

2025 Abridged Basic Formulary – PPO

Effective Jan. 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The formulary is subject to change and all previous versions of the formulary are no longer in effect.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: Jan. 1, 2025

CalPERS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDOTE THERAPEUTICS		
ALCOHOL DETERRENTS (91:02)		
<i>naltrexone hcl oral</i>	1	
VIVITROL (<i>naltrexone</i>)	3	SP
ANTIDOTE THERAPEUTICS		
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	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
KLOXXADO (<i>naloxone hcl</i>)	2	
<i>naloxone hcl nasal</i>	1	
ZIMHI (<i>naloxone hcl</i>)	3	
ANTIDOTES (91:04)		
<i>naltrexone hcl oral</i>	1	
VIVITROL (<i>naltrexone</i>)	3	SP
ZEGALOGUE (<i>dasiglucagon hcl</i>)	2	
ZIMHI (<i>naloxone hcl</i>)	3	
ANTIHISTAMINE DRUGS - Drugs for Allergy		
ANTIHISTAMINE DRUGS - Drugs for Allergy		
<i>promethazine hcl oral tablet 25 mg</i>	1	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
<i>cyproheptadine hcl oral tablet</i>	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
<i>cyproheptadine hcl oral tablet</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
<i>meclizine hcl oral tablet</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<i>promethazine-dm</i>	1	
<i>pseudoephedrine-bromphen-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
OTHER ANTIHISTAMINES - Drugs for Allergy		
<i>famotidine oral suspension reconstituted</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
<i>RYALTRIS (olopatadine-mometasone)</i>	3	QL (1 GM per 1 day)
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
<i>promethazine hcl oral tablet</i>	1	
<i>promethazine-dm</i>	1	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
<i>pseudoephedrine-bromphen-dm</i>	1	
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
<i>cetirizine hcl oral solution</i>	1	
<i>levocetirizine dihydrochloride oral tablet</i>	1	
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefadroxil oral capsule</i>	1	
<i>cephalexin</i>	1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefuroxime axetil</i>	1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefdinir</i>	1	
<i>cefpodoxime proxetil oral tablet</i>	1	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
<i>terbinafine hcl oral</i>	1	QL (84 day supply per 180 days)
AMEBICIDES - Drugs for the Mouth and Throat		
<i>chlorhexidine gluconate mouth/throat</i>	1	
<i>metronidazole external cream</i>	1	
<i>metronidazole external gel</i>	1	
<i>metronidazole oral tablet</i>	1	
<i>metronidazole vaginal</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>perio gard</i>	1	
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
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	
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA ORAL (<i>omadacycline tosylate</i>)	3	QL (30 EA per 14 days)
SEYSARA (<i>sarecycline hcl</i>)	3	ST
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet</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
ANTHELMINTICS - Drugs for Parasites		
EMVERM (<i>mebendazole</i>)	2	
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
PYLERA (<i>bis subcit-metronid-tetracyc</i>)	3	
ANTIMALARIALS - Drugs for the Mouth and Throat		
ARAKODA (<i>tafenoquine succinate</i>)	3	
<i>atovaquone-proguanil hcl</i>	1	
AVIDOXY	3	ST
<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	
<i>minocycline hcl oral capsule</i>	1	
MONDOXYNE NL (<i>doxycycline monohydrate</i>)	3	ST

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ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
<i>metronidazole oral tablet</i>	1	
PYLERA (<i>bis subcit-metronid-tetracyc</i>)	3	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim pediatric</i>	1	
ANTITUBERCULOSIS AGENTS - Antibiotics		
<i>ciprofloxacin hcl oral</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>levofloxacin oral tablet</i>	1	
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
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)
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA INTRAVENOUS (<i>isavuconazonium sulfate</i>)	3	
CRESEMBA ORAL CAPSULE 186 MG (<i>isavuconazonium sulfate</i>)	3	PA
<i>fluconazole oral tablet</i>	1	
ENDONUCLEASE INHIBITORS - Drugs for Viral Infections		
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)
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
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)
VOSEVI (<i>sofosbuv-velpatasv-voxilaprev</i>)	2	PA; SP; QL (1 EA per 1 day)

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HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
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)
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
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)
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
BIKTARVY (<i>bictegravir-emtricitab-tenofov</i>)	3	
DOVATO (<i>dolutegravir-lamivudine</i>)	2	
JULUCA (<i>dolutegravir-rilpivirine</i>)	2	
TRIUMEQ (<i>abacavir-dolutegravir-lamivud</i>)	2	
HIV NONNUCLEOSIDE REV.TRANScrip. INHIB. - Drugs for Viral Infections		
BIKTARVY (<i>bictegravir-emtricitab-tenofov</i>)	3	
JULUCA (<i>dolutegravir-rilpivirine</i>)	2	
<i>methocarbamol oral tablet 500 mg</i>	1	
SYMFI (<i>efavirenz-lamivudine-tenofovir</i>)	2	
SYMFI LO (<i>efavirenz-lamivudine-tenofovir</i>)	2	
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections		
BIKTARVY (<i>bictegravir-emtricitab-tenofov</i>)	3	
CIMDUO (<i>lamivudine-tenofovir</i>)	2	

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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	
HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
PREZCOBIX (<i>darunavir-cobicistat</i>)	2	
SYMTUZA (<i>darun-cobic-emtricit-tenofaf</i>)	3	
LINCOMYCIN ANTIBIOTICS - Antibiotics		
<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 %</i>	1	
<i>clindamycin phosphate external gel</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
CLINDESSE (<i>clindamycin phosphate (1 dose)</i>)	3	
ONEXTON (<i>clindamycin phos-benzoyl perox</i>)	1	
XACIATO (<i>clindamycin phosphate</i>)	3	
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
<i>penicillin v potassium oral tablet</i>	1	
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
<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)
NITROIMIDAZOLE DERIVATIVES, MISC - Drugs for the Mouth and Throat		
<i>metronidazole external cream</i>	1	
<i>metronidazole external gel</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metronidazole oral tablet</i>	1	
<i>metronidazole vaginal</i>	1	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
<i>acyclovir external ointment</i>	1	QL (1 GM per 1 day)
<i>acyclovir oral tablet</i>	1	
<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)
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
<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
OTHER MACROLIDES (8:12.12.92) - Antibiotics		
<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
POLYENE ANTIFUNGALS - Drugs for Fungus		
<i>nystatin mouth/throat</i>	1	
POLYMYXIN ANTIBIOTICS - Antibiotics		
<i>polymyxin b-trimethoprim</i>	1	
QUINOLONE ANTIBIOTICS - Antibiotics		
<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	
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
<i>sulfamethoxazole-trimethoprim oral</i>	1	

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<i>sulfasalazine oral tablet</i>	1	
<i>sulfatrim pediatric</i>	1	
TETRACYCLINE ANTIBIOTICS - Antibiotics		
AVIDOXY	3	ST
<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	
MONDOXYNE NL (<i>doxycycline monohydrate</i>)	3	ST
PYLERA (<i>bis subcit-metronid-tetracyc</i>)	3	
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate macrocrystals</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim pediatric</i>	1	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
<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
AUGTYRO ORAL CAPSULE 40 MG (<i>repotrectinib</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	

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GAVRETO (<i>pralsetinib</i>)	3	PA; SP
IBRANCE (<i>palbociclib</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
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>letrozole oral</i>	1	
LUMAKRAS ORAL TABLET 120 MG, 320 MG (<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
MEKINIST (<i>trametinib dimethyl sulfoxide</i>)	3	PA; SP
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</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

