# Cigna Healthcare Total Savings 3-Tier Prescription Drug List

**Coverage as of January 1, 2026**

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

View your drug list online: **Cigna.com/PDL**
24/7 Customer Service: **800.Cigna24 (800.244.6224)**
View your coverage info online: myCigna® App or **myCigna.com®**

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 This drug list is subject to change and all prior versions are no longer in effect.



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## View your drug list online, 24/7

This document was last updated on 01/01/2026.*

- You can use the Price a Medication tool on the myCigna App[1] or **myCigna.com** to see the most up-to-date list of the medications your plan covers.
- You can also see a pdf of this document on **Cigna.com/PDL.** Click on the dropdown next to "Drug Lists for Employer Plans." Scroll down to the section for California Employer Drug Lists; then click on **California Total Savings 3 Tier (CDI) [PDF]**.

## Questions?

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

# Information about this drug list

## Frequently asked questions (FAQs)

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

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

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

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

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

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

For example, your plan doesn't cover (or "excludes"):

- Prescription medications that treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec OTC and generics).
- Medications that treat lifestyle conditions, such as infertility, erectile dysfunction and smoking cessation.[2]
- Medications that the U.S. Food and Drug Administration (FDA) hasn't approved.

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

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

# Information about this drug list

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- **For non-urgent requests**, we'll let you and your doctor know within 72 hours of the decision. If approved, coverage will be provided until the prescription runs out (including refills).
- **For urgent requests based on exigent circumstances**, we'll let you and your doctor know within 24 hours of the decision. If approved, coverage will be provided for the duration of the exigency. If we don't respond to a completed prior authorization exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request will be considered approved and your plan can't deny coverage of the medication. Also, if you've already received approval for your plan to cover your medication, we can't limit or exclude coverage for that medication if your doctor continues to prescribe it to treat your condition (as long as the medication is appropriately prescribed and is safe and effective in treating your condition).

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

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

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

- **For non-urgent requests**, we'll let you and your doctor know within 72 hours of the decision. If approved, coverage will be provided until the prescription runs out (including refills).
- **For urgent requests based on exigent circumstances**, we'll let you and your doctor know within 24 hours of the decision. If approved, coverage will be provided for the duration of the exigency. **It's important to know that when medications are approved, it's typically for one year of coverage.** If your medication is approved for less time, it's because there's a clinical reason based on our coverage rules (requirements) for the medication and/or the reviewing doctor.

**Q. My medication is part of the Step Therapy program. I don't want to try an alternative. How do I get approval (prior authorization) for my medication?**
**A.** If you and your doctor feel an alternative medication won't work for you, your doctor can ask us to consider approving coverage of your current medication. Ask your doctor's office to contact us

to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from our provider portal at **cignaforhcp.com**.

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

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

- **For non-urgent requests**, we'll let you and your doctor know within 72 hours of the decision. If approved, coverage will be provided until the prescription runs out (including refills).
- **For urgent requests based on exigent circumstances**, we'll let you and your doctor know within 24 hours of the decision. If approved, coverage will be provided for the duration of the exigency. If we don't respond to a completed prior authorization exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request will be considered approved and your plan can't deny coverage of the medication.

**Your Step Therapy rights under California State law:**

1. A carrier may impose prior authorization requirements on prescription drug benefits.
2. When there is more than one drug that is appropriate for the treatment of a medical condition, a carrier may require step therapy.
    a. In circumstances where an insured is changing policies, the new policy shall not require a repeat of step therapy when that insured is already being treated for a medical condition by a prescription drug provided that the drug is appropriately prescribed and is considered safe and effective. A new policy can impose a prior authorization requirement for the continued coverage of a prescription drug prescribed pursuant to step therapy imposed by the former policy. A new policy must also allow a prescribing provider to prescribe another drug covered by the new policy that is medically appropriate for the insured.
3. A carrier shall provide coverage for the medically necessary dosage and quantity of the drug prescribed for the treatment of a medical condition consistent with professionally recognized standards of practice.

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

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

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

# Information about this drug list

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

**Q. What happens if I try to fill a prescription that has a quantity limit?**
**A.** Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office can ask us to cover it through our review process.

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

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

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

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

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

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

**Q. I see several medications on this drug list that can be used to treat my condition. Will my doctor write me a prescription for all of them?**
**A.** No. Just because a medication is listed on your plan's drug list doesn't mean your doctor will write you a prescription for it. Your doctor will work with you to find the medication he or she feels is best for your specific treatment.

**Q. How can I find out how much I'll pay for a specific medication?**
**A.** When you and your doctor are thinking about the right medication for your treatment, knowing how much it costs, what lower-cost options are available, and which pharmacies have the best prices can help you avoid surprises. Log in to the myCigna App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter – or even before you leave your doctor's office.[3]

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

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

# Information about this drug list

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

**Q. What's a generic medication?**
**A.** A generic is the same as its brand-name version. It has the same active ingredient, strength and dosage form, treats the same condition(s), and works in the same way – and typically costs less.[4] Generics are typically sold under their chemical or scientific name, instead of the brand name.

**Q. Do generics work the same as brand-name medications?**
**A.** Yes. A generic medication works in the same way and provides the same clinical benefit as the brand-name medication.[4]

**Q. What are the differences between generic and brand-name medications?**
**A.** The generic and brand-name medication may[4]:

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

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

**Q. What is a "biosimilar" medication?**
**A.** A biosimilar is "highly similar" to its original biologic medication, which is also known as a reference product, that the FDA has already approved. Even though biosimilars aren't identical to the original medication, they're used to treat the same conditions, and provide the same clinical outcomes and treatment benefits. There are no clinical differences in how safe they are to use and how well they work. They also typically cost less.[5]

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

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

**Q. Do I have to use home delivery to fill my prescription?**
**A.** It depends on your plan. Some plans require you to fill maintenance medications through Express Scripts® Pharmacy and/or specialty medications through Accredo® Specialty Pharmacy for them to be covered.[6] Log in to the myCigna App or **myCigna.com**, or check your plan materials, to find out what your plan requires.

**Q. Can I fill my prescriptions by mail?**
**A.** Yes, as long as your plan offers home delivery.[6]

### Fill maintenance medications through Express Scripts Pharmacy

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

- Easily order, manage, track and pay for your medications on your phone or online.
- Get standard shipping at no extra cost.[7]
- Fill up to a 90-day supply at one time.
- Talk with a pharmacist, 24/7.
- Sign up for automatic refills or refill reminders so you don't miss a dose.[8]
- Use a payment plan (if you need it).

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

1. **Online.** Log in to the myCigna App or **myCigna.com** and click on the Prescriptions tab. Choose My Medications from the dropdown list. Then click the button next to your medication name to move your prescription(s) from your retail pharmacy to home delivery. Or,
2. **By phone.**
   - Call your doctor's office. Ask them to send a 90-day prescription (with refills) to Express Scripts home delivery. Or,
   - Call Express Scripts Pharmacy at **800.835.3784**. They'll contact your doctor's office to get your prescription. Have your ID card, doctor's contact information and medication name(s) ready when you call.

### Fill specialty medications through Accredo Specialty Pharmacy

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

- Talk with specially-trained pharmacists and nurses, 24/7.
- Get fast shipping at no extra cost.[7]
- Sign up for refills and reminders. Some refills can be done by text.[9]
- Get help paying for your medication (if you need it).
- Manage and track your medications online.

