day)
OMNARIS ( <i>ciclesonide</i> )	3	QL (0.42 GM per 1 day)
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	1	
PROCTOFOAM HC ( <i>hydrocortisone ace-pramoxine</i> )	2	
<i>procto-med hc</i>	1	
QNASL ( <i>beclomethasone diprop (nasal)</i> )	3	QL (0.36 GM per 1 day)
QNASL CHILDRENS ( <i>beclomethasone diprop (nasal)</i> )	3	QL (0.23 GM per 1 day)
QVAR REDHALER ( <i>beclomethasone diprop hfa</i> )	2	QL (0.71 GM per 1 day)
RYALTRIS ( <i>olopatadine-mometasone</i> )	3	QL (1 GM per 1 day)
SYMBICORT ( <i>budesonide-formoterol fumarate</i> )	3	QL (0.35 GM per 1 day)
TRELEGY ELLIPTA ( <i>fluticasone-umeclidin-vilant</i> )	2	QL (2 EA per 1 day)
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm</i>	1	
<i>wixela inhub</i>	1	ST; QL (2 EA per 1 day)
<b>AMYLINOMIMETICS - Drugs for Diabetes</b>		
SYMLINPEN 120 ( <i>pramlintide acetate</i> )	3	PA

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SYMLINPEN 60 ( <i>pramlintide acetate</i> )	3	PA
<b>ANDROGENS - Hormones</b>		
<i>testosterone cypionate intramuscular</i>	1	PA
<i>testosterone transdermal gel</i>	1	PA
<b>ANTIESTROGENS - Drugs for Women</b>		
<i>anastrozole oral</i>	1	HCR
<i>letrozole oral</i>	1	
<b>ANTIGONADTROPINS - Hormones</b>		
MYFEMBREE ( <i>relugolix-estradiol-norethind</i> )	2	PA; QL (1 EA per 1 day)
ORGOVYX ( <i>relugolix</i> )	3	PA; SP
ORIAHNN ( <i>elagolix-estradiol-norethind</i> )	2	PA; QL (2 EA per 1 day)
ORLISSA ORAL TABLET 150 MG ( <i>elagolix sodium</i> )	2	QL (1 EA per 1 day)
ORLISSA ORAL TABLET 200 MG ( <i>elagolix sodium</i> )	2	QL (2 EA per 1 day)
<i>testosterone cypionate intramuscular</i>	1	PA
<i>testosterone transdermal gel</i>	1	PA
<b>ANTITHYROID AGENTS - Drugs for the Thyroid</b>		
<i>methimazole oral</i>	1	
<b>BIGUANIDES - Drugs for Diabetes</b>		
JANUMET ( <i>sitagliptin phos-metformin hcl</i> )	2	
JANUMET XR ( <i>sitagliptin phos-metformin hcl</i> )	2	
JENTADUETO ( <i>linagliptin-metformin hcl</i> )	2	
JENTADUETO XR ( <i>linagliptin-metformin hcl</i> )	2	
<i>metformin hcl er</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
SYNJARDY ( <i>empagliflozin-metformin hcl</i> )	2	
SYNJARDY XR ( <i>empagliflozin-metformin hcl</i> )	2	
TRIJARDY XR ( <i>empagliflozin-linaglip-metform</i> )	2	
XIGDUO XR ( <i>dapagliflozin prop-metformin</i> )	2	
<b>CONTRACEPTIVES - Drugs for Women</b>		
<i>afirmelle</i>	1	HCR
<i>altavera</i>	1	HCR
<i>apri</i>	1	HCR
<i>aubra eq</i>	1	HCR
<i>aurovela 1.5/30</i>	1	HCR

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 07/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aurovela 1/20</i>	1	HCR
<i>aurovela 24 fe</i>	1	HCR
<i>aurovela fe 1.5/30</i>	1	HCR
<i>aurovela fe 1/20</i>	1	HCR
<i>aviane</i>	1	HCR
<i>ayuna</i>	1	HCR
BALCOLTRA ( <i>levonorgest-eth estrad-fe bisg</i> )	3	HCR
<i>blisovi 24 fe</i>	1	HCR
<i>blisovi fe 1.5/30</i>	1	HCR
<i>blisovi fe 1/20</i>	1	HCR
<i>camila</i>	1	HCR
<i>chateal eq</i>	1	HCR
<i>cyred eq</i>	1	HCR
<i>deblitane</i>	1	HCR
<i>delyla</i>	1	HCR
<i>drospirenone-ethinyl estradiol</i>	1	HCR
<i>emzahh</i>	1	HCR
<i>enskyce</i>	1	HCR
<i>errin</i>	1	HCR
<i>estarylla</i>	1	HCR
<i>falmina</i>	1	HCR
<i>hailey 1.5/30</i>	1	HCR
<i>hailey 24 fe</i>	1	HCR
<i>hailey fe 1.5/30</i>	1	HCR
<i>hailey fe 1/20</i>	1	HCR
<i>heather</i>	1	HCR
<i>incassia</i>	1	HCR
<i>isibloom</i>	1	HCR
<i>jasmiel</i>	1	HCR
<i>jencycla</i>	1	HCR
<i>juleber</i>	1	HCR
<i>junel 1.5/30</i>	1	HCR
<i>junel 1/20</i>	1	HCR
<i>junel fe 1.5/30</i>	1	HCR

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 07/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>junel fe 1/20</i>	1	HCR
<i>junel fe 24</i>	1	HCR
<i>kalliga</i>	1	HCR
<i>kurvelo</i>	1	HCR
<i>larin 1.5/30</i>	1	HCR
<i>larin 1/20</i>	1	HCR
<i>larin 24 fe</i>	1	HCR
<i>larin fe 1.5/30</i>	1	HCR
<i>larin fe 1/20</i>	1	HCR
<i>lessina</i>	1	HCR
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	HCR
<i>levora 0.15/30 (28)</i>	1	HCR
LO LOESTRIN FE ( <i>norethin-eth estrad-fe biphas</i> )	3	HCR
<i>loryna</i>	1	HCR
<i>lo-zumandimine</i>	1	HCR
<i>lutra</i>	1	HCR
<i>lyleq</i>	1	HCR
<i>lyza</i>	1	HCR
<i>marlissa</i>	1	HCR
<i>microgestin 1.5/30</i>	1	HCR
<i>microgestin 1/20</i>	1	HCR
<i>microgestin fe 1.5/30</i>	1	HCR
<i>microgestin fe 1/20</i>	1	HCR
<i>mili</i>	1	HCR
<i>mono-linyah</i>	1	HCR
NATAZIA ( <i>estradiol valerate-dienogest</i> )	2	HCR
<i>nikki</i>	1	HCR
<i>nora-be</i>	1	HCR
<i>norethin ace-eth estrad-fe oral tablet</i>	1	HCR
<i>norethindrone acet-ethinyl est</i>	1	HCR
<i>norethindrone oral</i>	1	HCR
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>norgestimate-ethinyl estradiol triphasic</i>	1	HCR
<i>norlyroc</i>	1	HCR

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ocella</i>	1	HCR
<i>portia-28</i>	1	HCR
<i>reclipsen</i>	1	HCR
<i>sharobel</i>	1	HCR
<i>sprintec 28</i>	1	HCR
<i>sronyx</i>	1	HCR
<i>syeda</i>	1	HCR
<i>tarina 24 fe</i>	1	HCR
<i>tarina fe 1/20 eq</i>	1	HCR
<i>tri-estarylla</i>	1	HCR
<i>tri-linyah</i>	1	HCR
<i>tri-lo-estarylla</i>	1	HCR
<i>tri-lo-marzia</i>	1	HCR
<i>tri-lo-mili</i>	1	HCR
<i>tri-lo-sprintec</i>	1	HCR
<i>tri-mili</i>	1	HCR
<i>tri-sprintec</i>	1	HCR
<i>tri-vylibra</i>	1	HCR
<i>tri-vylibra lo</i>	1	HCR
<i>vestura</i>	1	HCR
<i>vienva</i>	1	HCR
<i>vylibra</i>	1	HCR
<i>zumandimine</i>	1	HCR
<b>DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes</b>		
GLYXAMBI ( <i>empagliflozin-linagliptin</i> )	2	
JANUMET ( <i>sitagliptin phos-metformin hcl</i> )	2	
JANUMET XR ( <i>sitagliptin phos-metformin hcl</i> )	2	
JANUVIA ( <i>sitagliptin phosphate</i> )	2	
JENTADUETO ( <i>linagliptin-metformin hcl</i> )	2	
JENTADUETO XR ( <i>linagliptin-metformin hcl</i> )	2	
TRADJENTA ( <i>linagliptin</i> )	2	
TRIJARDY XR ( <i>empagliflozin-linaglip-metform</i> )	2	
<b>ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women</b>		
DUAVEE ( <i>conj estrogens-bazedoxifene</i> )	2	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OSPHENA ( <i>ospemifene</i> )	3	
<i>tamoxifen citrate oral tablet 10 mg</i>	1	
<i>tamoxifen citrate oral tablet 20 mg</i>	1	HCR
<b>ESTROGENS - Drugs for Women</b>		
<i>afirmelle</i>	1	HCR
<i>altavera</i>	1	HCR
<i>apri</i>	1	HCR
<i>aubra eq</i>	1	HCR
<i>aurovela 1.5/30</i>	1	HCR
<i>aurovela 1/20</i>	1	HCR
<i>aurovela 24 fe</i>	1	HCR
<i>aurovela fe 1.5/30</i>	1	HCR
<i>aurovela fe 1/20</i>	1	HCR
<i>aviane</i>	1	HCR
<i>ayuna</i>	1	HCR
BALCOLTRA ( <i>levonorgest-eth estrad-fe bisg</i> )	3	HCR
BIJUVA ( <i>estradiol-progesterone</i> )	3	
<i>blisovi 24 fe</i>	1	HCR
<i>blisovi fe 1.5/30</i>	1	HCR
<i>blisovi fe 1/20</i>	1	HCR
<i>chateal eq</i>	1	HCR
CLIMARA PRO ( <i>estradiol-levonorgestrel</i> )	2	
<i>cyred eq</i>	1	HCR
<i>delyla</i>	1	HCR
DIVIGEL ( <i>estradiol</i> )	3	
<i>dotti</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	HCR
DUAVEE ( <i>conj estrogens-bazedoxifene</i> )	2	
ELESTRIN ( <i>estradiol</i> )	3	
<i>enskyce</i>	1	HCR
<i>estarylla</i>	1	HCR
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	
<i>estradiol vaginal</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol-norethindrone acet</i>	1	
ESTROGEL ( <i>estradiol</i> )	3	
EVAMIST ( <i>estradiol</i> )	3	
<i>falmina</i>	1	HCR
<i>hailey 1.5/30</i>	1	HCR
<i>hailey 24 fe</i>	1	HCR
<i>hailey fe 1.5/30</i>	1	HCR
<i>hailey fe 1/20</i>	1	HCR
IMVEXXY MAINTENANCE PACK ( <i>estradiol</i> )	2	
IMVEXXY STARTER PACK ( <i>estradiol</i> )	2	
<i>isibloom</i>	1	HCR
<i>jasmiel</i>	1	HCR
<i>juleber</i>	1	HCR
<i>junel 1.5/30</i>	1	HCR
<i>junel 1/20</i>	1	HCR
<i>junel fe 1.5/30</i>	1	HCR
<i>junel fe 1/20</i>	1	HCR
<i>junel fe 24</i>	1	HCR
<i>kalliga</i>	1	HCR
<i>kurvelo</i>	1	HCR
<i>larin 1.5/30</i>	1	HCR
<i>larin 1/20</i>	1	HCR
<i>larin 24 fe</i>	1	HCR
<i>larin fe 1.5/30</i>	1	HCR
<i>larin fe 1/20</i>	1	HCR
<i>lessina</i>	1	HCR
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	HCR
<i>levora 0.15/30 (28)</i>	1	HCR
LO LOESTRIN FE ( <i>norethin-eth estrad-fe biphas</i> )	3	HCR