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
ORGOVYX (<i>relugolix</i>)	3	PA; SP
PHEGO (<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
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, 40 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)
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
TREXALL (<i>methotrexate sodium</i>)	3	
TRUQAP ORAL TABLET (<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
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ANTITOXINS AND IMMUNE GLOBULINS - Organ Transplant		
BIVIGAM (<i>immune globulin (human)</i>)	3	PA; SP
CUTAQUIG (<i>immune globulin (human)-hipp</i>)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
XEMBIFY (<i>immune globulin (human)-klhw</i>)	3	PA; SP
AUTONOMIC DRUGS		
SMOKING CESSATION AGENTS		
<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
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
AUVI-Q (<i>epinephrine</i>)	3	
<i>epinephrine injection solution auto-injector</i>	1	
EPIPEN 2-PAK (<i>epinephrine</i>)	3	ST
<i>pseudoephedrine-bromphen-dm</i>	1	
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
<i>clonidine hcl oral</i>	1	
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
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>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>ipratropium bromide nasal</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ipratropium-albuterol</i>	1	QL (18 ML per 1 day)
QBREXZA (<i>glycopyrronium tosylate</i>)	3	QL (1 EA per 1 day)
<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)
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
<i>benztropine mesylate oral</i>	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
<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)
BOTULINUM TOXINS - Drugs for Relaxing Muscles		
DYSPOORT (<i>abobotulinumtoxina</i>)	2	PA
MYOBLOC (<i>rimabotulinumtoxinb</i>)	2	PA
XEOMIN (<i>incobotulinumtoxina</i>)	2	PA
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<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	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>baclofen oral tablet</i>	1	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propranolol hcl er</i>	1	
<i>propranolol hcl oral tablet</i>	1	
<i>sotalol hcl oral</i>	1	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
<i>doxazosin mesylate oral</i>	1	
<i>prazosin hcl oral</i>	1	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
<i>donepezil hcl oral tablet</i>	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK (<i>memantine hcl-donepezil hcl</i>)	2	QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>memantine hcl-donepezil hcl</i>)	2	QL (1 EA per 1 day)
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
<i>alfuzosin hcl er</i>	1	
<i>carvedilol</i>	1	
<i>labetalol hcl oral</i>	1	
<i>tamsulosin hcl</i>	1	
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
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 (5 mg/ml) 0.5%</i>	1	QL (5 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)
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)
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)

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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)
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
<i>atenolol oral</i>	1	
<i>bisoprolol fumarate oral</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>nadolol oral</i>	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
DYSPORT (<i>abobotulinumtoxina</i>)	2	PA
MYOBLOC (<i>rimabotulinumtoxinb</i>)	2	PA
XEOMIN (<i>incobotulinumtoxina</i>)	2	PA
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTIANEMIA DRUGS - Vitamins and Minerals		
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
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
TAVALISSE (<i>fostamatinib disodium</i>)	3	PA; SP
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
<i>jantoven</i>	1	
<i>warfarin sodium oral</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS DVT/PE STARTER PACK (<i>apixaban</i>)	2	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	2	QL (3 EA per 1 day)
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)
HEMATOPOIETIC AGENTS - Drugs for Anemia		
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
HEMOSTATICS - Drugs to Prevent Bleeding		
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
HEPARINS - Drugs to Prevent Blood Clots		
<i>enoxaparin sodium injection solution prefilled syringe</i>	1	
LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
BRILINTA (<i>ticagrelor</i>)	2	
<i>clopidogrel bisulfate oral</i>	1	
<i>prasugrel hcl</i>	1	
CARDIOVASCULAR DRUGS		
KALLIKREIN		
ORLADEYO (<i>berotralstat hcl</i>)	3	PA; SP; QL (1 EA per 1 day)
TAKHZYRO (<i>lanadelumab-flyo</i>)	3	PA; SP
LOOP DIURETICS (24:36)		
<i>bumetanide oral</i>	1	
<i>furosemide oral tablet</i>	1	
<i>toremide</i>	1	
POTASSIUM-SPARING DIURETIC		
<i>spironolactone oral tablet</i>	1	
THIAZIDE DIURETICS (24:36)		
<i>hydrochlorothiazide oral</i>	1	
THIAZIDE-LIKE DIURETICS (24:36)		
<i>chlorthalidone</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ACL INHIBITORS - Drugs for Cholesterol		
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)
ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for Varicose Veins		
<i>doxazosin mesylate oral</i>	1	
<i>nadolol oral</i>	1	
<i>prazosin hcl oral</i>	1	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>carvedilol</i>	1	
<i>doxazosin mesylate oral</i>	1	
<i>labetalol hcl oral</i>	1	
<i>prazosin hcl oral</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST/NEPROLYS - Drugs for the Heart		
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)
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
<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	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart		
<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)