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

**Q. I take a specialty medication to treat my multiple sclerosis. My plan requires me to fill my medication through Accredo. How do I get started?**
**A.** Some plans allow one or more fills at a retail pharmacy before switching to Accredo. Check your plan materials to find out if your plan allows retail fills.

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

**Q. I take a specialty medication that can only be filled at certain pharmacies in the United States. How do I fill my prescription?**
**A.** Talk with your doctor. He or she should be able to tell you which in-network pharmacies can fill your prescription. Once you find a pharmacy, ask your doctor to send them your prescription.

You may also be able to use Accredo to fill your prescription; they have access to most specialty medications.[6] Call Accredo at **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST or Saturdays, 7:00 am–4:00 pm CST, for more information.

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

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

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

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

# Information about this drug list

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

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

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

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

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

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

**Why this matters:** Which benefit the medication's covered under may affect how much it costs, if it needs approval from Cigna Healthcare before your plan will cover it and/or if you have to fill it through a certain pharmacy to be covered. Check your medical summary of benefits coverage to learn more about how your plan covers your medication.

**Q. I take an oral cancer medication. How much will it cost me to fill?**
**A.** On January 1, 2015, California passed a bill limiting the cost-share for oral chemotherapy medications. This means that if you have both your medical and pharmacy benefits through Cigna Healthcare, here's how certain oral cancer medications are covered:

- **For copay plans:** These medications will be covered at 100%, or no cost-share ($0) to you.
- **For high deductible health plans (HDHPs) that include a Health Savings Account (HSA) or qualified HDHPs:** You'll pay your plan deductible first. After that, these medications will be covered at 100%, or no cost-share ($0) to you. This is because of a federal HSA requirement.
- **For plans with a combined deductible [including Health Reimbursements Accounts (HRAs) with a combined deductible]:** You'll pay your plan deductible first. After that, these medications will be covered at 100%, or no cost-share ($0) to you.
- **For plans with a split deductible [including Health Reimbursements Accounts (HRAs) with a split deductible]:** These medications will be covered at 100%, or no cost-share ($0) to you.

# Information about this drug list

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

**Q. How are medications, devices and FDA-approved diabetic, contraceptive and federally-mandated products covered under the pharmacy benefit?**
**A.** Here is how these products are covered under the pharmacy benefit:

- **Preventive care medications and products covered under the Patient Protection and Affordable Care Act (PPACA), also known as "health care reform:"**
  - **Contraceptives:** Covered at 100%, or no cost-share ($0) to you. Certain prescription contraceptives are available at their applicable cost-share.
  - **Tobacco cessation products:** Up to two (2) 90-day courses of treatment per plan year are covered at 100%, or no cost-share ($0) to you. Certain prescription tobacco cessation products are available at their applicable cost-share.
  - **Certain vitamins:** Covered at 100%, or no cost-share ($0) to you. All other prescription vitamins are available at their applicable cost-share and deductible (if applicable).
- **Certain over-the-counter (OTC) products:** If you have a prescription from your doctor, these are covered at 100%, or no cost-share ($0) to you. All other OTC products are excluded from coverage.
- **Oral fertility medications:** Covered at their applicable tier cost-share. For some plans, injectable fertility medications are covered under the medical benefit.
- **Generic preventive care medications:** Covered at 100%, or no cost-share ($0) to you before you meet your deductible. You'll pay your deductible and applicable cost-share to fill a preferred brand and/or non-preferred brand preventive care medication.
- **Diabetic supplies:** Covered at their applicable cost-share.
- **Growth Hormones:** Need approval from Cigna Healthcare before your plan will cover them (prior authorization). If approved, you'll pay your applicable tier cost-share to fill the medication.
- **Vaccines:** Vaccines are now covered under the pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the myCigna App or **myCigna.com**, or check your plan materials, to find out how your specific plan covers them.
- **Compounded medications:** If the medication is more than $200, you'll need approval from Cigna Healthcare before your plan will cover them (prior authorization). If approved, you'll pay your applicable tier cost-share to fill the medication.

## Words you may need to know

- **Brand name drug:** A drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.
- **Coinsurance:** A percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.
- **Copayment:** A fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.
- **Deductible:** The amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

## Information about this drug list

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

- **Drug tier:** A group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.
- **Exception request:** A request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.
- **Exigent circumstances:** When you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.
- **Formulary or prescription drug list:** The list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.
- **Generic drug:** A drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.
- **Medically Necessary:** Health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.
- **Non-formulary drug:** A prescription drug that is not listed on this formulary.
- **Out-of-pocket costs:** Your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.
- **Prescribing provider:** A health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.
- **Prescription:** An oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.
- **Prescription drug:** A drug that by law requires a prescription.
- **Prior Authorization:** A decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.
- **Step Therapy:** A specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.
- **Quantity Limits:** For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Quantity limits help to make sure you're receiving coverage for the right medication, in the right amount, and for the right situation. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna Healthcare.
- **Age Requirements:** For certain medications, you must be within a specific age range for your plan to cover them. This is because some medications aren't considered clinically appropriate for individuals who aren't within that age range.

# Information about this drug list

## About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Healthcare Total Savings 3-Tier Prescription Drug List as of January 1, 2026. **The drug list is updated often**; so, not all of the medications your plan covers may be listed here. Also, your plan may not cover all of these medications. Log in to the myCigna App or **myCigna.com** to see which medications your plan covers.

**Important:** Your plan doesn't cover prescription medications that treat allergies (ex. Allegra®, Clarinex®, Xyzal® and generics) and heartburn/stomach acid conditions (ex. Nexium®, Prilosec OTC® and generics). Instead, you can buy them as over-the-counter (OTC) products at your local pharmacy or retail store without a prescription.

## How to read this drug list

Medications are listed alphabetically by their generic and brand names within their therapeutic category and class.* You can also find your medication using the index at the end of this drug list.

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

### Tiers

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

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

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

# Information about this drug list

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

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

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

* **Not all plans have extra coverage rules (requirements) on medications.** Log in to the myCigna App or myCigna.com, or check your plan materials, to see if yours does.

# Information about this drug list

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

Use the table below to understand how medications are covered on the Cigna Healthcare Total Savings 3-Tier Prescription Drug List.*

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

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

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

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

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

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

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

Generic medications are in **lowercase italics**.