<i>loryna</i>	1	HCR
<i>lo-zumandimine</i>	1	HCR
<i>lutra</i>	1	HCR
<i>lyllana</i>	1	
<i>marlissa</i>	1	HCR

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Effective 07/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>microgestin 1.5/30</i>	1	HCR
<i>microgestin 1/20</i>	1	HCR
<i>microgestin fe 1.5/30</i>	1	HCR
<i>microgestin fe 1/20</i>	1	HCR
<i>mili</i>	1	HCR
<i>mimvey</i>	1	
<i>mono-linyah</i>	1	HCR
MYFEMBREE ( <i>relugolix-estradiol-norethind</i> )	2	PA; QL (1 EA per 1 day)
NATAZIA ( <i>estradiol valerate-dienogest</i> )	2	HCR
<i>nikki</i>	1	HCR
<i>norethin ace-eth estrad-fe oral tablet</i>	1	HCR
<i>norethindrone acet-ethinyl est</i>	1	HCR
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>norgestimate-ethinyl estradiol triphasic</i>	1	HCR
<i>ocella</i>	1	HCR
ORIAHNN ( <i>elagolix-estradiol-norethind</i> )	2	PA; QL (2 EA per 1 day)
<i>portia-28</i>	1	HCR
PREMARIN ORAL ( <i>estrogens conjugated</i> )	2	
PREMARIN VAGINAL ( <i>estrogens, conjugated</i> )	2	
PREMPHASE ( <i>conj estrog-medroxyprogest ace</i> )	2	
PREMPRO ( <i>conj estrog-medroxyprogest ace</i> )	2	
<i>reclipsen</i>	1	HCR
<i>sprintec 28</i>	1	HCR
<i>sronyx</i>	1	HCR
<i>syeda</i>	1	HCR
<i>tarina 24 fe</i>	1	HCR
<i>tarina fe 1/20 eq</i>	1	HCR
<i>tri-estarylla</i>	1	HCR
<i>tri-linyah</i>	1	HCR
<i>tri-lo-estarylla</i>	1	HCR
<i>tri-lo-marzia</i>	1	HCR
<i>tri-lo-mili</i>	1	HCR
<i>tri-lo-sprintec</i>	1	HCR
<i>tri-mili</i>	1	HCR

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tri-sprintec</i>	1	HCR
<i>tri-vylibra</i>	1	HCR
<i>tri-vylibra lo</i>	1	HCR
<i>vestura</i>	1	HCR
<i>vienva</i>	1	HCR
<i>vylibra</i>	1	HCR
<i>yuvaferm</i>	1	
<i>zumandimine</i>	1	HCR
<b>GLYCOGENOLYTIC AGENTS - Hormones</b>		
BAQSIMI ONE PACK ( <i>glucagon</i> )	2	
BAQSIMI TWO PACK ( <i>glucagon</i> )	2	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	
ZEGALOGUE ( <i>dasiglucagon hcl</i> )	2	
<b>GONADOTROPINS - Hormones</b>		
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG ( <i>leuprolide acetate</i> )	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG ( <i>leuprolide acetate (4 month)</i> )	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG ( <i>leuprolide acetate (6 month)</i> )	2	PA; SP
SUPPRELIN LA ( <i>histrelin acetate</i> )	2	PA; SP; QL (1 EA per 250 days)
TRIPTODUR ( <i>triptorelin pamoate</i> )	2	PA; SP; QL (0.006 EA per 1 day)
<b>INCRETIN MIMETICS - Drugs for Diabetes</b>		
MOUNJARO ( <i>tirzepatide</i> )	2	PA; QL (0.08 ML per 1 day)
OZEMPIC ( <i>semaglutide</i> )	2	PA; QL (0.11 ML per 1 day)
RYBELSUS ORAL TABLET 14 MG, 7 MG ( <i>semaglutide</i> )	2	PA; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 3 MG ( <i>semaglutide</i> )	2	PA; QL (60 EA per 365 days)
SOLIQUA ( <i>insulin glargine-lixisenatide</i> )	2	
TRULICITY ( <i>dulaglutide</i> )	2	PA; QL (0.08 ML per 1 day)
<b>INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes</b>		
HUMULIN 70/30 KWIKPEN ( <i>insulin nph isophane &amp; regular</i> )	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 VIAL ( <i>insulin nph isophane &amp; regular</i> )	3	PA
HUMULIN N KWIKPEN ( <i>insulin nph human (isophane)</i> )	3	PA
HUMULIN N VIAL ( <i>insulin nph human (isophane)</i> )	3	PA
NOVOLIN 70/30 FLEXPEN ( <i>insulin nph isophane &amp; regular</i> )	2	
NOVOLIN 70/30 FLEXPEN RELION ( <i>insulin nph isophane &amp; regular</i> )	2	
NOVOLIN 70/30 VIAL ( <i>insulin nph isophane &amp; regular</i> )	2	
NOVOLIN N FLEXPEN ( <i>insulin nph human (isophane)</i> )	2	
NOVOLIN N FLEXPEN RELION ( <i>insulin nph human (isophane)</i> )	2	
NOVOLIN N VIAL ( <i>insulin nph human (isophane)</i> )	2	
<b>LONG-ACTING INSULINS - Drugs for Diabetes</b>		
LANTUS SOLOSTAR ( <i>insulin glargine</i> )	2	
LANTUS U-100 VIAL ( <i>insulin glargine</i> )	2	
SOLIQUA ( <i>insulin glargine-lixisenatide</i> )	2	
TOUJEO MAX SOLOSTAR ( <i>insulin glargine</i> )	2	
TOUJEO SOLOSTAR ( <i>insulin glargine</i> )	2	
<b>PARATHYROID AGENTS - Drugs for Bones</b>		
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	2	PA; SP
TYMLOS ( <i>abaloparatide</i> )	2	PA; SP
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML ( <i>palopegteriparatide</i> )	3	PA; SP; QL (0.04 ML per 1 day)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML ( <i>palopegteriparatide</i> )	3	PA; SP; QL (0.07 ML per 1 day)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML ( <i>palopegteriparatide</i> )	3	PA; SP; QL (0.1 ML per 1 day)
<b>PITUITARY - Hormones</b>		
ACTHAR ( <i>corticotropin</i> )	2	PA; SP
ACTHAR GEL ( <i>corticotropin</i> )	2	PA; SP
CORTROPHIN ( <i>corticotropin</i> )	2	PA; SP
<i>desmopressin acetate oral</i>	1	
NGENLA ( <i>somatropin-ghla</i> )	3	PA; SP
NOCDURNA ( <i>desmopressin acetate</i> )	3	PA
NORDITROPIN FLEXPEN ( <i>somatropin</i> )	2	PA; SP
NUTROPIN AQ NUSPIN 10 ( <i>somatropin</i> )	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTROPIN AQ NUSPIN 20 ( <i>somatropin</i> )	3	PA; SP
NUTROPIN AQ NUSPIN 5 ( <i>somatropin</i> )	3	PA; SP
OMNITROPE ( <i>somatropin</i> )	2	PA; SP
SKYTROFA ( <i>lonapegsomatropin-tcgd</i> )	3	PA; SP
<b>PROGESTINS - Drugs for Women</b>		
<i>afirmelle</i>	1	HCR
<i>altavera</i>	1	HCR
<i>apri</i>	1	HCR
<i>aubra eq</i>	1	HCR
<i>aurovela 1.5/30</i>	1	HCR
<i>aurovela 1/20</i>	1	HCR
<i>aurovela 24 fe</i>	1	HCR
<i>aurovela fe 1.5/30</i>	1	HCR
<i>aurovela fe 1/20</i>	1	HCR
<i>aviane</i>	1	HCR
<i>ayuna</i>	1	HCR
BALCOLTRA ( <i>levonorgest-eth estrad-fe bisg</i> )	3	HCR
BIJUVA ( <i>estradiol-progesterone</i> )	3	
<i>blisovi 24 fe</i>	1	HCR
<i>blisovi fe 1.5/30</i>	1	HCR
<i>blisovi fe 1/20</i>	1	HCR
<i>camila</i>	1	HCR
<i>chateal eq</i>	1	HCR
CLIMARA PRO ( <i>estradiol-levonorgestrel</i> )	2	
<i>cyred eq</i>	1	HCR
<i>deblitane</i>	1	HCR
<i>delyla</i>	1	HCR
<i>drospirenone-ethinyl estradiol</i>	1	HCR
<i>emzahh</i>	1	HCR
ENDOMETRIN ( <i>progesterone</i> )	2	
<i>enskyce</i>	1	HCR
<i>errin</i>	1	HCR
<i>estarylla</i>	1	HCR
<i>estradiol-norethindrone acet</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>falmina</i>	1	HCR
<i>gallifrey</i>	1	
<i>hailey 1.5/30</i>	1	HCR
<i>hailey 24 fe</i>	1	HCR
<i>hailey fe 1.5/30</i>	1	HCR
<i>hailey fe 1/20</i>	1	HCR
<i>heather</i>	1	HCR
<i>incassia</i>	1	HCR
<i>isibloom</i>	1	HCR
<i>jasmiel</i>	1	HCR
<i>jencycla</i>	1	HCR
<i>juleber</i>	1	HCR
<i>junel 1.5/30</i>	1	HCR
<i>junel 1/20</i>	1	HCR
<i>junel fe 1.5/30</i>	1	HCR
<i>junel fe 1/20</i>	1	HCR
<i>junel fe 24</i>	1	HCR
<i>kalliga</i>	1	HCR
<i>kurvelo</i>	1	HCR
<i>larin 1.5/30</i>	1	HCR
<i>larin 1/20</i>	1	HCR
<i>larin 24 fe</i>	1	HCR
<i>larin fe 1.5/30</i>	1	HCR
<i>larin fe 1/20</i>	1	HCR
<i>lessina</i>	1	HCR
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	HCR
<i>levora 0.15/30 (28)</i>	1	HCR
LO LOESTRIN FE ( <i>norethin-eth estrad-fe biphas</i> )	3	HCR
<i>loryna</i>	1	HCR
<i>lo-zumandimine</i>	1	HCR
<i>lutra</i>	1	HCR
<i>lyleq</i>	1	HCR
<i>lyza</i>	1	HCR
<i>marlissa</i>	1	HCR

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>medroxyprogesterone acetate oral</i>	1	
<i>microgestin 1.5/30</i>	1	HCR
<i>microgestin 1/20</i>	1	HCR
<i>microgestin fe 1.5/30</i>	1	HCR
<i>microgestin fe 1/20</i>	1	HCR
<i>mili</i>	1	HCR
<i>mimvey</i>	1	
<i>mono-linyah</i>	1	HCR
MYFEMBREE ( <i>relugolix-estradiol-norethind</i> )	2	PA; QL (1 EA per 1 day)
NATAZIA ( <i>estradiol valerate-dienogest</i> )	2	HCR
<i>nikki</i>	1	HCR
<i>nora-be</i>	1	HCR
<i>norethin ace-eth estrad-fe oral tablet</i>	1	HCR
<i>norethindrone acetate oral</i>	1	
<i>norethindrone acet-ethinyl est</i>	1	HCR
<i>norethindrone oral</i>	1	HCR
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>norgestimate-ethinyl estradiol triphasic</i>	1	HCR
<i>norlyroc</i>	1	HCR
<i>ocella</i>	1	HCR
ORIAHNN ( <i>elagolix-estradiol-norethind</i> )	2	PA; QL (2 EA per 1 day)
<i>portia-28</i>	1	HCR
PREMPHASE ( <i>conj estrog-medroxyprogest ace</i> )	2	