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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	
ANGIOTENSIN-CONVERT. ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure & Angina		
<i>benazepril hcl oral</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>lisinopril oral</i>	1	
<i>ramipril</i>	1	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart		
<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	
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
<i>digoxin oral tablet</i>	1	
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
<i>icosapent ethyl</i>	1	PA
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure		
<i>atenolol oral</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>bisoprolol fumarate oral</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	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>cartia xt</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
<i>verapamil hcl er oral tablet extended release</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS - Drugs for High Blood Pressure & Angina		
<i>cartia xt</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
<i>verapamil hcl er oral tablet extended release</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure & Angina		
<i>cartia xt</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
<i>verapamil hcl er oral tablet extended release</i>	1	
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
CORLANOR ORAL SOLUTION (<i>ivabradine hcl</i>)	3	PA; QL (15 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORLANOR ORAL TABLET (<i>ivabradine hcl</i>)	3	PA; QL (2 EA per 1 day)
<i>ranolazine er</i>	1	
CARDIOTONIC AGENTS - Drugs for Angina		
CORLANOR ORAL SOLUTION (<i>ivabradine hcl</i>)	3	PA; QL (15 ML per 1 day)
CORLANOR ORAL TABLET (<i>ivabradine hcl</i>)	3	PA; QL (2 EA per 1 day)
<i>digoxin oral tablet</i>	1	
CENTRAL ALPHA-AGONISTS (25:24) - Drugs for Abnormal Heart Rhythms		
<i>atenolol oral</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>bisoprolol fumarate oral</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</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	
CGMP SYNTHESIS AGENT - Drugs for High Blood Pressure & Angina		
VERQUVO (<i>vericiguat</i>)	3	PA; QL (1 EA per 1 day)
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
<i>ezetimibe</i>	1	
NEXLIZET (<i>bempedoic acid-ezetimibe</i>)	2	PA; QL (1 EA per 1 day)
CLASS IC ANTIARRHYTHMICS - Drugs for Angina		
<i>flecainide acetate</i>	1	
CLASS II ANTIARRHYTHMICS - Drugs for Angina		
<i>atenolol oral</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bisoprolol fumarate oral</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	
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
<i>amiodarone hcl oral</i>	1	
MULTAQ (<i>dronedarone hcl</i>)	3	
<i>sotalol hcl oral</i>	1	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
<i>cartia xt</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
<i>verapamil hcl er oral tablet extended release</i>	1	
DIHYDROPYRIDINES - Drugs for High Blood Pressure & Angina		
<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
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
<i>clonidine hcl oral</i>	1	
<i>guanfacine hcl</i>	1	
<i>hydralazine hcl oral</i>	1	
<i>minoxidil oral</i>	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
<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	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
<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	
LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>bumetanide oral</i>	1	
<i>furosemide oral tablet</i>	1	
<i>toremide</i>	1	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
KERENDIA (<i>finerenone</i>)	3	PA; QL (1 EA per 1 day)
<i>spironolactone oral tablet</i>	1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure & Angina		
<i>spironolactone oral tablet</i>	1	
NITRATES AND NITRITES - Drugs for High Blood Pressure & Angina		
<i>atenolol oral</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bisoprolol fumarate oral</i>	1	
<i>carvedilol</i>	1	
HEMANGEOL (<i>propranolol hcl</i>)	3	PA
<i>isosorbide mononitrate er</i>	1	
<i>labetalol hcl oral</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	
NITRATES AND NITRITES - Drugs for the Heart		
<i>isosorbide mononitrate er</i>	1	
<i>nitroglycerin sublingual</i>	1	
OMEGA-3-MEDIATED ANTILIPEMICS - Drugs for Cholesterol		
<i>icosapent ethyl</i>	1	PA
<i>omega-3-acid ethyl esters</i>	1	
VASCEPA (<i>icosapent ethyl</i>)	2	PA
PCSK9 INHIBITORS - Drugs for Cholesterol		
REPATHA (<i>evolocumab</i>)	2	PA; QL (0.11 ML per 1 day)
REPATHA PUSHTRONEX SYSTEM (<i>evolocumab</i>)	2	PA; QL (0.13 ML per 1 day)
REPATHA SURECLICK (<i>evolocumab</i>)	2	PA; QL (0.11 ML per 1 day)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for High Blood Pressure & Angina		
<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)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA; SP; QL (7.5 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>spironolactone oral tablet</i>	1	
RENIN INHIBITORS - Drugs for the Heart		
TEKTURNA (<i>aliskiren fumarate</i>)	2	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
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)
STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart		
<i>spironolactone oral tablet</i>	1	
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>hydrochlorothiazide oral</i>	1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
<i>chlorthalidone</i>	1	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
<i>amlodipine besylate oral</i>	1	
<i>cartia xt</i>	1	
CORLANOR ORAL SOLUTION (<i>ivabradine hcl</i>)	3	PA; QL (15 ML per 1 day)
CORLANOR ORAL TABLET (<i>ivabradine hcl</i>)	3	PA; QL (2 EA 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
CENTRAL NERVOUS SYSTEM AGENTS		
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT		
RADICAVA ORS (<i>edaravone</i>)	2	PA; SP
RADICAVA ORS STARTER KIT (<i>edaravone</i>)	2	PA; SP
TEGLUTIK (<i>riluzole</i>)	2	PA; QL (20 ML per 1 day)
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
AMPHETAMINE DERIVATIVES - Drugs for the Nervous System		
<i>phentermine hcl oral</i>	1	
AMPHETAMINES - Drugs for the Nervous System		
<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>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)
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	QL (13 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>bac</i>	1	
<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)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	QL (4 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)
ANOREXIGENIC AGENTS - Drugs for the Nervous System		
QSYMIA (<i>phentermine-topiramate</i>)	2	PA
ANOREXIGENIC AGENTS AND STIMULANTS, MISC - Drugs for the Nervous System		
QSYMIA (<i>phentermine-topiramate</i>)	2	PA
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
<i>benztropine mesylate oral</i>	1	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
APTIOM (<i>eslicarbazepine acetate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BRIVIACT INTRAVENOUS (<i>brivaracetam</i>)	3	
BRIVIACT ORAL (<i>brivaracetam</i>)	3	ST
<i>divalproex sodium er</i>	1	
<i>divalproex sodium oral tablet delayed release</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)
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 intravenous</i>	1	
<i>levetiracetam oral</i>	1	
MOTPOLY XR (<i>lacosamide</i>)	3	ST
<i>oxcarbazepine oral tablet</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	
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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
ANTIMANIC AGENTS - Drugs for Personality Disorder		
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	
<i>divalproex sodium er</i>	1	
<i>divalproex sodium oral tablet delayed release</i>	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine oral tablet</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate oral capsule</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)
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
<i>divalproex sodium er</i>	1	
<i>divalproex sodium oral tablet delayed release</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	

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>propranolol hcl oral tablet</i>	1	
<i>topiramate oral tablet</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety & Sleep Disorder		
BELSOMRA (<i>suvorexant</i>)	3	ST; QL (1 EA per 1 day)
<i>buspirone hcl oral</i>	1	
DAYVIGO (<i>lemborexant</i>)	3	ST; QL (1 EA per 1 day)
<i>eszopiclone</i>	1	QL (1 EA per 1 day)
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral</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)
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VRAYLAR (<i>cariprazine hcl</i>)	3	QL (1 EA per 1 day)
<i>ziprasidone hcl</i>	1	QL (2 EA per 1 day)
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
<i>primidone oral</i>	1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
<i>bac</i>	1	
<i>butalbital-apap-caffeine</i>	1	
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
<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>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 NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML (<i>diazepam</i>)	3	QL (0.34 EA per 1 day)
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML (<i>diazepam</i>)	3	QL (0.67 EA per 1 day)
BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
<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>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
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
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 (0.27 EA per 1 day)
QULIPTA (<i>atogepant</i>)	2	PA; QL (1 EA per 1 day)
UBRELVY (<i>ubrogepant</i>)	2	PA; QL (0.34 EA per 1 day)
ZAVZPRET (<i>zavegepant hcl</i>)	3	PA; QL (0.2 EA per 1 day)
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
ONGENTYS (<i>opicapone</i>)	3	ST
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
<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 ORAL CAPSULE ER 24 HOUR THERAPY PACK (<i>memantine hcl-donepezil hcl</i>)	2	QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<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)
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
<i>celecoxib oral</i>	1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOPAMINE PRECURSORS - Drugs for Parkinson		
<i>carbidopa-levodopa oral tablet</i>	1	
INBRIJA (<i>levodopa</i>)	3	PA; SP
RYTARY (<i>carbidopa-levodopa</i>)	3	ST
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
<i>cabergoline</i>	1	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
<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)
GABA-MEDIATED ANTICONVULSANTS - Drugs for Seizures		
<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)
ION CHANNEL INHIBITION AGENTS - Drugs for Seizures		
APTIOM (<i>eslicarbazepine acetate</i>)	3	
<i>lacosamide oral tablet</i>	1	
MOTPOLY XR (<i>lacosamide</i>)	3	ST
<i>oxcarbazepine oral tablet</i>	1	
XCOPRI (<i>cenobamate</i>)	3	ST
<i>zonisamide oral</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NMDA ANTAGONISTS - Drugs for Depression & Psychosis		
SPRAVATO (56 MG DOSE) (<i>esketamine hcl</i>)	3	PA; SP
SPRAVATO (84 MG DOSE) (<i>esketamine hcl</i>)	3	PA; SP
NON-BENZODIAZEPINE ANXIOLYTICS - Drugs for Anxiety & Sleep Disorder		
<i>bupirone hcl oral</i>	1	
NON-BENZODIAZEPINE HYPNOTICS - Drugs for Anxiety & Sleep Disorder		
<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)
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
NEUPRO (<i>rotigotine</i>)	3	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hcl</i>	1	
NON-OPIOID ANALGESICS - Drugs for Pain		
<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>bac</i>	1	
<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 tablet 10-300 mg, 10-325 mg</i>	1	QL (4 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)
NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC - Drugs for Pain		
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>etodolac oral tablet</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	
OPIOID AGONISTS (28:08) - Drugs for Pain		
<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 tablet 10-300 mg, 10-325 mg</i>	1	QL (4 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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
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)
OPIOID ANTAGONISTS (28:10) - Drugs for Overdose or Poisoning		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1	QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (3 EA per 1 day)
KLOXXADO (<i>naloxone hcl</i>)	2	
<i>naloxone hcl nasal</i>	1	
<i>naltrexone hcl oral</i>	1	
OPVEE (<i>nalmefene hcl</i>)	2	
VIVITROL (<i>naltrexone</i>)	3	SP
ZIMHI (<i>naloxone hcl</i>)	3	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (12 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (6 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPIOID PARTIAL AGONISTS - Drugs for Pain		
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 tablet sublingual 2 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1	QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (3 EA per 1 day)
SUBLOCADE (<i>buprenorphine</i>)	3	SP
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (12 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (6 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (2 EA per 1 day)
OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety & Sleep Disorder		
BELSOMRA (<i>suvorexant</i>)	3	ST; QL (1 EA per 1 day)
DAYVIGO (<i>lemborexant</i>)	3	ST; QL (1 EA per 1 day)
PHENOTHIAZINES - Drugs for Depression & Psychosis		
<i>prochlorperazine maleate oral</i>	1	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
<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>bac</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 oral tablet</i>	1	QL (3 EA per 1 day)
TREZIX (<i>apap-caff-dihydrocodeine</i>)	3	QL (12 EA per 1 day)
REVERSIBLE COX-1/COX-2 INHIBITORS - Drugs for Pain		
<i>etodolac oral tablet</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	
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
<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)