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

# Information about this drug list

## How to find your medication

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

# Information about this drug list

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

# Information about this drug list

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

# List of Prescription Medications

| ANALGESICS (Pain Relief and Inflammatory Disease) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANALGESIC, SALICYLATE, BARBITURATE, XANTHINE COMB.** | | |
| *butalbital/acetaminophen* | T1 | |
| *butalbital-acetaminophn 50-325* | T1 | |
| **ANALGESIC, SALICYLATE, BARBITURATE, XANTHINE COMB.** | | |
| *butalbital-aspirin-caffeine cp* | T1 | QL(6 CAPS/DAY) |
| *butalbital-aspirin-caffeine tb* | T1 | QL(6 TABS/DAY) |
| **ANALGESIC, NON-SALICYLATE, BARBITURATE, XANTHINE COMB.** | | |
| *butalb/acetaminophen/caffeine* (Esgic) | T3 | QL(6 CAPS/DAY) |
| *butalb-acetamin-caff 50-300-40* (Fioricet) | T1 | QL(6 CAPS/DAY) |
| *butalb-acetamin-caff 50-325-40* | T1 | QL(6 TABS/DAY) |
| *butalb-acetamin-caff 50-325-40* (Esgic) | T1 | QL(6 CAPS/DAY) |
| **ANALGESIC/ANTIPYRETICS, SALICYLATES** | | |
| *diflunisal* | T1 | HD |
| **ANTI-MIGRAINE PREPARATIONS** | | |
| AIMOVIG AUTOINJECTOR | T2 | PA |
| AJOVY AUTOINJECTOR | T2 | PA |
| AJOVY AUTOINJECTOR (3 PACK) | T2 | PA |
| AJOVY SYRINGE | T2 | PA |
| *almotriptan malate* | T1 | QL(12 TABS/30 DAYS) |
| *dihydroergotamine 1 mg/ml amp* | T1 | QL |
| *eletriptan hydrobromide* (Relpax) | T1 | QL(6 TABS/30 DAYS) |
| EMGALITY PEN | T2 | PA |
| EMGALITY SYRINGE | T2 | PA |
| *ergotamine tartrate/caffeine* | T1 | QL(40 TABS/28 DAYS) |
| *frovatriptan succinate* (Frova) | T1 | QL(18 TABS/30 DAYS) |
| *naratriptan hcl* | T1 | QL(9 TABS/30 DAYS) |
| NURTEC ODT | T2 | PA QL(16 TABS/30 DAYS) |
| QULIPTA | T2 | PA QL(1 TAB/DAY) |
| *rizatriptan* | T1 | QL(12 TABS/30 DAYS) |
| *rizatriptan benzoate* (Maxalt Mlt) | T1 | QL(12 TABS/30 DAYS) |
| *rizatriptan benzoate* (Maxalt) | T1 | QL(12 TABS/30 DAYS) |
| *sumatriptan* | T1 | QL(12 UNITS/30 DAYS) |

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

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

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

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

# List of Prescription Medications

| ANALGESICS (Pain Relief and Inflammatory Disease) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-MIGRAINE PREPARATIONS** *(cont.)* | | |
| *sumatriptan 4 mg/0.5 ml inject* (Imitrex) | T1 | QL(4 MLS/30 DAYS) |
| *sumatriptan 6 mg/0.5 ml vial* | T1 | QL(5 MLS/30 DAYS) |
| *sumatriptan 6 mg/0.5ml autoinj* (Imitrex) | T1 | QL(4 MLS/30 DAYS) |
| *sumatriptan succ 100 mg tablet* (Imitrex) | T1 | QL(9 TABS/30 DAYS) |
| *sumatriptan succ 25 mg tablet* (Imitrex) | T1 | QL(9 TABS/30 DAYS) |
| *sumatriptan succ 50 mg tablet* (Imitrex) | T1 | QL(9 TABS/30 DAYS) |
| *sumatriptan succ/naproxen sod* (Treximet) | T1 | QL(18 TABS/30 DAYS) |
| UBRELVY | T2 | PA QL(0.67 TABS/DAY) |
| ZAVZPRET | T2 | PA QL(6 UNITS/30 DAYS) |
| *zolmitriptan* | T1 | QL(6 TABS/30 DAYS) |
| *zolmitriptan 2.5 mg tablet* (Zomig) | T1 | QL(6 TABS/30 DAYS) |
| *zolmitriptan 5 mg tablet* (Zomig) | T1 | QL(6 TABS/30 DAYS) |
| **NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE ANALGESICS** | | |
| *diclofenac pot 50 mg tablet* | T1 | HD |
| *diclofenac potassium* | T1 | HD |
| *ketorolac 10 mg tablet* | T1 | QL(20 TABS/30 DAYS) |
| *ketorolac 15 mg/ml syringe* | T1 | QL(8 MLS/DAY) |
| *ketorolac 15 mg/ml vial* | T1 | QL(8 MLS/DAY) |
| *ketorolac 30 mg/ml syringe* | T1 | QL(4 MLS/DAY) |
| *ketorolac 30 mg/ml vial* | T1 | QL(4 MLS/DAY) |
| *ketorolac 300 mg/10 ml vial* | T1 | |
| *ketorolac 60 mg/2 ml syringe* | T1 | QL(4 MLS/DAY) |
| *ketorolac 60 mg/2 ml vial* | T1 | QL(4 MLS/DAY) |
| **OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS** | | |
| *acetamin-codein 300-30 mg/12.5* | T1 | |
| *acetaminop-codeine 120-12 mg/5* | T1 | |
| *acetaminophen-cod #2 tablet* | T1 | PA |
| *acetaminophen-cod #3 tablet* | T1 | PA |
| *acetaminophen-cod #4 tablet* | T1 | PA |
| *hydrocodone/acetaminophen* | T1 | PA |
| *hydrocodone/acetaminophen* (Lortab) | T1 | PA |

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T3 – Typically Non-Preferred Brands

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ST – Step Therapy

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HD – May require home delivery pharmacy

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

# List of Prescription Medications

| ANALGESICS (Pain Relief and Inflammatory Disease) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS** *(cont.)* | | |
| HYDROCODONE-ACETAMINOPHEN | T1 | PA |
| LORTAB (*hydrocodone/acetaminophen*) | T1 | PA |
| NALOCET | T1 | PA |
| *oxycodone hcl/acetaminophen* | T1 | PA |
| *oxycodone hcl/acetaminophen* (Percocet) | T1 | PA |
| PRIMLEV | T1 | PA |
| *prolate 10-300 mg tablet* | T1 | PA |
| *prolate 5-300 mg tablet* | T1 | PA |
| *prolate 7.5-300 mg tablet* | T1 | PA |
| *tramadol hcl/acetaminophen* | T1 | |
| **OPIOID ANALGESIC AND NSAID COMBINATION** | | |
| *hydrocodone/ibuprofen* | T1 | PA |
| **OPIOID ANALGESIC AND NON-SALICYLATE XANTHINE COMB** | | |
| *acetaminophen/caff/dihydrocod* | T1 | PA |
| TREZIX | T3 | PA |
| **OPIOID ANALGESICS** | | |
| ACTIQ (*fentanyl citrate*) | T3 | PA |
| BELBUCA | T2 | QL(2 FILMS/DAY) |
| *buprenorphine* (Butrans) | T1 | QL(4 PATCHES/28 DAYS) |
| *butorphanol tartrate* | T1 | PA QL(6 BOTTLES/30 DAYS) |
| BUTRANS (buprenorphine) | T3 | QL(4 PATCHES/28 DAYS) |
| *codeine sulfate* | T1 | PA |
| *fentanyl* | T1 | PA |
| *fentanyl citrate* | T1 | PA |
| FENTANYL CITRATE | T1 | PA |
| *fentanyl citrate* (Actiq) | T1 | PA |
| *hydrocodone bitartrate* | T1 | PA |
| *hydrocodone bitartrate* (Hysingla Er) | T1 | PA |
| *hydromorphone hcl* | T1 | PA |
| *hydromorphone hcl* (Dilaudid) | T1 | PA |
| HYSINGLA ER (*hydrocodone bitartrate*) | T2 | PA |