PREMPRO ( <i>conj estrog-medroxyprogest ace</i> )	2	
<i>progesterone intramuscular</i>	1	PA
<i>progesterone oral</i>	1	
<i>reclipsen</i>	1	HCR
<i>sharobel</i>	1	HCR
<i>sprintec 28</i>	1	HCR
<i>sronyx</i>	1	HCR
<i>syeda</i>	1	HCR
<i>tarina 24 fe</i>	1	HCR
<i>tarina fe 1/20 eq</i>	1	HCR
<i>tri-estarylla</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tri-linyah</i>	1	HCR
<i>tri-lo-estarylla</i>	1	HCR
<i>tri-lo-marzia</i>	1	HCR
<i>tri-lo-mili</i>	1	HCR
<i>tri-lo-sprintec</i>	1	HCR
<i>tri-mili</i>	1	HCR
<i>tri-sprintec</i>	1	HCR
<i>tri-vylibra</i>	1	HCR
<i>tri-vylibra lo</i>	1	HCR
<i>vestura</i>	1	HCR
<i>vienva</i>	1	HCR
<i>vylibra</i>	1	HCR
<i>zumandimine</i>	1	HCR
<b>RAPID-ACTING INSULINS - Drugs for Diabetes</b>		
FIASP ( <i>insulin aspart (w/niacinamide)</i> )	2	
FIASP FLEXTOUCH ( <i>insulin aspart (w/niacinamide)</i> )	2	
FIASP PENFILL ( <i>insulin aspart (w/niacinamide)</i> )	2	
HUMALOG ( <i>insulin lispro</i> )	3	PA
HUMALOG KWIKPEN ( <i>insulin lispro</i> )	3	PA
HUMALOG MIX 50/50 KWIKPEN ( <i>insulin lispro prot &amp; lispro</i> )	3	PA
HUMALOG MIX 75/25 KWIKPEN ( <i>insulin lispro prot &amp; lispro</i> )	3	PA
HUMALOG MIX 75/25 VIAL ( <i>insulin lispro prot &amp; lispro</i> )	3	PA
HUMALOG U-100 JUNIOR KWIKPEN ( <i>insulin lispro</i> )	3	PA
LYUMJEV KWIKPEN ( <i>insulin lispro-aabc</i> )	3	PA
LYUMJEV VIAL ( <i>insulin lispro-aabc</i> )	3	PA
NOVOLOG FLEXPEN ( <i>insulin aspart</i> )	2	
NOVOLOG FLEXPEN RELION ( <i>insulin aspart</i> )	2	
NOVOLOG MIX 70/30 FLEXPEN ( <i>insulin aspart prot &amp; aspart</i> )	2	
NOVOLOG MIX 70/30 VIAL ( <i>insulin aspart prot &amp; aspart</i> )	2	
NOVOLOG PENFILL ( <i>insulin aspart</i> )	2	
NOVOLOG U-100 VIAL ( <i>insulin aspart</i> )	2	
<b>SHORT-ACTING INSULINS - Drugs for Diabetes</b>		
HUMULIN 70/30 KWIKPEN ( <i>insulin nph isophane &amp; regular</i> )	3	PA
HUMULIN 70/30 VIAL ( <i>insulin nph isophane &amp; regular</i> )	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN R U-500 KWIKPEN ( <i>insulin regular human</i> )	2	
HUMULIN R U-500 VIAL ( <i>insulin regular human</i> )	2	
HUMULIN R VIAL ( <i>insulin regular human</i> )	3	PA
NOVOLIN 70/30 FLEXPEN ( <i>insulin nph isophane &amp; regular</i> )	2	
NOVOLIN 70/30 FLEXPEN RELION ( <i>insulin nph isophane &amp; regular</i> )	2	
NOVOLIN 70/30 VIAL ( <i>insulin nph isophane &amp; regular</i> )	2	
NOVOLIN R FLEXPEN ( <i>insulin regular human</i> )	2	
NOVOLIN R FLEXPEN RELION ( <i>insulin regular human</i> )	2	
NOVOLIN R VIAL ( <i>insulin regular human</i> )	2	
<b>SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes</b>		
FARXIGA ( <i>dapagliflozin propanediol</i> )	2	
GLYXAMBI ( <i>empagliflozin-linagliptin</i> )	2	
JARDIANCE ( <i>empagliflozin</i> )	2	
SYNJARDY ( <i>empagliflozin-metformin hcl</i> )	2	
SYNJARDY XR ( <i>empagliflozin-metformin hcl</i> )	2	
TRIJARDY XR ( <i>empagliflozin-linagliptin-metformin</i> )	2	
XIGDUO XR ( <i>dapagliflozin prop-metformin</i> )	2	
<b>SOMATOSTATIN AGONISTS - Hormones</b>		
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML ( <i>lanreotide acetate</i> )	3	PA; SP
<b>SOMATOTROPIN AGONISTS - Hormones</b>		
NORDITROPIN FLEXPEN ( <i>somatropin</i> )	2	PA; SP
NUTROPIN AQ NUSPIN 10 ( <i>somatropin</i> )	3	PA; SP
NUTROPIN AQ NUSPIN 20 ( <i>somatropin</i> )	3	PA; SP
NUTROPIN AQ NUSPIN 5 ( <i>somatropin</i> )	3	PA; SP
OMNITROPE ( <i>somatropin</i> )	2	PA; SP
<b>SULFONYLUREAS - Drugs for Diabetes</b>		
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide oral</i>	1	
<i>glyburide oral</i>	1	
<b>THIAZOLIDINEDIONES - Drugs for Diabetes</b>		
<i>pioglitazone hcl</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>THYROID AGENTS - Drugs for the Thyroid</b>		
ADTHYZA ( <i>thyroid</i> )	3	
ARMOUR THYROID ( <i>thyroid</i> )	3	
ERMEZA ( <i>levothyroxine sodium</i> )	3	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium oral tablet</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium oral</i>	1	
NIVA THYROID	3	
SYNTHROID ( <i>levothyroxine sodium</i> )	2	
TIROSINT ( <i>levothyroxine sodium</i> )	3	
TIROSINT-SOL ( <i>levothyroxine sodium</i> )	3	
<i>unithroid</i>	1	
<b>IMMUNOMODULATORY AGENTS (90:00)</b>		
<b>AMINO ACID POLYMERS</b>		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML ( <i>glatiramer acetate</i> )	2	PA; SP; QL (0.43 ML per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; SP; QL (1 ML per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; SP; QL (0.43 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; SP; QL (1 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; SP; QL (0.43 ML per 1 day)
<b>ANTIMETABOLITES</b>		
MAVENCLAD ( <i>cladribine</i> )	3	PA; SP; QL (20 day supply per 999 days)
<b>ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC</b>		
<i>azathioprine oral</i>	1	
<i>mycophenolate mofetil oral capsule</i>	1	
<b>BONE-MODIFYING AGENTS</b>		
PROLIA ( <i>denosumab</i> )	2	PA; SP; QL (180 day supply per 1 fill)
<b>CALCINEURIN INHIBITORS, MISC (90:28)</b>		
CEQUA ( <i>cyclosporine</i> )	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESTASIS ( <i>cyclosporine</i> )	1	PA
RESTASIS MULTIDOSE ( <i>cyclosporine</i> )	2	PA
<i>tacrolimus external</i>	1	QL (2 GM per 1 day)
<i>tacrolimus oral</i>	1	
<b>COMPLEMENT INHIBITOR AGENTS (90:20)</b>		
FABHALTA ( <i>iptacopan hcl</i> )	3	PA; SP; QL (2 EA per 1 day)
SOLIRIS ( <i>eculizumab</i> )	3	PA; SP
<b>DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC</b>		
ENTYVIO PEN ( <i>vedolizumab</i> )	3	PA; SP; QL (0.05 ML per 1 day)
ORENCIA CLICKJECT ( <i>abatacept</i> )	3	PA; SP; QL (0.15 ML per 1 day)
ORENCIA INTRAVENOUS ( <i>abatacept</i> )	3	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML ( <i>abatacept</i> )	3	PA; SP; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML ( <i>abatacept</i> )	3	PA; SP; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML ( <i>abatacept</i> )	3	PA; SP; QL (0.1 ML per 1 day)
<b>DISEASE-MODIFYING ANTIRHEUMATIC DRUGS</b>		
AVSOLA ( <i>infliximab-axxq</i> )	2	PA; SP
CIMZIA ( <i>certolizumab pegol</i> )	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) ( <i>certolizumab pegol</i> )	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER ( <i>certolizumab pegol</i> )	2	PA; SP; QL (0.08 EA per 1 day)
<i>hydroxychloroquine sulfate oral</i>	1	
INFLECTRA ( <i>infliximab-dyyb</i> )	2	PA; SP
JYLAMVO ( <i>methotrexate</i> )	3	PA
<i>methotrexate sodium (pf)</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral</i>	1	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML ( <i>methotrexate (anti-rheumatic)</i> )	2	PA; QL (0.84 ML per 28 days)
<i>sulfasalazine oral</i>	1	
TREMFYA INTRAVENOUS ( <i>guselkumab</i> )	2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>guselkumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML ( <i>guselkumab</i> )	2	PA; SP; QL (0.08 ML per 1 day)
TREXALL ( <i>methotrexate sodium</i> )	3	
<b>FUMARATES</b>		
BAFIERTAM ( <i>monomethyl fumarate</i> )	2	PA; SP; QL (4 EA per 1 day)
<i>dimethyl fumarate oral</i>	1	PA; SP; QL (2 EA per 1 day)
VUMERITY ( <i>diroximel fumarate</i> )	2	PA; SP; QL (4 EA per 1 day)
<b>IGG1 MONOCLONAL ANTIBODIES</b>		
BENLYSTA ( <i>belimumab</i> )	3	PA; SP
<b>INTERFERONS</b>		
AVONEX PEN ( <i>interferon beta-1a</i> )	2	PA; SP; QL (0.04 EA per 1 day)
AVONEX PREFILLED ( <i>interferon beta-1a</i> )	2	PA; SP; QL (0.04 EA per 1 day)
BETASERON ( <i>interferon beta-1b</i> )	2	PA; SP; QL (0.5 EA per 1 day)
<b>INTERLEUKIN INHIBITOR AGENTS, MISC</b>		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>omalizumab</i> )	2	PA; SP; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>omalizumab</i> )	2	PA; SP; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML ( <i>omalizumab</i> )	2	PA; SP; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>omalizumab</i> )	2	PA; SP; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ( <i>omalizumab</i> )	2	PA; SP; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>omalizumab</i> )	2	PA; SP; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED ( <i>omalizumab</i> )	2	PA; SP