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>venlafaxine hcl er oral tablet extended release 24 hour</i>	1	
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
<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)
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
<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 tablet</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>paroxetine hcl oral tablet</i>	1	
<i>sertraline hcl oral tablet</i>	1	
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
<i>mirtazapine oral tablet</i>	1	
<i>trazodone hcl oral</i>	1	
TRINTELLIX (<i>vortioxetine hbr</i>)	3	ST; QL (1 EA per 1 day)
<i>vilazodone hcl</i>	1	QL (1 EA per 1 day)
TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression & Psychosis		
<i>amitriptyline hcl oral</i>	1	
<i>doxepin hcl oral capsule</i>	1	
<i>nortriptyline hcl oral capsule</i>	1	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
<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)
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (<i>lancets misc.</i>)	2	
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 (<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	
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 DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR (<i>corticotropin</i>)	2	PA; SP
CORTROPHIN (<i>corticotropin</i>)	2	PA; SP
DIABETES MELLITUS		
CONTOUR NEXT TEST (<i>glucose blood</i>)	2	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)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	2	QL (300 EA per 30 days)
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
<i>potassium citrate er</i>	1	
AMMONIA DETOXICANTS		
<i>constulose</i>	1	
<i>lactulose oral solution</i>	1	
PHEBURANE (<i>sodium phenylbutyrate</i>)	3	PA; SP
LOOP DIURETICS (40:28) - Drugs for Water Balance		
<i>bumetanide oral</i>	1	
<i>furosemide oral tablet</i>	1	
<i>toremide</i>	1	
PHOSPHATE-REMOVING AGENTS		
AURYXIA (<i>ferric citrate</i>)	3	
POTASSIUM-REMOVING AGENTS		
LOKELMA (<i>sodium zirconium cyclosilicate</i>)	3	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	3	
POTASSIUM-SPARING DIURETICS - Drugs for Water Balance		
<i>spironolactone oral tablet</i>	1	
<i>triamterene-hctz</i>	1	
REPLACEMENT PREPARATIONS		
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	

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<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	
THIAZIDE DIURETICS - Drugs for Water Balance		
<i>bisoprolol-hydrochlorothiazide</i>	1	
EDARBYCLOR (<i>azilsartan-chlorthalidone</i>)	3	ST
<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	
THIAZIDE-LIKE DIURETICS - Drugs for Water Balance		
<i>atenolol-chlorthalidone</i>	1	
<i>chlorthalidone</i>	1	
ENZYMES		
ENZYME INHIBITORS		
CERDELGA (<i>eliglustat tartrate</i>)	3	PA; SP
ORFADIN (<i>nitisinone</i>)	3	PA; SP
ENZYMES		
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	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
<i>brimonidine tartrate ophthalmic</i>	1	
<i>brimonidine tartrate-timolol</i>	1	
MIRVASO (<i>brimonidine tartrate</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMBRINZA (<i>brinzolamide-brimonidine</i>)	2	
ANTIALLERGIC AGENTS - Drugs for Allergy		
<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)
ANTIBACTERIALS (52:04) - Drugs for Infections		
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>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	
ZYLET (<i>loteprednol-tobramycin</i>)	3	
ANTI-INFECTIVES, MISCELLANEOUS (52:04) - Drugs for Infections		
<i>chlorhexidine gluconate mouth/throat</i>	1	
<i>periogard</i>	1	
ANTI-INFLAMMATORY AGENTS (EENT) - Drugs for Inflammation		
CEQUA (<i>cyclosporine</i>)	3	PA
MIEBO (<i>perfluorohexyloctane</i>)	2	PA; QL (0.4 ML per 1 day)
RESTASIS (<i>cyclosporine</i>)	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESTASIS MULTIDOSE (<i>cyclosporine</i>)	2	PA
XIIDRA (<i>lifitegrast</i>)	2	PA
ASTRINGENTS (52:04) - Drugs for Infections		
<i>chlorhexidine gluconate mouth/throat</i>	1	
<i>periogard</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
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	
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
SIMBRINZA (<i>brinzolamide-brimonidine</i>)	2	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
AIRSUPRA (<i>albuterol-budesonide</i>)	2	QL (1.1 GM per 1 day)
<i>ala-cort</i>	1	
<i>azelastine-fluticasone</i>	1	QL (0.77 GM per 1 day)
<i>ciprofloxacin-dexamethasone</i>	1	
CORTIFOAM (<i>hydrocortisone acetate</i>)	3	
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>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	
INVELTYS (<i>loteprednol etabonate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOTEMAX SM (<i>loteprednol etabonate</i>)	3	
<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	
ZYLET (<i>loteprednol-tobramycin</i>)	3	
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
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
EENT DRUGS, MISCELLANEOUS		
MIEBO (<i>perfluorohexyloctane</i>)	2	PA; QL (0.4 ML per 1 day)
TYRVAYA (<i>varenicline tartrate</i>)	3	PA; QL (0.3 ML per 1 day)
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
<i>ketorolac tromethamine ophthalmic</i>	1	
<i>ketorolac tromethamine oral</i>	1	QL (20 EA per 1 fill)
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
<i>lidocaine viscous hcl</i>	1	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
<i>latanoprost ophthalmic</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
RHO KINASE INHIBITORS - Drugs for the Eye		
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)
VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG		
MVASI (<i>bevacizumab-awwb</i>)	2	PA; SP
ZIRABEV (<i>bevacizumab-bvzr</i>)	2	PA; SP
GASTROINTESTINAL DRUGS		
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
LINZESS (<i>linaclotide</i>)	2	ST; QL (1 EA per 1 day)
IMMUNOMODULATORY AGENTS (56:44)		
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)
OPIOID ANTAGONISTS (56:18)		
SYMPROIC (<i>naldemedine tosylate</i>)	2	ST; QL (1 EA per 1 day)
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
<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	
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
<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)
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
<i>promethazine hcl oral tablet</i>	1	
<i>scopolamine</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIHISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
<i>meclizine hcl oral tablet</i>	1	
<i>prochlorperazine maleate oral</i>	1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
APRISO (<i>mesalamine</i>)	1	
<i>mesalamine oral tablet delayed release</i>	1	
<i>sulfasalazine oral tablet</i>	1	
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid		
PYLERA (<i>bis subcit-metronid-tetracyc</i>)	3	
TALICIA (<i>amoxicill-rifabutin-omeprazole</i>)	3	
ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
<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</i>	1	
CATHARTICS AND LAXATIVES - Drugs for Constipation		
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
<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	
DIGESTANTS - Drugs for the Stomach		
CREON (<i>pancrelipase (lip-prot-amyl)</i>)	2	
ZENPEP (<i>pancrelipase (lip-prot-amyl)</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
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)
ENTYVIO PEN (<i>vedolizumab</i>)	3	PA; SP; QL (0.05 ML per 1 day)
INFLECTRA (<i>infliximab-dyyb</i>)	2	PA; SP
LINZESS (<i>linaclotide</i>)	2	ST; QL (1 EA per 1 day)
MOTEGRITY (<i>prucalopride succinate</i>)	3	ST; QL (1 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)
STELARA INTRAVENOUS (<i>ustekinumab</i>)	2	PA; SP
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)
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
<i>famotidine oral suspension reconstituted</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>famotidine oral tablet 20 mg, 40 mg</i>	1	
LIPOTROPIC AGENTS - Drugs for the Stomach		
<i>scopolamine</i>	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
VARUBI (180 MG DOSE) (<i>rolapitant hcl</i>)	3	QL (0.15 EA per 1 day)
POTASSIUM-COMPETITIVE ACID BLOCKERS - Drugs for Ulcers and Stomach Acid		
VOQUEZNA DUAL PAK (<i>amoxicillin-vonoprazan</i>)	3	PA
VOQUEZNA TRIPLE PAK (<i>amoxicill-clarithro-vonoprazan</i>)	3	PA
PROKINETIC AGENTS - Drugs for the Stomach		
<i>metoclopramide hcl oral tablet</i>	1	
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
<i>misoprostol oral</i>	1	
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
<i>sucralfate oral tablet</i>	1	
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
<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)
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
DEPEN TITRATABS (<i>penicillamine</i>)	2	SP
HORMONES AND SYNTHETIC SUBSTITUTES		
MELANOCORTIN RECEPTOR ANTAGONISTS		
VYLEESI (<i>bremelanotide acetate</i>)	3	PA; QL (8 ML per 30 days)
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
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)