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# List of Prescription Medications

| ANALGESICS (Pain Relief and Inflammatory Disease) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **OPIOID ANALGESICS** *(cont.)* | | |
| LAZANDA | T3 | PA |
| *meperidine hcl* | T1 | PA |
| *methadone hcl* | T1 | PA |
| *morphine sulfate* | T1 | PA |
| *morphine sulfate* (Ms Contin) | T1 | PA |
| MS CONTIN (*morphine sulfate*) | T3 | PA |
| NUCYNTA | T3 | PA |
| NUCYNTA ER | T3 | PA |
| *opium/belladonna alkaloids* | T1 | PA |
| OXAYDO | T3 | PA |
| *oxycodone hcl (ir) 10 mg tab* | T1 | PA |
| *oxycodone hcl (ir) 15 mg tab* (Roxicodone) | T1 | PA |
| *oxycodone hcl (ir) 20 mg tab* | T1 | PA |
| *oxycodone hcl (ir) 30 mg tab* (Roxicodone) | T1 | PA |
| *oxycodone hcl (ir) 5 mg cap* | T1 | PA |
| *oxycodone hcl (ir) 5 mg tablet* (Roxicodone) | T1 | PA |
| *oxycodone hcl 100 mg/5 ml conc* | T1 | PA |
| *oxycodone hcl 5 mg/5 ml cup* | T1 | PA |
| *oxycodone hcl 5 mg/5 ml soln* | T1 | PA |
| OXYCODONE HCL ER | T1 | PA |
| *oxymorphone hcl* | T1 | PA |
| *pentazocine hcl/naloxone hcl* | T1 | PA |
| ROXYBOND | T3 | PA |
| *tramadol er 100 mg tablet* | T1 | QL(1 TAB/DAY) |
| *tramadol er 200 mg tablet* | T1 | QL(1 TAB/DAY) |
| *tramadol er 300 mg tablet* | T1 | QL(1 TAB/DAY) |
| *tramadol hcl 100 mg tablet* | T1 | QL(4 TABS/DAY) |
| *tramadol hcl 50 mg tablet* | T1 | QL(8 TABS/DAY) |
| TRAMADOL HCL 75 MG TABLET | T3 | QL(5 TABS/DAY) |
| TRAMADOL HCL ER 100 MG CAPSULE | T1 | QL(1 CAP/DAY) |
| *tramadol hcl er 100 mg tablet* | T1 | QL(1 TAB/DAY) |

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# List of Prescription Medications

| ANALGESICS (Pain Relief and Inflammatory Disease) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **OPIOID ANALGESICS** *(cont.)* | | |
| TRAMADOL HCL ER 200 MG CAPSULE | T1 | QL(1 CAP/DAY) |
| *tramadol hcl er 200 mg tablet* | T1 | QL(1 TAB/DAY) |
| TRAMADOL HCL ER 300 MG CAPSULE | T1 | QL(1 CAP/DAY) |
| *tramadol hcl er 300 mg tablet* | T1 | QL(1 TAB/DAY) |
| XTAMPZA ER | T2 | PA |
| **OPIOID AND SALICYLATE ANALGESICS, BARBIT, XANTHINE** | | |
| *codeine/butalbital/asa/caffein* | T1 | PA |
| **OPIOID, NON-SALICYL. ANALGESIC, BARBITUATE, XANTHINE** | | |
| *butalbit/acetamin/caff/codeine* | T1 | PA |
| *butalbit/acetamin/caff/codeine* (Fioricet With Codeine) | T1 | PA |
| **SKELETAL MUSCLE RELAXANT, SALICYLAT, OPIOID ANALGES C** | | |
| *carisoprodol/aspirin/codeine* | T1 | PA |
| **ANALGESICS (Urinary Tract Conditions)** | | |
| **URINARY TRACT ANALGESIC AGENTS** | | |
| ELMIRON | T2 | |
| RIMSO-50 | T2 | |
| **ANESTHETICS (Miscellaneous)** | | |
| **GENERAL ANESTHETICS, INHALANT** | | |
| *desflurane* | T1 | |
| *isoflurane* | T1 | |
| *sevoflurane* (Ultane) | T1 | |
| SUPRANE | T3 | |
| ULTANE (*sevoflurane*) | T3 | |
| **ANESTHETICS (Pain Relief and Inflammatory Disease)** | | |
| **LOCAL ANESTHETICS** | | |
| *lidocaine hcl* | T1 | |
| **TOPICAL LOCAL ANESTHETICS** | | |
| *lidocaine 5% ointment* | T1 | QL(145 GMS/30 DAYS) |
| *lidocaine 5% patch* (Lidocan li) | T1 | |
| *lidocaine 5% patch* (Lidoderm) | T1 | |
| *lidocaine hcl* | T3 | |
| *lidocaine/prilocaine* | T1 | |
| ZTLIDO | T2 | |

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## List of Prescription Medications

| ANESTHETICS (Urinary Tract Conditions) | | |
|---|---|---|
| **URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)** | | |
| *phenazopyridine hcl* (Pyridium) | T1 | |
| **ANTI-ALLERGY (Allergy/Nasal Sprays)** | | |
| **MAST CELL STABILIZERS** | | |
| *cromolyn 100 mg/5 ml oral conc* (Gastrocrom) | T1 | |
| **ANTI-ARTHRITICS (Pain Relief and Inflammatory Disease)** | | |
| **ANALGESIC/ANTIPYRETICS, SALICYLATES** | | |
| DISALCID (*salsalate*) | T3 | HD |
| *salsalate* (Disalcid) | T1 | HD |
| **ANTI-ARTHRITIC AND CHELATING AGENTS** | | |
| DEPEN (*penicillamine*) | T3 | PA QL(6 TABS/DAY) SP |
| *penicillamine 250 mg capsule* (Cuprimine) | T1 | PA QL(6 CAPS/DAY) SP |
| *penicillamine 250 mg tablet* (Depen) | T1 | PA QL(6 TABS/DAY) SP |
| **ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS** | | |
| OTREXUP | T2 | PA |
| **ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR** | | |
| *leflunomide* (Arava) | T1 | HD |
| **ANTI-INFLAMMATORY, PHOSPHODIESTERASE-4(PDE4) INHIB.** | | |
| OTEZLA 10-20 MG STARTER 28 DAY | T2 | PA QL(55 TABS/365 DAYS) SP HD |
| OTEZLA 10-20-30MG START 28 DAY | T2 | PA QL(55 TABS/365 DAYS) SP HD |
| OTEZLA 20 MG TABLET | T2 | PA QL(2 TABS/DAY) SP HD |
| OTEZLA 30 MG TABLET | T2 | PA QL(2 TABS/DAY) SP HD |
| OTEZLA XR 75 MG TABLET | T2 | PA QL(1 TAB/DAY) SP HD |
| OTEZLA XR INITIATION PK 28 DAY | T2 | PA QL(41 TABS/365 DAYS) SP HD |
| **ANTI-INFLAMMATORY, SEL.COSTIM.MOD., T-CELL INHIBITOR** | | |
| ORENCIA 125 MG/ML SYRINGE | T3 | PA QL(4 SYR/AUTO-INJ/28 DAYS) SP HD |
| ORENCIA 50 MG/0.4 ML SYRINGE | T3 | PA QL(4 SYR/AUTO-INJ/28 DAYS) SP HD |
| ORENCIA 87.5 MG/0.7 ML SYRINGE | T3 | PA QL(4 SYR/AUTO-INJ/28 DAYS) SP HD |
| ORENCIA CLICKJECT | T3 | PA QL(4 SYR/AUTO-INJ/28 DAYS) SP HD |
| **COLCHICINE** | | |
| *colchicine 0.6 mg capsule* (Mitigare) | T1 | HD |
| *colchicine 0.6 mg tablet* (Colcrys) | T1 | HD |
| MITIGARE (*colchicine*) | T2 | |