<b>INTERLEUKIN-MEDIATED AGENTS, MISC</b>		
ACTEMRA ACTPEN ( <i>tocilizumab</i> )	3	PA; SP; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS ( <i>tocilizumab</i> )	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTEMRA SUBCUTANEOUS ( <i>tocilizumab</i> )	3	PA; SP; QL (0.13 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>ixekizumab</i> )	2	PA; SP; QL (0.04 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML ( <i>ixekizumab</i> )	2	PA; SP; QL (0.01 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML ( <i>ixekizumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML ( <i>ixekizumab</i> )	2	PA; SP; QL (0.04 ML per 1 day)
WEZLANA INTRAVENOUS ( <i>ustekinumab-auub (iv)</i> )	2	PA; SP
WEZLANA SUBCUTANEOUS SOLUTION ( <i>ustekinumab-auub</i> )	2	PA; SP; QL (0.009 ML per 1 day)
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML ( <i>ustekinumab-auub</i> )	2	PA; SP; QL (0.009 ML per 1 day)
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML ( <i>ustekinumab-auub</i> )	2	PA; SP; QL (0.02 ML per 1 day)
<b>JANUS KINASE INHIBITORS, MISCELLANEOUS</b>		
CIBINQO ( <i>abrocitinib</i> )	2	PA; SP; QL (1 EA per 1 day)
OLUMIANT ( <i>baricitinib</i> )	3	PA; SP; QL (1 EA per 1 day)
RINVOQ ( <i>upadacitinib</i> )	2	PA; SP; QL (1 EA per 1 day)
RINVOQ LQ ( <i>upadacitinib</i> )	2	PA; SP; QL (12 ML per 1 day)
XELJANZ ORAL SOLUTION ( <i>tofacitinib citrate</i> )	2	PA; SP; QL (10 ML per 1 day)
XELJANZ ORAL TABLET ( <i>tofacitinib citrate</i> )	2	PA; SP; QL (2 EA per 1 day)
XELJANZ XR ( <i>tofacitinib citrate</i> )	2	PA; SP; QL (1 EA per 1 day)
<b>MONOCARBOXYLIC ACID AMIDE AGENTS</b>		
<i>leflunomide oral</i>	1	
<b>NEONATAL FC RECEPTOR BLOCKERS</b>		
VYVGART ( <i>efgartigimod alfa-fcab</i> )	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION ( <i>efgartigimod alfa-hyalur-qvfc</i> )	3	PA; SP
<b>PHOSPHODIESTERASE-4 INHIBITORS, MISC</b>		
OTEZLA ORAL TABLET ( <i>apremilast</i> )	2	PA; SP; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK ( <i>apremilast</i> )	2	PA; SP; QL (55 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS</b>		
MAYZENT ORAL TABLET 0.25 MG ( <i>siponimod fumarate</i> )	3	PA; SP; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG ( <i>siponimod fumarate</i> )	3	PA; SP; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG ( <i>siponimod fumarate</i> )	3	PA; SP; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG ( <i>siponimod fumarate</i> )	3	PA; SP; QL (14 EA per 365 days)
<b>TUMOR NECROSIS FACTOR INHIBITORS, MISC</b>		
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.03 ML per 1 day)
AVSOLA ( <i>infliximab-axxq</i> )	2	PA; SP
CIMZIA ( <i>certolizumab pegol</i> )	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) ( <i>certolizumab pegol</i> )	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER ( <i>certolizumab pegol</i> )	2	PA; SP; QL (0.08 EA per 1 day)
ENBREL ( <i>etanercept</i> )	2	PA; SP; QL (0.15 ML per 1 day)
ENBREL MINI ( <i>etanercept</i> )	2	PA; SP; QL (0.15 ML per 1 day)
ENBREL SURECLICK ( <i>etanercept</i> )	2	PA; SP; QL (0.15 ML per 1 day)
INFLECTRA ( <i>infliximab-dyyb</i> )	2	PA; SP
SIMPONI ARIA ( <i>golimumab</i> )	2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>golimumab</i> )	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML ( <i>golimumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>golimumab</i> )	2	PA; SP; QL (0.04 ML per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML ( <i>golimumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>5-ALPHA-REDUCTASE INHIBITORS</b>		
<i>dutasteride oral</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<b>5-ALPHA-REDUCTASE INHIBITORS (92:04) - Drugs for Alcohol Dependence</b>		
<i>dutasteride oral</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>naltrexone hcl oral</i>	1	
VIVITROL ( <i>naltrexone</i> )	3	SP
<b>ANTIDOTES (92:12) - Drugs for Overdose or Poisoning</b>		
BAQSIMI ONE PACK ( <i>glucagon</i> )	2	
BAQSIMI TWO PACK ( <i>glucagon</i> )	2	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	
<i>naltrexone hcl oral</i>	1	
VIVITROL ( <i>naltrexone</i> )	3	SP
ZEGALOGUE ( <i>dasiglucagon hcl</i> )	2	
ZIMHI ( <i>naloxone hcl</i> )	3	
<b>ANTIGOUT AGENTS - Drugs for Gout</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	1	
<i>indomethacin oral capsule</i>	1	
<i>naproxen oral tablet</i>	1	
<b>ANTISENSE OLIGONUCLEOTIDES</b>		
SODIUM OXYBATE	3	PA; SP; QL (18 ML per 1 day)
WAINUA ( <i>eplontersen sodium</i> )	3	PA; SP; QL (0.03 ML per 1 day)
<b>BONE ANABOLIC AGENTS</b>		
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	2	PA; SP
TYMLOS ( <i>abaloparatide</i> )	2	PA; SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>BONE RESORPTION INHIBITORS - Drugs for Bone Loss</b>		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1	
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (0.15 EA per 1 day)
DIVIGEL ( <i>estradiol</i> )	3	
<i>dotti</i>	1	
ELESTRIN ( <i>estradiol</i> )	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	
<i>estradiol vaginal</i>	1	
ESTROGEL ( <i>estradiol</i> )	3	
EVAMIST ( <i>estradiol</i> )	3	
<i>ibandronate sodium oral</i>	1	QL (0.04 EA per 1 day)
<i>lyllana</i>	1	
PREMARIN ORAL ( <i>estrogens conjugated</i> )	2	
PREMARIN VAGINAL ( <i>estrogens, conjugated</i> )	2	
PROLIA ( <i>denosumab</i> )	2	PA; SP; QL (180 day supply per 1 fill)
<i>yuvaferm</i>	1	
<b>COMPLEMENT INHIBITORS</b>		
EMPAVELI ( <i>pegcetacoplan</i> )	3	PA; SP
FABHALTA ( <i>iptacopan hcl</i> )	3	PA; SP; QL (2 EA per 1 day)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT ( <i>c1 esterase inhibitor (human)</i> )	3	PA; SP; QL (0.9 EA per 1 day)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT ( <i>c1 esterase inhibitor (human)</i> )	3	PA; SP; QL (0.6 EA per 1 day)
RUCONEST ( <i>c1 esterase inhibitor (recomb)</i> )	3	PA; SP; QL (0.27 EA per 1 day)
SOLIRIS ( <i>eculizumab</i> )	3	PA; SP
ULTOMIRIS ( <i>ravulizumab-cwvz</i> )	3	PA; SP
VOYDEYA ( <i>danicopan</i> )	3	PA; SP; QL (6 EA per 1 day)
<b>COMPLEMENT INHIBITORS (92:32)</b>		
EMPAVELI ( <i>pegcetacoplan</i> )	3	PA; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT ( <i>c1 esterase inhibitor (human)</i> )	3	PA; SP; QL (0.9 EA per 1 day)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT ( <i>c1 esterase inhibitor (human)</i> )	3	PA; SP; QL (0.6 EA per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORLADEYO ( <i>berotralstat hcl</i> )	3	PA; SP; QL (1 EA per 1 day)
RUCONEST ( <i>c1 esterase inhibitor (recomb)</i> )	3	PA; SP; QL (0.27 EA per 1 day)
SOLIRIS ( <i>eculizumab</i> )	3	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION ( <i>lanadelumab-flyo</i> )	3	PA; SP; QL (0.15 ML per 1 day)
ULTOMIRIS ( <i>ravulizumab-cwvz</i> )	3	PA; SP
<b>DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis</b>		
ACTEMRA ACTPEN ( <i>tocilizumab</i> )	3	PA; SP; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS ( <i>tocilizumab</i> )	3	PA; SP
ACTEMRA SUBCUTANEOUS ( <i>tocilizumab</i> )	3	PA; SP; QL (0.13 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.03 ML per 1 day)
AVSOLA ( <i>infliximab-axxq</i> )	2	PA; SP
<i>azathioprine oral</i>	1	
CIBINQO ( <i>abrocitinib</i> )	2	PA; SP; QL (1 EA per 1 day)
CIMZIA ( <i>certolizumab pegol</i> )	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) ( <i>certolizumab pegol</i> )	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER ( <i>certolizumab pegol</i> )	2	PA; SP; QL (0.08 EA per 1 day)
DEPEN TITRATABS ( <i>penicillamine</i> )	2	SP
ENBREL ( <i>etanercept</i> )	2	PA; SP; QL (0.15 ML per 1 day)
ENBREL MINI ( <i>etanercept</i> )	2	PA; SP; QL (0.15 ML per 1 day)