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>ala-cort</i>	1	
ARNUITY ELLIPTA (<i>fluticasone furoate</i>)	2	QL (1 EA per 1 day)
<i>betamethasone dipropionate external cream</i>	1	
<i>betamethasone dipropionate external ointment</i>	1	
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2	QL (2 EA per 1 day)
<i>brey-na</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	
<i>dexamethasone oral tablet</i>	1	
<i>fludrocortisone acetate oral</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 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)

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
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)
AMYLINOMIMETICS - Drugs for Diabetes		
SYMLINPEN 120 (<i>pramlintide acetate</i>)	3	PA
SYMLINPEN 60 (<i>pramlintide acetate</i>)	3	PA
ANDROGENS - Hormones		
<i>testosterone cypionate intramuscular</i>	1	PA
<i>testosterone transdermal gel</i>	1	PA
ANTIESTROGENS - Drugs for Women		
<i>anastrozole oral</i>	1	HCR
<i>letrozole oral</i>	1	
ANTIGONADTROPINS - Hormones		
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)
ANTITHYROID AGENTS - Drugs for the Thyroid		
<i>methimazole oral</i>	1	
BIGUANIDES - Drugs for Diabetes		
JANUMET (<i>sitagliptin-metformin hcl</i>)	2	ST
JANUMET XR (<i>sitagliptin-metformin hcl</i>)	2	ST
JENTADUETO (<i>linagliptin-metformin hcl</i>)	2	ST
JENTADUETO XR (<i>linagliptin-metformin hcl</i>)	2	ST
<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	
CONTRACEPTIVES - Drugs for Women		
<i>afirmelle</i>	1	HCR
<i>altavera</i>	1	HCR
<i>apri</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ashlyna</i>	1	HCR; QL (1 EA per 1 day)
<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
<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>camrese</i>	1	HCR; QL (1 EA per 1 day)
<i>camrese lo</i>	1	HCR; QL (1 EA per 1 day)
<i>chateal eq</i>	1	HCR
<i>cryselle-28</i>	1	HCR
<i>cyred eq</i>	1	HCR
<i>daysee</i>	1	HCR; QL (1 EA per 1 day)
<i>deblitane</i>	1	HCR
<i>delyla</i>	1	HCR
<i>drospirenone-ethinyl estradiol</i>	1	HCR
<i>elinest</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

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>iclevia</i>	1	HCR; QL (1 EA per 1 day)
<i>incassia</i>	1	HCR
<i>introvale</i>	1	HCR; QL (1 EA per 1 day)
<i>isibloom</i>	1	HCR
<i>jaimiess</i>	1	HCR; QL (1 EA per 1 day)
<i>jasmiel</i>	1	HCR
<i>jencycla</i>	1	HCR
<i>jolessa</i>	1	HCR; QL (1 EA per 1 day)
<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>levonorgest-eth est & eth est</i>	1	HCR; QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day</i>	1	HCR; QL (1 EA per 1 day)
<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>lojaimiess</i>	1	HCR; QL (1 EA per 1 day)
<i>loryna</i>	1	HCR
<i>low-ogestrel</i>	1	HCR
<i>lo-zumandimine</i>	1	HCR
<i>lutra</i>	1	HCR
<i>lyleq</i>	1	HCR
<i>lyza</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>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
<i>ocella</i>	1	HCR
<i>portia-28</i>	1	HCR
<i>reclipsen</i>	1	HCR
<i>rivelsa</i>	1	HCR; QL (1 EA per 1 day)
<i>setlakin</i>	1	HCR; QL (1 EA per 1 day)
<i>sharobel</i>	1	HCR
<i>simpesse</i>	1	HCR; QL (1 EA per 1 day)
<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

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-mili</i>	1	HCR
<i>tri-sprintec</i>	1	HCR
<i>tri-vylibra</i>	1	HCR
<i>tri-vylibra lo</i>	1	HCR
<i>turqoz</i>	1	HCR
<i>vestura</i>	1	HCR
<i>vienva</i>	1	HCR
<i>vylibra</i>	1	HCR
<i>zumandimine</i>	1	HCR
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
GLYXAMBI (<i>empagliflozin-linagliptin</i>)	2	
JANUMET (<i>sitagliptin-metformin hcl</i>)	2	ST
JANUMET XR (<i>sitagliptin-metformin hcl</i>)	2	ST
JANUVIA (<i>sitagliptin phosphate</i>)	2	ST
JENTADUETO (<i>linagliptin-metformin hcl</i>)	2	ST
JENTADUETO XR (<i>linagliptin-metformin hcl</i>)	2	ST
TRADJENTA (<i>linagliptin</i>)	2	ST
TRIJARDY XR (<i>empagliflozin-linaglip-metform</i>)	2	
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
DUAVEE (<i>conj estrogens-bazedoxifene</i>)	2	
OSPHENA (<i>ospemifene</i>)	3	
<i>tamoxifen citrate oral tablet 10 mg</i>	1	
<i>tamoxifen citrate oral tablet 20 mg</i>	1	HCR
ESTROGENS - Drugs for Women		
<i>afirmelle</i>	1	HCR
<i>altavera</i>	1	HCR
<i>apri</i>	1	HCR
<i>ashlyna</i>	1	HCR; QL (1 EA per 1 day)
<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