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# List of Prescription Medications

| ANTI-ARTHRITICS (Pain Relief and Inflammatory Disease) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS** | | |
| *allopurinol 100 mg tablet* (Zyloprim) | T1 | HD |
| *allopurinol 300 mg tablet* | T1 | HD |
| *febuxostat 40 mg tablet* (Uloric) | T1 | QL(1 TAB/DAY) HD |
| *febuxostat 80 mg tablet* (Uloric) | T1 | HD |
| **JANUS KINASE (JAK) INHIBITORS** | | |
| OLUMIANT | T3 | PA QL(30 TABS/30 DAYS) SP HD |
| RINVOQ | T2 | PA QL(1 TAB/DAY) SP HD |
| RINVOQ LQ | T2 | PA QL(12 MLS/DAY) SP HD |
| XELJANZ 1 MG/ML SOLUTION | T2 | PA QL(480 MLS/30 DAYS) SP HD |
| XELJANZ 10 MG TABLET | T2 | PA QL(2 TABS/DAY) SP HD |
| XELJANZ 5 MG TABLET | T2 | PA QL(2 TABS/DAY) SP HD |
| XELJANZ XR | T2 | PA QL(1 TAB/DAY) SP HD |
| **NSAID AND TOPICAL IRRITANT COUNTER-IRRITANT COMB.** | | |
| COMFORT PAC-IBUPROFEN | T3 | |
| COMFORT PAC-MELOXICAM | T3 | |
| COMFORT PAC-NAPROXEN | T3 | |
| **NSAIDS (COX NON-SPEC.INHIB) AND PROSTAGLANDIN ANALOG** | | |
| ARTHROTEC 50 (*diclofenac sodium-misoprostol*) | T3 | ST HD |
| ARTHROTEC 75 (*diclofenac sodium-misoprostol*) | T3 | ST HD |
| *diclofenac sodium-misoprostol* (Arthrotec 50) | T1 | HD |
| *diclofenac sodium-misoprostol* (Arthrotec 75) | T1 | HD |
| **NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS** | | |
| ANAPROX DS (*naproxen sodium ds*) | T3 | ST HD |
| DAYPRO (*oxaprozin*) | T3 | ST HD |
| *diclofenac sod dr 25 mg tab* | T1 | HD |
| *diclofenac sod dr 50 mg tab* | T1 | HD |
| *diclofenac sod dr 75 mg tab* | T1 | HD |
| *diclofenac sod ec 25 mg tab* | T1 | HD |
| *diclofenac sod ec 50 mg tab* | T1 | HD |
| *diclofenac sod ec 75 mg tab* | T1 | HD |
| *diclofenac sodium* | T1 | HD |
| EC-NAPROSYN (*naproxen*) | T3 | ST HD |
| *etodolac* | T1 | HD |
| *etodolac* (Lodine) | T1 | HD |
| FELDENE (*piroxicam*) | T3 | ST HD |

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# List of Prescription Medications

| ANTI-ARTHRITICS (Pain Relief and Inflammatory Disease) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS** *(cont.)* | | |
| *fenoprofen 600 mg tablet* (Nalfon) | T1 | HD |
| *flurbiprofen* | T1 | HD |
| *ibuprofen* | T1 | HD |
| *indomethacin* | T1 | HD |
| *indomethacin 25 mg capsule* | T1 | HD |
| *indomethacin 25 mg/5 ml susp* (Indocin) | T1 | HD |
| *indomethacin 50 mg capsule* | T1 | HD |
| *indomethacin 50 mg suppository* (Indocin) | T1 | HD |
| *ketoprofen 50 mg capsule* | T1 | HD |
| *ketoprofen 75 mg capsule* | T1 | HD |
| *ketoprofen er 200 mg capsule* | T1 | HD |
| LODINE (*etodolac*) | T3 | ST HD |
| *meclofenamate sodium* | T1 | HD |
| *meloxicam 15 mg tablet* | T1 | HD |
| *meloxicam 7.5 mg tablet* | T1 | HD |
| *nabumetone* (Relafen) | T1 | HD |
| NALFON 600 MG TABLET (*fenoprofen calcium*) | T3 | ST HD |
| NAPROSYN 500 MG TABLET (*naproxen*) | T3 | ST HD |
| *naproxen* (Ec-naprosyn) | T1 | HD |
| *naproxen 250 mg, 375 mg tablet* | T1 | HD |
| *naproxen 500 mg kit* (Naprosyn) | T1 | HD |
| *naproxen 500 mg tablet* (Naprosyn) | T1 | HD |
| *naproxen dr 375 mg, 500 mg tablet* (Ec-Naprosyn) | T1 | HD |
| *naproxen sodium* | T1 | HD |
| *naproxen* (Naprosyn) | T1 | HD |
| *naproxen sodium* (Anaprox Ds) | T1 | HD |
| *oxaprozin 600 mg caplet (Daypro)* | T1 | HD |
| *oxaprozin 600 mg tablet (Daypro)* | T1 | HD |
| *piroxicam* | T1 | HD |
| *piroxicam* (Feldene) | T1 | HD |
| *sulindac* | T1 | HD |
| *tolmetin sodium* | T1 | HD |
| *tolmetin sodium* (Tolectin 600) | T1 | HD |

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# List of Prescription Medications

| ANTI-ARTHRITICS (Pain Relief and Inflammatory Disease) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **NSAIDS, CYCLOOXYGENASE-2(COX-2) SELECTIVE INHIBITOR** | | |
| *celecoxib 100 mg capsule* (Celebrex) | T1 | QL(2 CAPS/DAY) HD |
| *celecoxib 200 mg capsule* (Celebrex) | T1 | QL(2 CAPS/DAY) HD |
| *celecoxib 400 mg capsule* (Celebrex) | T1 | QL(1 CAP/DAY) HD |
| *celecoxib 50 mg capsule* (Celebrex) | T1 | QL(2 CAPS/DAY) HD |
| **URICOSURIC AGENTS** | | |
| *probenecid* | T1 | HD |
| *probenecid/colchicine* | T1 | HD |
| **ANTI-ASTHMATICS (Asthma/COPD/Respiratory)** | | |
| **5-LIPOXYGENASE INHIBITORS** | | |
| *zileuton* | T1 | HD |
| **ANTICHOLINERGICS, ORALLY INHALED LONG ACTING** | | |
| INCRUSE ELLIPTA | T2 | HD |
| SPIRIVA RESPIMAT | T2 | QL(1 INHALER/30 DAYS) HD |
| *tiotropium 18 mcg cap-inhaler (*Spiriva Handihaler*)* | T1 | QL(1 INHALER/30 DAYS) HD |
| **ANTICHOLINERGICS, ORALLY INHALED SHORT ACTING** | | |
| ATROVENT HFA | T2 | QL(2 INHALERS/30 DAYS) HD |
| *ipratropium bromide* | T1 | HD |
| **BETA-ADRENERGIC AGENTS** | | |
| *albuterol sulf 2 mg/5 ml syrup* | T1 | HD |
| *albuterol 8 mg/20 ml syrup cup* | T1 | HD |
| *albuterol sulf 2 mg/5 ml syrup* | T1 | HD |
| *albuterol sulfate 2 mg tab* | T1 | HD |
| *albuterol sulfate 4 mg tab* | T1 | HD |
| *albuterol sulfate er 4 mg tab* | T1 | HD |
| *albuterol sulfate er 8 mg tab* | T1 | HD |
| *terbutaline sulfate* | T1 | HD |
| **BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING** | | |
| *albuterol 100 mg/20 ml soln* | T1 | |
| *albuterol 15 mg/3 ml solution* | T1 | |
| *albuterol 2.5 mg/0.5 ml sol* | T1 | |
| *albuterol 25 mg/5 ml solution* | T1 | |
| *albuterol 5 mg/ml solution* | T1 | |
| *albuterol 75 mg/15 ml soln* | T1 | |