ENBREL SURECLICK ( <i>etanercept</i> )	2	PA; SP; QL (0.15 ML per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydroxychloroquine sulfate oral</i>	1	
INFLECTRA ( <i>infliximab-dyyb</i> )	2	PA; SP
JYLAMVO ( <i>methotrexate</i> )	3	PA
<i>leflunomide oral</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral</i>	1	
OLUMIANT ( <i>baricitinib</i> )	3	PA; SP; QL (1 EA per 1 day)
ORENCIA CLICKJECT ( <i>abatacept</i> )	3	PA; SP; QL (0.15 ML per 1 day)
ORENCIA INTRAVENOUS ( <i>abatacept</i> )	3	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML ( <i>abatacept</i> )	3	PA; SP; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML ( <i>abatacept</i> )	3	PA; SP; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML ( <i>abatacept</i> )	3	PA; SP; QL (0.1 ML per 1 day)
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	2	PA; SP; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	2	PA; SP; QL (55 EA per 365 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML ( <i>methotrexate (anti-rheumatic)</i> )	2	PA; QL (0.84 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML ( <i>methotrexate (anti-rheumatic)</i> )	2	PA; QL (1.12 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML, 17.5 MG/0.35ML ( <i>methotrexate (anti-rheumatic)</i> )	2	PA; QL (1.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML ( <i>methotrexate (anti-rheumatic)</i> )	2	PA; QL (1.68 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML ( <i>methotrexate (anti-rheumatic)</i> )	2	PA; QL (1.96 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML ( <i>methotrexate (anti-rheumatic)</i> )	2	PA; QL (2.24 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML ( <i>methotrexate (anti-rheumatic)</i> )	2	PA; QL (2.52 ML per 28 days)
RINVOQ ( <i>upadacitinib</i> )	2	PA; SP; QL (1 EA per 1 day)
SIMPONI ARIA ( <i>golimumab</i> )	2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>golimumab</i> )	2	PA; SP; QL (0.04 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML ( <i>golimumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>golimumab</i> )	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML ( <i>golimumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
<i>sulfasalazine oral</i>	1	
TREXALL ( <i>methotrexate sodium</i> )	3	
XELJANZ ORAL SOLUTION ( <i>tofacitinib citrate</i> )	2	PA; SP; QL (10 ML per 1 day)
XELJANZ ORAL TABLET ( <i>tofacitinib citrate</i> )	2	PA; SP; QL (2 EA per 1 day)
XELJANZ XR ( <i>tofacitinib citrate</i> )	2	PA; SP; QL (1 EA per 1 day)
<b>IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM</b>		
ACTEMRA ACTPEN ( <i>tocilizumab</i> )	3	PA; SP; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS ( <i>tocilizumab</i> )	3	PA; SP
ACTEMRA SUBCUTANEOUS ( <i>tocilizumab</i> )	3	PA; SP; QL (0.13 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.03 ML per 1 day)
AVONEX PEN ( <i>interferon beta-1a</i> )	2	PA; SP; QL (0.04 EA per 1 day)
AVONEX PREFILLED ( <i>interferon beta-1a</i> )	2	PA; SP; QL (0.04 EA per 1 day)
AVSOLA ( <i>infliximab-axxq</i> )	2	PA; SP
<i>azathioprine oral</i>	1	
BAFIERTAM ( <i>monomethyl fumarate</i> )	2	PA; SP; QL (4 EA per 1 day)
BESREMI ( <i>ropeginterferon alfa-2b-njft</i> )	3	PA; SP
BETASERON ( <i>interferon beta-1b</i> )	2	PA; SP; QL (0.5 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA ( <i>certolizumab pegol</i> )	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) ( <i>certolizumab pegol</i> )	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER ( <i>certolizumab pegol</i> )	2	PA; SP; QL (0.08 EA per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML ( <i>glatiramer acetate</i> )	2	PA; SP; QL (0.43 ML per 1 day)
<i>dimethyl fumarate oral</i>	1	PA; SP; QL (2 EA per 1 day)
ENBREL ( <i>etanercept</i> )	2	PA; SP; QL (0.15 ML per 1 day)
ENBREL MINI ( <i>etanercept</i> )	2	PA; SP; QL (0.15 ML per 1 day)
ENBREL SURECLICK ( <i>etanercept</i> )	2	PA; SP; QL (0.15 ML per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; SP; QL (1 ML per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; SP; QL (0.43 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; SP; QL (1 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; SP; QL (0.43 ML per 1 day)
<i>hydroxychloroquine sulfate oral</i>	1	
INFLECTRA ( <i>infliximab-dyyb</i> )	2	PA; SP
JYLAMVO ( <i>methotrexate</i> )	3	PA
KESIMPTA ( <i>ofatumumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
<i>leflunomide oral</i>	1	
<i>lenalidomide</i>	1	PA; SP
MAVENCLAD ( <i>cladribine</i> )	3	PA; SP; QL (20 day supply per 999 days)
MAYZENT ORAL TABLET 0.25 MG ( <i>siponimod fumarate</i> )	3	PA; SP; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG ( <i>siponimod fumarate</i> )	3	PA; SP; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG ( <i>siponimod fumarate</i> )	3	PA; SP; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG ( <i>siponimod fumarate</i> )	3	PA; SP; QL (14 EA per 365 days)
<i>methotrexate sodium (pf)</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral</i>	1	
ORENCIA CLICKJECT ( <i>abatacept</i> )	3	PA; SP; QL (0.15 ML per 1 day)
ORENCIA INTRAVENOUS ( <i>abatacept</i> )	3	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML ( <i>abatacept</i> )	3	PA; SP; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML ( <i>abatacept</i> )	3	PA; SP; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML ( <i>abatacept</i> )	3	PA; SP; QL (0.1 ML per 1 day)
OTEZLA ORAL TABLET ( <i>apremilast</i> )	2	PA; SP; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK ( <i>apremilast</i> )	2	PA; SP; QL (55 EA per 365 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG ( <i>pomalidomide</i> )	3	PA; SP; QL (1 EA per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG ( <i>pomalidomide</i> )	3	PA; SP
REVLIMID ( <i>lenalidomide</i> )	2	PA; SP
SIMPONI ARIA ( <i>golimumab</i> )	2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>golimumab</i> )	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML ( <i>golimumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>golimumab</i> )	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML ( <i>golimumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
<i>sulfasalazine oral</i>	1	
TREXALL ( <i>methotrexate sodium</i> )	3	
VELSIPITY ( <i>etrasimod arginine</i> )	2	PA; SP; QL (1 EA per 1 day)
VUMERITY ( <i>diroximel fumarate</i> )	2	PA; SP; QL (4 EA per 1 day)
VYVGART ( <i>efgartigimod alfa-fcab</i> )	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION ( <i>efgartigimod alfa-hyalur-qvfc</i> )	3	PA; SP
ZEPOSIA ( <i>ozanimod hcl</i> )	3	PA; SP; QL (1 EA per 1 day)
ZEPOSIA 7-DAY STARTER PACK ( <i>ozanimod hcl</i> )	3	PA; SP; QL (14 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA STARTER KIT ( <i>ozanimod hcl</i> )	3	PA; SP; QL (56 EA per 365 days)
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant</b>		
<i>azathioprine oral</i>	1	
BENLYSTA ( <i>belimumab</i> )	3	PA; SP
JYLAMVO ( <i>methotrexate</i> )	3	PA
<i>leflunomide oral</i>	1	
MAVENCLAD ( <i>cladribine</i> )	3	PA; SP; QL (20 day supply per 999 days)
<i>methotrexate sodium (pf)</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral</i>	1	
<i>mycophenolate mofetil oral capsule</i>	1	
<i>mycophenolate mofetil oral tablet</i>	1	
<i>mycophenolate sodium</i>	1	
<i>mycophenolic acid</i>	1	
MYHIBBIN ( <i>mycophenolate mofetil</i> )	3	
<i>pimecrolimus</i>	1	ST; QL (2 GM per 1 day)
<i>tacrolimus external</i>	1	QL (2 GM per 1 day)
<i>tacrolimus oral</i>	1	
TREXALL ( <i>methotrexate sodium</i> )	3	
<b>KALLIKREIN INHIBITORS</b>		
ORLADEYO ( <i>berotralstat hcl</i> )	3	PA; SP; QL (1 EA per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION ( <i>lanadelumab-flyo</i> )	3	PA; SP; QL (0.15 ML per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>lanadelumab-flyo</i> )	3	PA; SP; QL (0.08 ML per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ( <i>lanadelumab-flyo</i> )	3	PA; SP; QL (0.15 ML per 1 day)