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>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>camrese</i>	1	HCR; QL (1 EA per 1 day)
<i>camrese lo</i>	1	HCR; QL (1 EA per 1 day)
<i>chateal eq</i>	1	HCR
CLIMARA PRO (<i>estradiol-levonorgestrel</i>)	2	
<i>cryselle-28</i>	1	HCR
<i>cyred eq</i>	1	HCR
<i>daysee</i>	1	HCR; QL (1 EA per 1 day)
<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>elinest</i>	1	HCR
<i>enskyce</i>	1	HCR
<i>estarylla</i>	1	HCR
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch twice weekly</i>	1	
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol vaginal</i>	1	
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hailey fe 1/20</i>	1	HCR
<i>iclevia</i>	1	HCR; QL (1 EA per 1 day)
IMVEXXY MAINTENANCE PACK (<i>estradiol</i>)	2	
IMVEXXY STARTER PACK (<i>estradiol</i>)	2	
<i>introvale</i>	1	HCR; QL (1 EA per 1 day)
<i>isibloom</i>	1	HCR
<i>jaimiess</i>	1	HCR; QL (1 EA per 1 day)
<i>jasmiel</i>	1	HCR
<i>jolessa</i>	1	HCR; QL (1 EA per 1 day)
<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>levonorgest-eth est & eth est</i>	1	HCR; QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day</i>	1	HCR; QL (1 EA per 1 day)
<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>lojaimiess</i>	1	HCR; QL (1 EA per 1 day)
<i>loryna</i>	1	HCR
<i>low-ogestrel</i>	1	HCR
<i>lo-zumandimine</i>	1	HCR
<i>lutera</i>	1	HCR
<i>lyllana</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>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>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>rivelsa</i>	1	HCR; QL (1 EA per 1 day)
<i>setlakin</i>	1	HCR; QL (1 EA per 1 day)
<i>simpesse</i>	1	HCR; QL (1 EA per 1 day)
<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

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-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>turqoz</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
GLYCOGENOLYTIC AGENTS - Hormones		
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	
GONADOTROPINS - Hormones		
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
LUPRON DEPOT-PED (6-MONTH) (<i>leuprolide acetate (6 month)</i>)	3	PA; SP
SUPPRELIN LA (<i>histrelin acetate</i>)	2	PA; SP; QL (1 EA per 250 days)
TRIPTODUR (<i>triptorelin pamoate</i>)	3	PA; SP; QL (0.006 EA per 1 day)
INCRETIN MIMETICS - Drugs for Diabetes		
BYDUREON BCISE AUTOINJECTOR (<i>exenatide</i>)	2	PA; QL (0.15 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BYETTA 10 MCG PEN (<i>exenatide</i>)	2	PA; QL (0.08 ML per 1 day)
BYETTA 5 MCG PEN (<i>exenatide</i>)	2	PA; QL (0.04 ML per 1 day)
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)
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN (<i>insulin nph isophane & regular</i>)	3	PA
HUMULIN 70/30 VIAL (<i>insulin nph isophane & 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 & regular</i>)	2	
NOVOLIN 70/30 FLEXPEN RELION (<i>insulin nph isophane & regular</i>)	2	
NOVOLIN 70/30 VIAL (<i>insulin nph isophane & 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	
LONG-ACTING INSULINS - Drugs for Diabetes		
LANTUS SOLOSTAR (<i>insulin glargine</i>)	2	
LANTUS U-100 VIAL (<i>insulin glargine</i>)	2	
REZVOGLAR KWIKPEN (<i>insulin glargine-aglr</i>)	1	
SOLIQUA (<i>insulin glargine-lixisenatide</i>)	2	
TOUJEO MAX SOLOSTAR (<i>insulin glargine</i>)	2	
TOUJEO SOLOSTAR (<i>insulin glargine</i>)	2	
PARATHYROID AGENTS - Drugs for Bones		
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	2	PA; SP
TYMLOS (<i>abaloparatide</i>)	2	PA; SP
PITUITARY - Hormones		
ACTHAR (<i>corticotropin</i>)	2	PA; SP
CORTROPHIN (<i>corticotropin</i>)	2	PA; SP
<i>desmopressin acetate 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
NGENLA (<i>somatrogon-ghla</i>)	3	PA; SP
NOCDURNA (<i>desmopressin acetate</i>)	3	PA
NORDITROPIN FLEXPRO (<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
SKYTROFA (<i>lonapegsomatropin-tcgd</i>)	3	PA; SP
PROGESTINS - Drugs for Women		
<i>afirmelle</i>	1	HCR
<i>altavera</i>	1	HCR
<i>apri</i>	1	HCR
<i>ashlyna</i>	1	HCR; QL (1 EA per 1 day)
<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>camrese</i>	1	HCR; QL (1 EA per 1 day)
<i>camrese lo</i>	1	HCR; QL (1 EA per 1 day)
<i>chateal eq</i>	1	HCR
CLIMARA PRO (<i>estradiol-levonorgestrel</i>)	2	
<i>cryselle-28</i>	1	HCR
<i>cyred eq</i>	1	HCR
<i>daysee</i>	1	HCR; QL (1 EA per 1 day)

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<i>deblitane</i>	1	HCR
<i>delyla</i>	1	HCR
<i>drospirenone-ethinyl estradiol</i>	1	HCR
<i>elinest</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	
<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>iclevia</i>	1	HCR; QL (1 EA per 1 day)
<i>incassia</i>	1	HCR
<i>introvale</i>	1	HCR; QL (1 EA per 1 day)
<i>isibloom</i>	1	HCR
<i>jaimiess</i>	1	HCR; QL (1 EA per 1 day)
<i>jasmiel</i>	1	HCR
<i>jencycla</i>	1	HCR
<i>jolessa</i>	1	HCR; QL (1 EA per 1 day)
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>levonorgest-eth est & eth est</i>	1	HCR; QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day</i>	1	HCR; QL (1 EA per 1 day)
<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>lojaimiess</i>	1	HCR; QL (1 EA per 1 day)
<i>loryna</i>	1	HCR
<i>low-ogestrel</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>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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 oral</i>	1	
<i>reclipsen</i>	1	HCR
<i>rivelsa</i>	1	HCR; QL (1 EA per 1 day)
<i>setlakin</i>	1	HCR; QL (1 EA per 1 day)
<i>sharobel</i>	1	HCR
<i>simpesse</i>	1	HCR; QL (1 EA per 1 day)
<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>turqoz</i>	1	HCR
<i>vestura</i>	1	HCR
<i>vienva</i>	1	HCR
<i>vylibra</i>	1	HCR
<i>zumandimine</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RAPID-ACTING INSULINS - Drugs for Diabetes		
APIDRA SOLOSTAR (<i>insulin glulisine</i>)	1	
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 & lispro</i>)	3	PA
HUMALOG MIX 50/50 VIAL (<i>insulin lispro prot & lispro</i>)	3	PA
HUMALOG MIX 75/25 KWIKPEN (<i>insulin lispro prot & lispro</i>)	3	PA
HUMALOG MIX 75/25 VIAL (<i>insulin lispro prot & 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 MIX 70/30 FLEXPEN (<i>insulin aspart prot & aspart</i>)	2	
NOVOLOG MIX 70/30 VIAL (<i>insulin aspart prot & aspart</i>)	2	
NOVOLOG PENFILL (<i>insulin aspart</i>)	2	
NOVOLOG U-100 VIAL (<i>insulin aspart</i>)	2	
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN (<i>insulin nph isophane & regular</i>)	3	PA
HUMULIN 70/30 VIAL (<i>insulin nph isophane & regular</i>)	3	PA
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 & regular</i>)	2	
NOVOLIN 70/30 FLEXPEN RELION (<i>insulin nph isophane & regular</i>)	2	
NOVOLIN 70/30 VIAL (<i>insulin nph isophane & 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	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
FARXIGA (<i>dapagliflozin propanediol</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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-linaglip-metform</i>)	2	
XIGDUO XR (<i>dapagliflozin prop-metformin</i>)	2	
SOMATOSTATIN AGONISTS - Hormones		
SOMATULINE DEPOT (<i>lanreotide acetate</i>)	3	PA; SP
SOMATOTROPIN AGONISTS - Hormones		
NORDITROPIN FLEXPOR (<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
SULFONYLUREAS - Drugs for Diabetes		
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide oral</i>	1	
<i>glipizide xl</i>	1	
<i>glyburide oral</i>	1	
THIAZOLIDINEDIONES - Drugs for Diabetes		
<i>pioglitazone hcl</i>	1	
THYROID AGENTS - Drugs for the Thyroid		
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	
<i>np thyroid oral tablet 15 mg, 30 mg, 60 mg</i>	1	
SYNTHROID (<i>levothyroxine sodium</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIROSINT (<i>levothyroxine sodium</i>)	3	
TIROSINT-SOL (<i>levothyroxine sodium</i>)	3	
<i>unithroid</i>	1	
IMMUNOMODULATORY AGENTS (90:00)		
AMINO ACID POLYMERS		
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)
ANTIMETABOLITES		
MAVENCLAD (<i>cladribine</i>)	3	PA; SP
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC		
<i>azathioprine oral</i>	1	
<i>mycophenolate mofetil oral capsule</i>	1	
BONE-MODIFYING AGENTS		
PROLIA (<i>denosumab</i>)	2	PA; SP; QL (180 day supply per 30 fills)
CALCINEURIN INHIBITORS, MISC (90:28)		
CEQUA (<i>cyclosporine</i>)	3	PA
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	
COMPLEMENT INHIBITOR AGENTS (90:20)		
FABHALTA (<i>iptacopan hcl</i>)	3	PA; SP; QL (2 EA per 1 day)
SOLIRIS (<i>eculizumab</i>)	3	PA; SP
DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC		
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)