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# List of Prescription Medications

| ANTI-ASTHMATICS (Asthma/COPD/Respiratory) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING** *(cont.)* | | |
| *albuterol sul 0.63 mg/3 ml sol* | T1 | |
| *albuterol sul 1.25 mg/3 ml sol* | T1 | |
| *albuterol sul 2.5 mg/3 ml soln* | T1 | |
| *albuterol hfa 90 mcg inhaler* | T1 | QL(1 INHALER/30 DAYS) |
| *levalbuterol hcl* (Xopenex Concentrate) | T1 | |
| *levalbuterol hcl* (Xopenex) | T1 | |
| XOPENEX (*levalbuterol hcl*) | T3 | |
| XOPENEX CONCENTRATE (*levalbuterol concentrate*) | T3 | |
| **BETA-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING** | | |
| STRIVERDI RESPIMAT | T2 | QL(1 INHALER/30 DAYS) HD |
| **BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING** | | |
| *arformoterol tartrate* (Brovana) | T1 | QL(4 MLS/DAY) HD |
| *formoterol fumarate* (Perforomist) | T1 | QL(240 MLS/30 DAYS) HD |
| **BETA-ADRENERGIC AND ANTICHOLINERGIC COMBO, INHALED** | | |
| ANORO ELLIPTA 62.5-25 MCG INH | T2 | HD |
| ANORO ELLIPTA 62.5-25 MCG INH | T2 | QL(1 INHALER/30 DAYS) HD |
| COMBIVENT RESPIMAT | T2 | QL(2 INHALERS/30 DAYS) |
| *ipratropium/albuterol sulfate* | T1 | HD |
| STIOLTO RESPIMAT | T2 | QL(1 INHALER/30 DAYS) HD |
| **BETA-ADRENERGIC AGENTS AND GLUCOCORTICOID COMBO, INHALED** | | |
| AIRSUPRA | T2 | QL(2 GMS/28 DAYS) HD |
| *budesonide/formoterol fumarate* (Symbicort) | T1 | QL(1 INHALER/30 DAYS) HD |
| DULERA 100 MCG-5 MCG INHALER | T2 | QL(1 INHALER/30 DAYS) HD |
| DULERA 200 MCG-5 MCG INHALER | T2 | QL(1 INHALER/30 DAYS) HD |
| DULERA 50 MCG-5 MCG INHALER | T2 | QL(1 INHALER/30 DAYS) HD |
| *fluticasone propion/salmeterol* (Advair Diskus) | T1 | QL(1 INHALER/30 DAYS) |
| *fluticasone-salmeterol 100-50* (Advair Diskus) | T1 | QL(1 INHALER/30 DAYS) HD |
| *fluticasone-salmeterol 250-50* (Advair Diskus) | T1 | QL(1 INHALER/30 DAYS) HD |
| *fluticasone-salmeterol 500-50* (Advair Diskus) | T1 | QL(1 INHALER/30 DAYS) HD |

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# List of Prescription Medications

| ANTI-ASTHMATICS (Asthma/COPD/Respiratory) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORT, INHALED** | | |
| BREZTRI AEROSPHERE INHALER | T2 | QL(1 INHALER/30 DAYS) |
| TRELEGY ELLIPTA 100-62.5-25 | T2 | QL(1 BLISTER/30 DAYS) |
| TRELEGY ELLIPTA 200-62.5-25 | T2 | QL(1 BLISTER/30 DAYS) |
| **GLUCOCORTICOIDS, ORALLY INHALED** | | |
| ALVESCO | T2 | HD |
| ASMANEX HFA | T2 | QL(1 INHALER/30 DAYS) HD |
| ASMANEX TWISTHALER 110 MCG #30 | T2 | QL(1 INHALER/30 DAYS) HD |
| ASMANEX TWISTHALER 220 MCG #14 | T2 | HD |
| ASMANEX TWISTHALER 220 MCG #30 | T2 | QL(1 INHALER/30 DAYS) HD |
| ASMANEX TWISTHALER 220 MCG #60 | T2 | QL(1 INHALER/30 DAYS) HD |
| ASMANEX TWISTHALR 220 MCG #120 | T2 | QL(1 INHALER/30 DAYS) HD |
| *budesonide 0.25 mg/2 ml susp* (Pulmicort) | T1 | QL(4 MLS/DAY) HD |
| *budesonide 0.5 mg/2 ml susp* (Pulmicort) | T1 | QL(4 MLS/DAY) HD |
| *budesonide 1 mg/2 ml inh susp* (Pulmicort) | T1 | QL(2 MLS/DAY) HD |
| QVAR REDIHALER | T2 | |
| **INTERLEUKIN-5 (IL-5) ANTAGONISTS, MAB** | | |
| NUCALA | T2 | PA SP HD |
| **INTERLEUKIN-5(IL-5) RECEPTOR ALPHA ANTAGONIST, MAB** | | |
| FASENRA PEN | T2 | PA SP HD |
| **LEUKOTRIENE RECEPTOR ANTAGONISTS** | | |
| ACCOLATE (*zafirlukast*) | T3 | HD |
| *montelukast sodium* | T1 | HD |
| *montelukast sodium* (Singulair) | T1 | HD |
| *zafirlukast* (Accolate) | T1 | HD |
| **MAST CELL STABILIZERS, ORALLY INHALED** | | |
| *cromolyn 20 mg/2 ml neb soln* | T1 | QL(480 MLS/30 DAYS) HD |
| **MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IGE)** | | |
| XOLAIR | T2 | PA SP HD |
| **MUCOLYTICS** | | |
| *acetylcysteine* | T1 | |

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# List of Prescription Medications

| ANTI-ASTHMATICS (Asthma/COPD/Respiratory) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PHOSPHODIESTERASE (PDE) INHIBITORS** | | |
| *roflumilast 250 mcg tablet* (Daliresp) | T1 | QL(28 TABS/180 DAYS) HD |
| *roflumilast 500 mcg tablet* (Daliresp) | T1 | QL(2 TABS/DAY) HD |
| **XANTHINES** | | |
| THEO-24 | T3 | HD |
| *theophylline anhydrous* | T1 | HD |
| **ANTIBIOTICS (Ear Medications)** | | |
| **EAR PREPARATIONS, ANTIBIOTICS** | | |
| *ciprofloxacin hcl* | T1 | |
| CORTISPORIN-TC | T3 | |
| *neomycin/polymyxin b/hydrocort* | T1 | |
| *ofloxacin* | T1 | |
| **OTIC PREPARATIONS, ANTI-INFLAMMATORY-ANTIBIOTICS** | | |
| *ciprofloxacin hcl/dexameth* | T1 | |
| *ciprofloxacin/hydrocortisone* | T1 | |
| OTOVEL | T3 | |
| **ANTIBIOTICS (Eye Conditions)** | | |
| **EYE ANTIBIOTIC AND GLUCOCORTICOID COMBINATIONS** | | |
| *neomycin/bacit/p-myx/hydrocort* | T1 | |
| *neomycin/polymyxin b/dexametha* (Maxitrol) | T1 | |
| *neomycin/polymyxin b/hydrocort* | T1 | |
| TOBRADEX | T3 | |
| TOBRADEX ST | T2 | |
| *tobramycin/dexamethasone* | T1 | |
| ZYLET | T3 | |
| **EYE SULFONAMIDES** | | |
| *sulfacetamide sodium* | T1 | |
| *sulfacetamide/prednisolone sp* | T1 | |
| **OPHTHALMIC ANTIBIOTICS** | | |
| AZASITE | T2 | |
| *bacitracin* | T1 | |
| *bacitracin/polymyxin b sulfate* | T1 | |
| BESIVANCE | T2 | |
| *ciprofloxacin hcl* | T1 | |