<b>OTHER MISCELLANEOUS THERAPEUTIC AGENTS</b>		
CERDELGA ( <i>eliglustat tartrate</i> )	3	PA; SP
<i>dalfampridine er</i>	1	PA; SP; QL (2 EA per 1 day)
DUROLANE ( <i>sodium hyaluronate (viscosup)</i> )	2	PA
DYSPORT ( <i>abobotulinumtoxina</i> )	2	PA
ENDARI ( <i>glutamine (sickle cell)</i> )	3	PA
EUFLEXXA ( <i>sodium hyaluronate (viscosup)</i> )	2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GELSYN-3 ( <i>sodium hyaluronate (viscosup)</i> )	2	PA
MYOBLOC ( <i>rimabotulinumtoxinb</i> )	2	PA
ORFADIN ( <i>nitisinone</i> )	3	PA; SP
PREZCOBIX ( <i>darunavir-cobicistat</i> )	2	
REBYOTA ( <i>fecal microbiota, live-jslm</i> )	3	PA; SP
SYMTUZA ( <i>darun-cobic-emtricit-tenofaf</i> )	3	
THIOLA ( <i>tiopronin</i> )	3	SP
THIOLA EC ( <i>tiopronin</i> )	3	SP
XEOMIN ( <i>incobotulinumtoxina</i> )	2	PA
<b>PROTECTIVE AGENTS</b>		
<i>adapalene-benzoyl peroxide external gel</i>	1	
<i>dalfampridine er</i>	1	PA; SP; QL (2 EA per 1 day)
EPIDUO FORTE ( <i>adapalene-benzoyl peroxide</i> )	3	
<b>RESPIRATORY TRACT AGENTS - Drugs for the Lungs</b>		
<b>ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD</b>		
AUVI-Q ( <i>epinephrine</i> )	3	
<i>epinephrine injection solution auto-injector</i>	1	
EPIPEN 2-PAK ( <i>epinephrine</i> )	3	ST
<b>ANTICHOLINERGIC AGENTS (RESPIR. TRACT) - Drugs for Asthma/COPD</b>		
ATROVENT HFA ( <i>ipratropium bromide hfa</i> )	3	QL (0.86 GM per 1 day)
COMBIVENT RESPIMAT ( <i>ipratropium-albuterol</i> )	2	QL (0.27 GM per 1 day)
<i>ipratropium bromide inhalation</i>	1	QL (10.42 ML per 1 day)
<i>ipratropium bromide nasal</i>	1	
<i>ipratropium-albuterol</i>	1	QL (18 ML per 1 day)
SPIRIVA HANDIHALER ( <i>tiotropium bromide monohydrate</i> )	1	QL (1 EA per 1 day)
SPIRIVA RESPIMAT ( <i>tiotropium bromide monohydrate</i> )	2	QL (0.14 GM per 1 day)
YUPELRI ( <i>revefenacin</i> )	3	QL (3 ML per 1 day)
<b>ANTIFIBROTIC AGENTS - Drugs for the Lungs</b>		
OFEV ( <i>nintedanib esylate</i> )	3	PA; SP
<b>ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation</b>		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>mepolizumab</i> )	2	PA; SP; QL (0.11 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>mepolizumab</i> )	2	PA; SP; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML ( <i>mepolizumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED ( <i>mepolizumab</i> )	2	PA; SP; QL (0.11 EA per 1 day)
<b>ANTITUSSIVES - Drugs for Cough and Cold</b>		
<i>benzonatate</i>	1	
<i>bromphen-pseudoeph-dm</i>	1	
<i>promethazine-dm</i>	1	
<i>pseudoephedrine-bromphen-dm</i>	1	
<b>CORTICOSTEROIDS (RESPIRATORY TRACT) - Drugs for Inflammation</b>		
ADVAIR HFA ( <i>fluticasone-salmeterol</i> )	2	QL (0.4 GM per 1 day)
AIRSUPRA ( <i>albuterol-budesonide</i> )	2	QL (1.1 GM per 1 day)
ARNUITY ELLIPTA ( <i>fluticasone furoate</i> )	2	QL (1 EA per 1 day)
<i>azelastine-fluticasone</i>	1	QL (0.77 GM per 1 day)
BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )	2	QL (2 EA per 1 day)
<i>budesonide inhalation</i>	1	QL (4 ML per 1 day)
DYMISTA ( <i>azelastine-fluticasone</i> )	2	QL (0.77 GM per 1 day)
<i>fluticasone propionate nasal</i>	1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	ST; QL (2 EA per 1 day)
<i>mometasone furoate external</i>	1	
<i>mometasone furoate nasal</i>	1	QL (1.14 GM per 1 day)
OMNARIS ( <i>ciclesonide</i> )	3	QL (0.42 GM per 1 day)
QNASL ( <i>beclomethasone diprop (nasal)</i> )	3	QL (0.36 GM per 1 day)
QNASL CHILDRENS ( <i>beclomethasone diprop (nasal)</i> )	3	QL (0.23 GM per 1 day)
QVAR REDHALER ( <i>beclomethasone diprop hfa</i> )	2	QL (0.71 GM per 1 day)
RYALTRIS ( <i>olopatadine-mometasone</i> )	3	QL (1 GM per 1 day)
TRELEGY ELLIPTA ( <i>fluticasone-umeclidin-vilant</i> )	2	QL (2 EA per 1 day)
<i>wixela inhub</i>	1	ST; QL (2 EA per 1 day)
<b>CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs</b>		
TRIKAFTA ORAL TABLET THERAPY PACK ( <i>elexacaftor-tezacaftor-ivacaft</i> )	3	PA; SP; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIKAFTA ORAL THERAPY PACK ( <i>elexacaftor-tezacaftor-ivacaft</i> )	3	PA; SP; QL (2 EA per 1 day)
<b>CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs</b>		
TRIKAFTA ORAL TABLET THERAPY PACK ( <i>elexacaftor-tezacaftor-ivacaft</i> )	3	PA; SP; QL (3 EA per 1 day)
TRIKAFTA ORAL THERAPY PACK ( <i>elexacaftor-tezacaftor-ivacaft</i> )	3	PA; SP; QL (2 EA per 1 day)
<b>ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs</b>		
OPSUMIT ( <i>macitentan</i> )	2	PA; SP; QL (1 EA per 1 day)
<b>FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy</b>		
<i>cyproheptadine hcl oral tablet</i>	1	
<i>promethazine hcl injection</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<b>INTERLEUKIN ANTAGONISTS - Drugs for Inflammation</b>		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML ( <i>dupilumab</i> )	2	PA; SP; QL (0.17 ML per 1 day)
FASENRA PEN ( <i>benralizumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML ( <i>benralizumab</i> )	2	PA; SP; QL (0.01 ML per 1 day)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML ( <i>benralizumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
TEZSPIRE ( <i>tezepelumab-ekko</i> )	2	PA; SP; QL (0.07 ML per 1 day)
<b>LEUKOTRIENE MODIFIERS - Drugs for Inflammation</b>		
<i>montelukast sodium oral tablet</i>	1	
<i>montelukast sodium oral tablet chewable</i>	1	
<b>MUCOLYTIC AGENTS - Drugs for the Lungs</b>		
PULMOZYME ( <i>dornase alfa</i> )	2	PA; SP
<b>NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation</b>		
<i>azelastine-fluticasone</i>	1	QL (0.77 GM per 1 day)
DYMISTA ( <i>azelastine-fluticasone</i> )	2	QL (0.77 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluticasone propionate nasal</i>	1	
<i>mometasone furoate nasal</i>	1	QL (1.14 GM per 1 day)
QNASL ( <i>beclomethasone diprop (nasal)</i> )	3	QL (0.36 GM per 1 day)
QNASL CHILDRENS ( <i>beclomethasone diprop (nasal)</i> )	3	QL (0.23 GM per 1 day)
RYALTRIS ( <i>olopatadine-mometasone</i> )	3	QL (1 GM per 1 day)
<b>ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation</b>		
AIRSUPRA ( <i>albuterol-budesonide</i> )	2	QL (1.1 GM per 1 day)
ARNUITY ELLIPTA ( <i>fluticasone furoate</i> )	2	QL (1 EA per 1 day)
<i>budesonide inhalation</i>	1	QL (4 ML per 1 day)
QVAR REDHALER ( <i>beclomethasone diprop hfa</i> )	2	QL (0.71 GM per 1 day)
<b>PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs</b>		
ZORYVE EXTERNAL CREAM 0.15 % ( <i>roflumilast</i> )	2	ST
ZORYVE EXTERNAL CREAM 0.3 % ( <i>roflumilast</i> )	2	PA
<b>PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs</b>		
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA; SP; QL (7.5 ML per 1 day)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (8 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; SP; QL (3 EA per 1 day)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL (8 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<b>PROSTACYCLIN &amp; PROSTACYCLIN DERIVATIVES - Drugs for the Lungs</b>		
ORENITRAM ( <i>treprostinil diolamine</i> )	3	PA; SP
ORENITRAM MONTH 1 ( <i>treprostinil diolamine</i> )	3	PA; SP; QL (336 EA per 365 days)
ORENITRAM MONTH 2 ( <i>treprostinil diolamine</i> )	3	PA; SP; QL (672 EA per 365 days)
ORENITRAM MONTH 3 ( <i>treprostinil diolamine</i> )	3	PA; SP; QL (504 EA per 365 days)
<i>treprostinil</i>	1	PA; SP
TYVASO ( <i>treprostinil</i> )	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO DPI INSTITUTIONAL KIT ( <i>treprostinil</i> )	3	PA; SP; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT ( <i>treprostinil</i> )	3	PA; SP; QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO DPI TITRATION KIT ( <i>treprostinil</i> )	3	PA; SP; QL (2 EA per 365 days)