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
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)
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
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) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</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 tablet</i>	1	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	2	PA; SP; QL (0.08 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)
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	
FUMARATES		
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)

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 01/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VUMERITY (<i>diroximel fumarate</i>)	2	PA; SP; QL (4 EA per 1 day)
IGG1 MONOCLONAL ANTIBODIES		
BENLYSTA (<i>belimumab</i>)	3	PA; SP
INTERFERONS		
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)
INTERLEUKIN INHIBITOR AGENTS, MISC		
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
INTERLEUKIN-MEDIATED AGENTS, MISC		
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)
STELARA INTRAVENOUS (<i>ustekinumab</i>)	2	PA; SP
STELARA SUBCUTANEOUS SOLUTION (<i>ustekinumab</i>)	2	PA; SP; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	2	PA; SP; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	2	PA; SP; QL (0.02 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
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)
JANUS KINASE INHIBITORS, MISCELLANEOUS		
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)
MONOCARBOXYLIC ACID AMIDE AGENTS		
<i>leflunomide oral</i>	1	
NEONATAL FC RECEPTOR BLOCKERS		
VYVGART (<i>efgartigimod alfa-fcab</i>)	3	PA; SP
VYVGART HYTRULO (<i>efgartigimod alfa-hyalur-qvfc</i>)	3	PA; SP
PHOSPHODIESTERASE-4 INHIBITORS, MISC		
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)
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
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)
TUMOR NECROSIS FACTOR INHIBITORS, MISC		
AVSOLA (<i>infliximab-axxq</i>)	2	PA; SP

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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)
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)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>dutasteride oral</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
5-ALPHA-REDUCTASE INHIBITORS (92:04) - Drugs for Alcohol Dependence		
<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
ANTIDOTES (92:12) - Drugs for Overdose or Poisoning		
BAQSIMI ONE PACK (<i>glucagon</i>)	2	
BAQSIMI TWO PACK (<i>glucagon</i>)	2	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	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

Effective 01/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>naltrexone hcl oral</i>	1	
VIVITROL (<i>naltrexone</i>)	3	SP
ZEGALOGUE (<i>dasiglucagon hcl</i>)	2	
ZIMHI (<i>naloxone hcl</i>)	3	
ANTIGOUT AGENTS - Drugs for Gout		
<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	
ANTISENSE OLIGONUCLEOTIDES		
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)
BONE ANABOLIC AGENTS		
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	2	PA; SP
TYMLOS (<i>abaloparatide</i>)	2	PA; SP
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
<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 patch twice weekly</i>	1	
<i>estradiol transdermal patch weekly</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	

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Effective 01/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROLIA (<i>denosumab</i>)	2	PA; SP; QL (180 day supply per 30 fills)
<i>yuvaferm</i>	1	
COMPLEMENT INHIBITORS		
EMPAVELI (<i>pegcetacoplan</i>)	3	PA; SP
FABHALTA (<i>iptacopan hcl</i>)	3	PA; SP; QL (2 EA per 1 day)
HAEGARDA (<i>c1 esterase inhibitor (human)</i>)	3	PA; SP
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
COMPLEMENT INHIBITORS (92:32)		
EMPAVELI (<i>pegcetacoplan</i>)	3	PA; SP
HAEGARDA (<i>c1 esterase inhibitor (human)</i>)	3	PA; SP
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
ULTOMIRIS (<i>ravulizumab-cwvz</i>)	3	PA; SP
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
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)
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>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) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</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)