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# List of Prescription Medications

| ANTIBIOTICS (Eye Conditions) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **OPHTHALMIC ANTIBIOTICS** *(cont.)* | | |
| *erythromycin base* | T1 | |
| *gatifloxacin* | T1 | |
| *gentamicin sulfate* | T1 | |
| *levofloxacin* | T1 | |
| *moxifloxacin hcl* | T1 | |
| *moxifloxacin hcl* (Vigamox) | T1 | |
| *neomycin/bacitracin/polymyxinb* | T1 | |
| *neomycin/polymyxn b/gramicidin* | T1 | |
| *ofloxacin* (Ocuflox) | T1 | |
| *polymyxin b sulf/trimethoprim* | T1 | |
| *tobramycin 0.3% eye drop* (Tobrex) | T1 | |
| **ANTIBIOTICS (Infections)** | | |
| **ABSORBABLE SULFONAMIDE ANTIBACTERIAL AGENTS** | | |
| BACTRIM (*sulfamethoxazole-trimethoprim*) | T3 | |
| BACTRIM DS (*sulfamethoxazole-trimethoprim*) | T3 | |
| *sulfadiazine* | T1 | |
| *sulfamethoxazole/trimethoprim* | T1 | |
| *sulfamethoxazole/trimethoprim* (Bactrim Ds) | T1 | |
| *sulfamethoxazole/trimethoprim* (Bactrim) | T1 | |
| **AMINOGLYCOSIDE ANTIBIOTICS** | | |
| ARIKAYCE | T3 | PA SP |
| *gentamicin sulfate* | T1 | |
| *gentamicin sulfate/pf* | T1 | |
| KITABIS PAK | T3 | PA QL(10 MLS/DAY) SP HD |
| *neomycin sulfate* | T1 | |
| TOBI PODHALER | T2 | PA QL(8 CAPS/DAY) SP HD |
| *tobramycin 300 mg/4 ml ampule* | T1 | QL(8 MLS/DAY) SP HD |
| *tobramycin 300 mg/5 ml ampule* | T1 | PA QL(10 MLS/DAY) SP HD |
| TOBRAMYCIN PAK 300 MG/5 ML | T3 | PA QL(10 MLS/DAY) SP HD |
| *tobramycin sulfate* | T1 | |
| **ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS** | | |
| FLAGYL (*metronidazole*) | T3 | |
| LIKMEZ | T3 | PA |

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| ANTIBIOTICS (Infections) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS** *(cont.)* | | |
| *metronidazole 250 mg tablet* | T1 | |
| *metronidazole 375 mg capsule* (Flagyl) | T1 | |
| *metronidazole 500 mg tablet* | T1 | |
| **ANTI-BIOTIC, ANTIBACTERIAL, MISC.** | | |
| *fosfomycin tromethamine* | T1 | |
| *methenamine hippurate* | T1 | |
| *methenamine mandelate* | T1 | |
| PRIMSOL | T3 | |
| *trimethoprim* | T1 | |
| **ANTI-LEPROTICS** | | |
| *dapsone 100 mg tablet* | T1 | |
| *dapsone 25 mg tablet* | T1 | |
| THALOMID | T2 | PA SP HD |
| **ANTI-MYCOBACTERIUM AGENTS** | | |
| *ethambutol hcl* | T1 | HD |
| *isoniazid* | T1 | HD |
| PASER | T3 | HD |
| *pyrazinamide* | T1 | HD |
| *rifabutin* (Mycobutin) | T1 | HD |
| **ANTI-TUBERCULAR ANTIBIOTICS** | | |
| *cycloserine* | T1 | |
| PRETOMANID | T3 | PA QL(1 TAB/DAY) |
| PRIFTIN | T3 | |
| *rifampin* | T1 | |
| SIRTURO | T3 | SP |
| **BETALACTAMS** | | |
| CAYSTON | T3 | PA QL(3 MLS/DAY) SP HD |
| **CEPHALOSPORIN ANTIBIOTICS - IST GENERATION** | | |
| *cefadroxil* | T1 | |
| *cephalexin* | T1 | |
| **CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION** | | |
| *cefaclor* | T1 | |
| *cefprozil* | T1 | |
| *cefuroxime axetil* | T1 | |

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| ANTIBIOTICS (Infections) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION** | | |
| *cefdinir* | T1 | |
| *cefixime* | T1 | |
| *cefpodoxime proxetil* | T1 | |
| *ceftriaxone sodium* | T1 | |
| **LINCOSAMIDE ANTIBIOTICS** | | |
| CLEOCIN HCL *(clindamycin hcl)* | T3 | |
| CLEOCIN PEDIATRIC *(clindamycin palmitate hcl)* | T3 | |
| *clindamycin hcl* (Cleocin Hcl) | T1 | |
| *clindamycin palmitate hcl* (Cleocin Pediatric) | T1 | |
| **MACROLIDE ANTIBIOTICS** | | |
| *azithromycin* | T1 | |
| *azithromycin* (Zithromax Tri-Pak) | T1 | |
| *azithromycin* (Zithromax) | T1 | |
| *clarithromycin* | T1 | |
| DIFICID 200 MG TABLET | T3 | QL(28 TABS/28 DAYS) |
| DIFICID 40 MG/ML SUSPENSION | T3 | QL(5 MLS/DAY) |
| ERYPED 200 (*erythromycin ethylsuccinate*) | T3 | |
| ERY-TAB (*erythromycin base*) | T3 | |
| *erythromycin base* | T1 | |
| *erythromycin base powder* | T3 | |
| *erythromycin base* (Ery-tab) | T1 | |
| *erythromycin ethylsuccinate* | T1 | |
| *erythromycin ethylsuccinate* (Eryped 200) | T1 | |
| *erythromycin ethylsuccinate* (Eryped 400) | T1 | |
| *erythromycin stearate* | T1 | |
| *fidaxomicin (*Dificid*)* | T1 | QL(28 TABS/28 DAYS) |
| ZITHROMAX (azithromycin) | T3 | |
| ZITHROMAX TRI-PAK (*azithromycin*) | T3 | |
| **NITROFURAN DERIVATIVES ANTIBACTERIAL AGENTS** | | |
| FURADANTIN (*nitrofurantoin*) | T3 | |
| MACROBID (*nitrofurantoin monohyd/m-cryst*) | T3 | |
| *nitrofurantoin 25 mg/5 ml susp (Furadantin)* | T1 | |