TYVASO REFILL KIT ( <i>treprostinil</i> )	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER KIT ( <i>treprostinil</i> )	3	PA; SP; QL (2.9 ML per 1 day)
<b>RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs</b>		
TEZSPIRE ( <i>tezepelumab-ekko</i> )	2	PA; SP; QL (0.07 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>omalizumab</i> )	2	PA; SP; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>omalizumab</i> )	2	PA; SP; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML ( <i>omalizumab</i> )	2	PA; SP; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>omalizumab</i> )	2	PA; SP; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ( <i>omalizumab</i> )	2	PA; SP; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>omalizumab</i> )	2	PA; SP; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED ( <i>omalizumab</i> )	2	PA; SP
<b>SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy</b>		
<i>azelastine hcl nasal</i>	1	QL (2 ML per 1 day)
<i>azelastine-fluticasone</i>	1	QL (0.77 GM per 1 day)
<i>cetirizine hcl oral solution</i>	1	
DYMISTA ( <i>azelastine-fluticasone</i> )	2	QL (0.77 GM per 1 day)
<b>SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD</b>		
AIRSUPRA ( <i>albuterol-budesonide</i> )	2	QL (1.1 GM per 1 day)
<i>albuterol sulfate hfa</i>	1	QL (1.2 GM per 1 day)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	1	QL (18 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL (12.5 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1	QL (5 EA per 1 day)
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	1	QL (5 EA per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	2	QL (5 ML per 1 day)
PERFOROMIST ( <i>formoterol fumarate</i> )	3	QL (4 ML per 1 day)
SEREVENT DISKUS ( <i>salmeterol xinafoate</i> )	2	QL (2 EA per 1 day)
STRIVERDI RESPIMAT ( <i>olodaterol hcl</i> )	2	QL (4.2 GM per 30 days)
<b>VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs</b>		
ADEMPAS ( <i>riociguat</i> )	2	PA; SP; QL (90 EA per 30 days)
OPSUMIT ( <i>macitentan</i> )	2	PA; SP; QL (1 EA per 1 day)
ORENITRAM ( <i>treprostinil diolamine</i> )	3	PA; SP
ORENITRAM MONTH 1 ( <i>treprostinil diolamine</i> )	3	PA; SP; QL (336 EA per 365 days)
ORENITRAM MONTH 2 ( <i>treprostinil diolamine</i> )	3	PA; SP; QL (672 EA per 365 days)
ORENITRAM MONTH 3 ( <i>treprostinil diolamine</i> )	3	PA; SP; QL (504 EA per 365 days)
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA; SP; QL (7.5 ML per 1 day)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (8 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; SP; QL (3 EA per 1 day)
<i>treprostinil</i>	1	PA; SP
TYVASO ( <i>treprostinil</i> )	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO DPI INSTITUTIONAL KIT ( <i>treprostinil</i> )	3	PA; SP; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT ( <i>treprostinil</i> )	3	PA; SP; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT ( <i>treprostinil</i> )	3	PA; SP; QL (2 EA per 365 days)
TYVASO REFILL KIT ( <i>treprostinil</i> )	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER KIT ( <i>treprostinil</i> )	3	PA; SP; QL (2.9 ML per 1 day)
<b>VASODILATING AGENTS, MISC - Drugs for the Lungs</b>		
ADEMPAS ( <i>riociguat</i> )	2	PA; SP; QL (90 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>ANTIPROLIFERANTS</b>		
<i>fluorouracil external cream</i>	1	
<i>imiquimod external cream 3.75 %</i>	1	ST
<i>imiquimod external cream 5 %</i>	1	
<i>imiquimod pump</i>	1	ST
KLISYRI (250 MG) ( <i>tirbanibulin</i> )	3	ST
KLISYRI (350 MG) ( <i>tirbanibulin</i> )	3	ST
PANRETIN ( <i>alitretinoin</i> )	3	
<b>SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin</b>		
<b>ADRENERGIC AGONISTS - Drugs for the Skin</b>		
<i>brimonidine tartrate ophthalmic</i>	1	
<i>brimonidine tartrate-timolol</i>	1	
MIRVASO ( <i>brimonidine tartrate</i> )	2	
<b>ANTIBACTERIALS (84:04) - Drugs for the Skin</b>		
AMZEEQ ( <i>minocycline hcl micronized</i> )	3	
<i>azelaic acid external</i>	1	
<i>clindacin etz external swab</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE ( <i>clindamycin phosphate (1 dose)</i> )	3	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
FINACEA EXTERNAL FOAM ( <i>azelaic acid</i> )	3	
<i>levofloxacin oral tablet</i>	1	
<i>metronidazole external cream</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metronidazole external gel</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal</i>	1	
<i>minocycline hcl oral capsule</i>	1	
<i>mupirocin external</i>	1	
<i>neuac</i>	1	
ONEXTON ( <i>clindamycin phos-benzoyl perox</i> )	1	
<i>polymyxin b-trimethoprim</i>	1	
XACIATO ( <i>clindamycin phosphate</i> )	3	
ZILXI ( <i>minocycline hcl micronized</i> )	3	ST
<b>ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin</b>		
EUCRISA ( <i>crisaborole</i> )	2	ST
VTAMA ( <i>tapinarof</i> )	2	PA
<b>ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin</b>		
<i>doxepin hcl oral capsule</i>	1	
<i>doxepin hcl oral tablet</i>	1	QL (1 EA per 1 day)
<i>lidocaine external ointment 5 %</i>	1	
<i>lidocaine external patch 5 %</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
PROCTOFOAM HC ( <i>hydrocortisone ace-pramoxine</i> )	2	
<b>ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>acyclovir external ointment</i>	1	QL (1 GM per 1 day)
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral tablet</i>	1	
YCANTH ( <i>cantharidin</i> )	3	PA
<b>ASTRINGENTS (84:12) - Drugs for the Skin</b>		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	QL (4 EA per 1 day)
QBREXZA ( <i>glycopyrronium tosylate</i> )	3	QL (1 EA per 1 day)
SOFDRA ( <i>sofipironium bromide</i> )	3	QL (1.4 ML per 1 day)
<b>ASTRINGENTS, ANTI-INFECTIVE - Drugs for the Skin</b>		
<i>chlorhexidine gluconate mouth/throat</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>periogard</i>	1	
<b>AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>clotrimazole external cream</i>	1	
<i>clotrimazole mouth/throat</i>	1	
<i>clotrimazole-betamethasone external cream</i>	1	
GYNAZOLE-1 ( <i>butoconazole nitrate (1 dose)</i> )	3	
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external shampoo</i>	1	
<i>terconazole vaginal cream</i>	1	
<b>BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin</b>		
ENSTILAR ( <i>calcipotriene-betameth diprop</i> )	3	QL (15 GM per 1 day)
<i>hydrocortisone external cream 1 %</i>	1	
SANTYL ( <i>collagenase</i> )	3	QL (3 GM per 1 day)
TACLONEX ( <i>calcipotriene-betameth diprop</i> )	3	QL (4 GM per 1 day)
VTAMA ( <i>tapinarof</i> )	2	PA
WYNZORA ( <i>calcipotriene-betameth diprop</i> )	3	QL (15 GM per 1 day)
<b>CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin</b>		
<i>finasteride oral tablet 5 mg</i>	1	
<i>minoxidil oral</i>	1	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % ( <i>tretinoin microsphere</i> )	3	PA
<i>tretinoin external</i>	1	
TWYNEO ( <i>tretinoin-benzoyl peroxide</i> )	3	
<b>CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>ala-cort</i>	1	
<i>betamethasone dipropionate external</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external foam</i>	1	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	
<i>clodan</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clotrimazole-betamethasone external cream</i>	1	
CORTIFOAM ( <i>hydrocortisone acetate</i> )	3	
<i>desonide external cream</i>	1	
<i>desonide external ointment</i>	1	
ENSTILAR ( <i>calcipotriene-betameth diprop</i> )	3	QL (15 GM per 1 day)
<i>fluocinonide external cream</i>	1	
<i>fluocinonide external ointment</i>	1	
<i>fluocinonide external solution</i>	1	
<i>fluticasone propionate external cream</i>	1	
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral</i>	1	
<i>mometasone furoate external</i>	1	
PROCTOFOAM HC ( <i>hydrocortisone ace-pramoxine</i> )	2	
<i>procto-med hc</i>	1	
TACLONEX ( <i>calcipotriene-betameth diprop</i> )	3	QL (4 GM per 1 day)