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Effective 01/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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 tablet</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)
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
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)
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)
BETASERON (<i>interferon beta-1b</i>)	2	PA; SP; QL (0.5 EA per 1 day)
CIMZIA (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
MAVENCLAD (<i>cladribine</i>)	3	PA; SP
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) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium 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
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 tablet</i>	1	
TREXALL (<i>methotrexate sodium</i>)	3	
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 (<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)
ZEPOSIA STARTER KIT (<i>ozanimod hcl</i>)	3	PA; SP; QL (56 EA per 365 days)
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
<i>azathioprine oral</i>	1	
BENLYSTA (<i>belimumab</i>)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JYLAMVO (<i>methotrexate</i>)	3	PA
<i>leflunomide oral</i>	1	
MAVENCLAD (<i>cladribine</i>)	3	PA; SP
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</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>tacrolimus external</i>	1	QL (2 GM per 1 day)
<i>tacrolimus oral</i>	1	
TREXALL (<i>methotrexate sodium</i>)	3	
KALLIKREIN INHIBITORS		
ORLADEYO (<i>berotralstat hcl</i>)	3	PA; SP; QL (1 EA per 1 day)
TAKHZYRO (<i>lanadelumab-flyo</i>)	3	PA; SP
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
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
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
PROTECTIVE AGENTS		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
AUVI-Q (<i>epinephrine</i>)	3	
<i>epinephrine injection solution auto-injector</i>	1	
EPIPEN 2-PAK (<i>epinephrine</i>)	3	ST
ANTICHOLINERGIC AGENTS (RESPIR. TRACT) - Drugs for Asthma/COPD		
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 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)
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
OFEV (<i>nintedanib esylate</i>)	3	PA; SP
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>mepolizumab</i>)	2	PA; SP; QL (0.11 ML per 1 day)
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)
ANTITUSSIVES - Drugs for Cough and Cold		
<i>benzonatate</i>	1	
<i>promethazine-dm</i>	1	
<i>pseudoephedrine-bromphen-dm</i>	1	
CORTICOSTEROIDS (RESPIRATORY TRACT) - Drugs for Inflammation		
AIRSUPRA (<i>albuterol-budesonide</i>)	2	QL (1.1 GM per 1 day)
ARNUIITY ELLIPTA (<i>fluticasone furoate</i>)	2	QL (1 EA per 1 day)
<i>azelastine-fluticasone</i>	1	QL (0.77 GM 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>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>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)
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
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)
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
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)
ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs		
OPSUMIT (<i>macitentan</i>)	2	PA; SP; QL (1 EA per 1 day)
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
<i>cyproheptadine hcl oral tablet</i>	1	
<i>promethazine hcl oral tablet</i>	1	
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEZSPIRE (<i>tezepelumab-ekko</i>)	2	PA; SP; QL (0.07 ML per 1 day)
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
<i>montelukast sodium oral tablet</i>	1	
<i>montelukast sodium oral tablet chewable</i>	1	
MUCOLYTIC AGENTS - Drugs for the Lungs		
PULMOZYME (<i>dornase alfa</i>)	2	PA; SP
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
<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)
<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)
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
AIRSUPRA (<i>albuterol-budesonide</i>)	2	QL (1.1 GM per 1 day)
ARNUIITY ELLIPTA (<i>fluticasone furoate</i>)	2	QL (1 EA per 1 day)
<i>budesonide inhalation</i>	1	QL (4 ML per 1 day)
QVAR REDIHALER (<i>beclomethasone diprop hfa</i>)	2	QL (0.71 GM per 1 day)
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
<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)
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES - Drugs for the Lungs		
ORENITRAM (<i>treprostinil diolamine</i>)	3	PA; SP
ORENITRAM MONTH 1 (<i>treprostinil diolamine</i>)	3	PA; SP; QL (336 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
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
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DYMISTA (<i>azelastine-fluticasone</i>)	2	QL (0.77 GM per 1 day)
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
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 (5 mg/ml) 0.5%</i>	1	QL (5 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)
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)
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
VASODILATING AGENTS, MISC - Drugs for the Lungs		
ADEMPAS (<i>riociguat</i>)	2	PA; SP; QL (90 EA per 30 days)
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTIPROLIFERANTS		
<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
PANRETIN (<i>alitretinoin</i>)	3	
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ADRENERGIC AGONISTS - Drugs for the Skin		
<i>brimonidine tartrate ophthalmic</i>	1	
<i>brimonidine tartrate-timolol</i>	1	
MIRVASO (<i>brimonidine tartrate</i>)	2	
ANTIBACTERIALS (84:04) - Drugs for the Skin		
AMZEEQ (<i>minocycline hcl micronized</i>)	3	
AVIDOXY	3	ST
<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 %</i>	1	
<i>clindamycin phosphate external gel</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<i>metronidazole external gel</i>	1	
<i>metronidazole oral tablet</i>	1	
<i>metronidazole vaginal</i>	1	
MONDOXYNE NL (<i>doxycycline monohydrate</i>)	3	ST
<i>mupirocin external</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
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA (<i>crisaborole</i>)	2	ST
VTAMA (<i>tapinarof</i>)	3	PA
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
<i>lidocaine external ointment 5 %</i>	1	
<i>lidocaine external patch 5 %</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
<i>phenazo oral tablet 200 mg</i>	1	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
PROCTOFOAM HC (<i>hydrocortisone ace-pramoxine</i>)	2	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>acyclovir external ointment</i>	1	QL (1 GM per 1 day)
<i>acyclovir oral tablet</i>	1	
YCANTH (<i>cantharidin</i>)	3	PA
ASTRINGENTS (84:12) - Drugs for the Skin		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASTRINGENTS, ANTI-INFECTIVE - Drugs for the Skin		
<i>chlorhexidine gluconate mouth/throat</i>	1	
<i>periogard</i>	1	
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>clotrimazole external cream</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	
BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin		
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>)	3	PA
WYNZORA (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
<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 cream</i>	1	
TWYNEO (<i>tretinoin-benzoyl peroxide</i>)	3	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
<i>ala-cort</i>	1	
<i>betamethasone dipropionate external cream</i>	1	
<i>betamethasone dipropionate external ointment</i>	1	
<i>clobetasol propionate external cream</i>	1	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external solution</i>	1	
<i>clotrimazole-betamethasone external cream</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTIFOAM (<i>hydrocortisone acetate</i>)	3	
<i>desonide external cream</i>	1	
ENSTILAR (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
<i>fluocinonide external cream</i>	1	
<i>fluocinonide external solution</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 cream</i>	1	
<i>mometasone furoate external ointment</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 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)
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
<i>ciclodan</i>	1	
<i>ciclopirox external solution</i>	1	
IMMUNOMODULATORY AGENTS (84:06) - Drugs for the Skin		
ADBRY (<i>tralokinumab-ldrm</i>)	2	PA; SP; QL (0.15 ML 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 SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	2	PA; SP; QL (0.02 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
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	2	PA; SP; QL (0.08 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)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	2	PA; SP; QL (0.08 ML per 1 day)
JANUS KINASE INHIBITORS (84:06) - Drugs for the Skin		
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)
SOTYKTU (<i>deucravacitinib</i>)	2	PA; SP; QL (1 EA per 1 day)
KERATOLYTIC AGENTS - Drugs for the Skin		
ABSORICA LD (<i>isotretinoin micronized</i>)	3	PA
<i>accutane</i>	1	
<i>adapalene-benzoyl peroxide external gel</i>	1	
AKLIEF (<i>trifarotene</i>)	3	PA
<i>amnesteam</i>	1	
<i>claravis</i>	1	
EPIDUO FORTE (<i>adapalene-benzoyl peroxide</i>)	3	
<i>isotretinoin oral</i>	1	
YCANATH (<i>cantharidin</i>)	3	PA
<i>zenatane</i>	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
<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 %</i>	1	
EPIDUO FORTE (<i>adapalene-benzoyl peroxide</i>)	3	
ONEXTON (<i>clindamycin phos-benzoyl perox</i>)	1	
<i>periogard</i>	1	
TWYNEO (<i>tretinoin-benzoyl peroxide</i>)	3	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
<i>diclofenac sodium external gel 1 %</i>	1	QL (33.33 GM per 1 day)
PHOSPHODIESTERASE-4 INHIBITORS (84:06) - Drugs for the Skin		
EUCRISA (<i>crisaborole</i>)	2	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>klayesta</i>	1	
<i>nyamyc</i>	1	
<i>nystatin external</i>	1	
<i>nystop</i>	1	
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
SOOLANTRA (<i>ivermectin</i>)	3	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
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>amnesteem</i>	1	
AVSOLA (<i>infliximab-axxq</i>)	2	PA; SP
<i>azelaic acid external</i>	1	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFLECTRA (<i>infliximab-dyyb</i>)	2	PA; SP
<i>isotretinoin oral</i>	1	
LITFULO (<i>ritlecitinib tosylate</i>)	3	PA; SP; QL (1 EA per 1 day)
MIRVASO (<i>brimonidine tartrate</i>)	2	
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	
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)
STELARA SUBCUTANEOUS SOLUTION (<i>ustekinumab</i>)	2	PA; SP; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	2	PA; SP; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	2	PA; SP; QL (0.02 ML 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 AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	2	PA; SP; QL (0.02 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>)	3	PA
WYNZORA (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
<i>zenatane</i>	1	
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
<i>oxybutynin chloride er</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxybutynin chloride oral tablet</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate er</i>	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
<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)
SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>mirabegron</i>)	2	
VITAMINS		
VITAMIN B COMPLEX		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
VITAMIN D		
<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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