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm</i>	1	
UCERIS RECTAL ( <i>budesonide</i> )	3	
WYNZORA ( <i>calcipotriene-betameth diprop</i> )	3	QL (15 GM per 1 day)
<b>HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>ciclodan</i>	1	
<i>ciclopirox external solution</i>	1	
<b>IMMUNOMODULATORY AGENTS (84:06) - Drugs for the Skin</b>		
ADBRY ( <i>tralokinumab-ldrm</i> )	2	PA; SP; QL (0.15 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML ( <i>bimekizumab-bkzx</i> )	3	PA; SP; QL (0.04 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML ( <i>bimekizumab-bkzx</i> )	3	PA; SP; QL (0.08 ML per 1 day)

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Effective 07/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML ( <i>bimekizumab-bkzx</i> )	3	PA; SP; QL (0.04 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML ( <i>bimekizumab-bkzx</i> )	3	PA; SP; QL (0.08 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML ( <i>dupilumab</i> )	2	PA; SP; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>dupilumab</i> )	2	PA; SP; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML ( <i>dupilumab</i> )	2	PA; SP; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ( <i>dupilumab</i> )	2	PA; SP; QL (0.29 ML per 1 day)
EBGLYSS ( <i>lebrikizumab-lbkz</i> )	2	PA; SP; QL (0.15 ML per 1 day)
<i>pimecrolimus</i>	1	ST; QL (2 GM per 1 day)
SKYRIZI PEN ( <i>risankizumab-rzaa</i> )	2	PA; SP; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>risankizumab-rzaa</i> )	2	PA; SP; QL (0.02 ML per 1 day)
<i>tacrolimus external</i>	1	QL (2 GM per 1 day)
<i>tacrolimus oral</i>	1	
TREMFYA INTRAVENOUS ( <i>guselkumab</i> )	2	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>guselkumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML ( <i>guselkumab</i> )	2	PA; SP; QL (0.08 ML per 1 day)
<b>JANUS KINASE INHIBITORS (84:06) - Drugs for the Skin</b>		
CIBINQO ( <i>abrocitinib</i> )	2	PA; SP; QL (1 EA per 1 day)
LITFULO ( <i>ritlecitinib tosylate</i> )	3	PA; SP; QL (1 EA per 1 day)
OPZELURA ( <i>ruxolitinib phosphate</i> )	2	ST; QL (3.34 GM per 1 day)
SOTYKTU ( <i>deucravacitinib</i> )	2	PA; SP; QL (1 EA per 1 day)
ZORYVE EXTERNAL CREAM 0.15 % ( <i>roflumilast</i> )	2	ST
ZORYVE EXTERNAL CREAM 0.3 % ( <i>roflumilast</i> )	2	PA
<b>KERATOLYTIC AGENTS - Drugs for the Skin</b>		
ABSORICA LD ( <i>isotretinoin micronized</i> )	3	PA
<i>acutane</i>	1	
<i>adapalene-benzoyl peroxide external gel</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AKLIEF ( <i>trifarotene</i> )	3	PA
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>claravis</i>	1	
EPIDUO FORTE ( <i>adapalene-benzoyl peroxide</i> )	3	
<i>isotretinoin oral</i>	1	
YCANTH ( <i>cantharidin</i> )	3	PA
<i>zenatane</i>	1	
<b>LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin</b>		
<i>adapalene-benzoyl peroxide external gel</i>	1	
<i>chlorhexidine gluconate mouth/throat</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	1	
EPIDUO FORTE ( <i>adapalene-benzoyl peroxide</i> )	3	
<i>neuac</i>	1	
ONEXTON ( <i>clindamycin phos-benzoyl perox</i> )	1	
<i>periogard</i>	1	
TWYNEO ( <i>tretinoin-benzoyl peroxide</i> )	3	
<b>NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin</b>		
<i>diclofenac sodium external gel 1 %</i>	1	QL (33.33 GM per 1 day)
<b>PHOSPHODIESTERASE-4 INHIBITORS (84:06) - Drugs for the Skin</b>		
EUCRISA ( <i>crisaborole</i> )	2	ST
ZORYVE EXTERNAL CREAM 0.15 % ( <i>roflumilast</i> )	2	ST
ZORYVE EXTERNAL CREAM 0.3 % ( <i>roflumilast</i> )	2	PA
<b>POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>klayesta</i>	1	
<i>nyamyc</i>	1	
<i>nystatin external</i>	1	
<i>nystatin mouth/throat</i>	1	
<i>nystop</i>	1	
<b>SCABICIDES AND PEDICULICIDES - Drugs for the Skin</b>		
SOOLANTRA ( <i>ivermectin</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin</b>		
ABSORICA LD ( <i>isotretinoin micronized</i> )	3	PA
<i>accutane</i>	1	
<i>adapalene-benzoyl peroxide external gel</i>	1	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>tralokinumab-ldrm</i> )	2	PA; SP; QL (0.15 ML per 1 day)
AKLIEF ( <i>trifarotene</i> )	3	PA
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AVSOLA ( <i>infliximab-axxq</i> )	2	PA; SP
<i>azelaic acid external</i>	1	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML ( <i>bimekizumab-bkzx</i> )	3	PA; SP; QL (0.04 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML ( <i>bimekizumab-bkzx</i> )	3	PA; SP; QL (0.04 ML per 1 day)
CIBINQO ( <i>abrocitinib</i> )	2	PA; SP; QL (1 EA per 1 day)
<i>claravis</i>	1	
<i>diclofenac sodium external gel 1 %</i>	1	QL (33.33 GM per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML ( <i>dupilumab</i> )	2	PA; SP; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>dupilumab</i> )	2	PA; SP; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ( <i>dupilumab</i> )	2	PA; SP; QL (0.29 ML per 1 day)
ENDARI ( <i>glutamine (sickle cell)</i> )	3	PA
ENSTILAR ( <i>calcipotriene-betameth diprop</i> )	3	QL (15 GM per 1 day)
EPIDUO FORTE ( <i>adapalene-benzoyl peroxide</i> )	3	
FINACEA EXTERNAL FOAM ( <i>azelaic acid</i> )	3	
<i>fluorouracil external cream</i>	1	
<i>imiquimod external cream 3.75 %</i>	1	ST
<i>imiquimod external cream 5 %</i>	1	
<i>imiquimod pump</i>	1	ST
INFLECTRA ( <i>infliximab-dyyb</i> )	2	PA; SP
<i>isotretinoin oral</i>	1	
KLISYRI (250 MG) ( <i>tirbanibulin</i> )	3	ST
KLISYRI (350 MG) ( <i>tirbanibulin</i> )	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITFULO ( <i>ritlecitinib tosylate</i> )	3	PA; SP; QL (1 EA per 1 day)
MIRVASO ( <i>brimonidine tartrate</i> )	2	
OPZELURA ( <i>ruxolitinib phosphate</i> )	2	ST; QL (3.34 GM per 1 day)
OTEZLA ORAL TABLET ( <i>apremilast</i> )	2	PA; SP; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK ( <i>apremilast</i> )	2	PA; SP; QL (55 EA per 365 days)
PANRETIN ( <i>alitretinoin</i> )	3	
<i>pimecrolimus</i>	1	ST; QL (2 GM per 1 day)
QBREXZA ( <i>glycopyrronium tosylate</i> )	3	QL (1 EA per 1 day)
SANTYL ( <i>collagenase</i> )	3	QL (3 GM per 1 day)
SKYRIZI PEN ( <i>risankizumab-rzaa</i> )	2	PA; SP; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>risankizumab-rzaa</i> )	2	PA; SP; QL (0.02 ML per 1 day)
SOTYKTU ( <i>deucravacitinib</i> )	2	PA; SP; QL (1 EA per 1 day)
TACLONEX ( <i>calcipotriene-betameth diprop</i> )	3	QL (4 GM per 1 day)
<i>tacrolimus external</i>	1	QL (2 GM per 1 day)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>ixekizumab</i> )	2	PA; SP; QL (0.04 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML ( <i>ixekizumab</i> )	2	PA; SP; QL (0.04 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>guselkumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
VTAMA ( <i>tapinarof</i> )	2	PA
WYNZORA ( <i>calcipotriene-betameth diprop</i> )	3	QL (15 GM per 1 day)
<i>zenatane</i>	1	
ZORYVE EXTERNAL CREAM 0.3 % ( <i>roflumilast</i> )	2	PA
<b>SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles</b>		
<b>ANTIMUSCARINICS - Drugs for the Urinary System</b>		
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride oral tablet</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate er</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs</b>		
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA; SP; QL (7.5 ML per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; SP; QL (3 EA per 1 day)
<b>SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System</b>		
<i>mirabegron er</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR ( <i>mirabegron</i> )	2	
<b>VITAMINS</b>		
<b>VITAMIN B COMPLEX</b>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<b>VITAMIN D</b>		
<i>calcitriol oral capsule</i>	1	
<i>ergocalciferol oral capsule</i>	1	
RAYALDEE ( <i>calcifediol</i> )	3	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1	

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