T1 – Typically Generics
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# List of Prescription Medications

| ANTIBIOTICS (Infections) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION** | | |
| *nitrofurantoin mcr 100 mg cap* | T1 | |
| *nitrofurantoin mcr 25 mg cap* | T1 | |
| *nitrofurantoin mcr 50 mg cap* | T1 | |
| *nitrofurantoin monohyd/m-cryst* (Macrobid) | T1 | |
| **OXAZOLIDINONE ANTIBIOTICS** | | |
| *linezolid* (Zyvox) | T1 | PA |
| SIVEXTRO | T3 | PA |
| ZYVOX (*linezolid*) | T3 | PA |
| **PENICILLIN ANTIBIOTICS** | | |
| *amoxicillin* | T1 | |
| *amoxicillin/potassium clav* | T1 | |
| *amoxicillin/potassium clav* (Augmentin Es-600) | T1 | |
| *amoxicillin/potassium clav* (Augmentin Xr) | T1 | |
| *amoxicillin/potassium clav* (Augmentin) | T1 | |
| *ampicillin trihydrate* | T1 | |
| *dicloxacillin sodium* | T1 | |
| MOXATAG | T3 | |
| *penicillin v potassium* | T1 | |
| **PLEUROMUTILIN DERIVATIVES** | | |
| XENLETA | T3 | PA QL(10 TABS/30 DAYS) |
| **QUINOLONE ANTIBIOTICS** | | |
| BAXDELA | T3 | PA |
| CIPRO (*ciprofloxacin hcl)* | T3 | |
| CIPRO (*ciprofloxacin*) | T3 | |
| *ciprofloxacin* (Cipro) | T1 | |
| *ciprofloxacin hcl* | T1 | |
| *ciprofloxacin hcl* (Cipro) | T1 | |
| FACTIVE | T3 | |
| *levofloxacin* | T1 | |
| *moxifloxacin hcl* (Avelox) | T1 | |
| *ofloxacin* | T1 | |
| **RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS** | | |
| AEMCOLO | T3 | QL(12 TABS/30 DAYS) |
| XIFAXAN 200 MG TABLET | T2 | QL(9 TABS/30 DAYS) |
| XIFAXAN 550 MG TABLET | T2 | QL(42 TABS/30 DAYS) |

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# List of Prescription Medications

| ANTIBIOTICS (Infections) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TETRACYCLINE ANTIBIOTICS** | | |
| *coremino er 135 mg tablet* | T1 | |
| *coremino er 45 mg tablet* | T1 | QL(1 TAB/DAY) |
| *coremino er 90 mg tablet* | T1 | |
| *demeclocycline hcl* | T1 | |
| *doxycycline 50 mg tablet* (Targadox) | T1 | |
| *doxycycline hyclate* | T1 | |
| *doxycycline hyclate 100 mg cap* | T1 | |
| *doxycycline hyclate 100 mg tab* (Lymepak) | T1 | |
| *doxycycline hyclate 150 mg tab* (Acticlate) | T1 | |
| *doxycycline hyclate 50 mg cap* | T1 | |
| *doxycycline hyclate 75 mg tab* (Acticlate) | T1 | |
| *doxycycline monohydrate* | T1 | |
| *minocycline er 45 mg tablet* | T1 | QL(1 TAB/DAY) |
| *minocycline er 55 mg tablet* | T1 | |
| *minocycline er 65 mg tablet* | T1 | |
| *minocycline er 80 mg tablet* | T1 | |
| *minocycline er 90 mg tablet* | T1 | |
| *minocycline er 105 mg tablet* | T1 | |
| *minocycline er 115 mg tablet* (Solodyn) | T1 | |
| *minocycline er 135 mg tablet* | T1 | |
| *minocycline hcl* | T1 | |
| NUZYRA | T3 | PA QL(30 TABS/28 DAYS) SP |
| *tetracycline 250 mg capsule* | T1 | |
| *tetracycline 500 mg capsule* | T1 | |
| **VAGINAL ANTIBIOTICS** | | |
| *clindamycin phosphate* (Cleocin) | T1 | |
| *metronidazole* | T1 | |
| *metronidazole vaginal 0.75% gl* | T1 | |
| **VANCOMYCIN ANTIBIOTICS AND DERIVATIVES** | | |
| *vancomycin 25 mg/ml oral soln* | T1 | |
| *vancomycin 250 mg/5ml oral sol* (Firvanq) | T1 | |
| *vancomycin 50 mg/ml oral soln* (Firvanq) | T1 | |
| *vancomycin hcl 125 mg capsule* (Vancocin Hcl) | T1 | |
| *vancomycin hcl 250 mg capsule* (Vancocin Hcl) | T1 | |

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# List of Prescription Medications

| ANTIBIOTICS (Skin Conditions) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TOPICAL ANTIBIOTIC AND ANTI-INFLAMMATORY STEROID** | | |
| NEO-SYNALAR | T3 | |
| **TOPICAL ANTIBIOTICS** | | |
| BENZAMYCIN (*erythromycin-benzoyl peroxide*) | T3 | |
| CENTANY | T3 | |
| CENTANY AT | T3 | |
| CLEOCIN T *(clindamycin phosphate)* | T3 | |
| *clindamycin phosphate* | T1 | |
| *clindacin etz 1% pledget* (Cleocin T) | T1 | |
| *clindamycin phosphate* (Cleocin T) | T1 | |
| *clindamycin phosphate* (Evoclin) | T1 | |
| *erythromycin base in ethanol* | T1 | |
| *erythromycin/benzoyl peroxide* (Benzamycin) | T1 | |
| EVOCLIN (*clindamycin phosphate*) | T3 | |
| *gentamicin sulfate* | T1 | |
| *mupirocin 2% ointment* | T1 | |
| XEPI | T3 | |
| **TOPICAL SULFONAMIDES** | | |
| *mafenide acetate* | T1 | |
| PLEXION | T3 | |
| SILVADENE (*silver sulfadiazine*) | T3 | |
| *silver sulfadiazine* (Silvadene) | T1 | |
| *sulfacetamide sodium/sulfur* | T1 | |
| SULFAMYLON | T3 | |
| **ANTI-COAGULANTS (Blood Thinners/Anti-Clotting)** | | |
| **ANTI-COAGULANTS, COUMARIN TYPE** | | |
| *warfarin sodium* | T1 | HD |
| **CITRATES AS ANTI-COAGULANTS** | | |
| ACD SOLUTION A | T3 | |
| ACD-A SOLUTION | T3 | |
| ANTICOAGULANT SODIUM CITRATE | T3 | |
| CITRATE PHOSPHATE DEXTROSE | T1 | |
| SODIUM CITRATE | T1 | |

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# List of Prescription Medications

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

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# List of Prescription Medications

| ANTI-COAGULANTS (Blood Thinners/Anti-Clotting) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **HEPARIN AND RELATED PREPARATIONS** *(cont.)* | | |
| *heparin 40,000 unit/4 ml vial* | T1 | |
| *heparin sod 5,000 unit/ml vial* | T1 | |
| *heparin 50,000 unit/10 ml vial* | T1 | |
| *heparin 50,000 unit/5 ml vial* | T1 | |
| *heparin sod 1,000 unit/ml vial* | T1 | |
| *heparin sod 10,000 unit/ml vl* | T1 | |
| *heparin sod 20,000 unit/ml vl* | T1 | |
| *heparin sod 5,000 unit/0.5 ml* | T1 | |
| HEPARIN SOD 5,000 UNIT/0.5 ML | T1 | |
| HEPARIN SOD 5,000 UNIT/0.5 ML | T3 | |
| *heparin sod 5,000 unit/ml syrg* | T1 | |
| HEPARIN SOD 5,000 UNIT/ML SYRG | T3 | |
| *heparin sod 5,000 unit/ml vial* | T1 | |
| **THROMBIN INHIBITORS, SELECTIVE, DIRECT, REVERSIBLE** | | |
| *dabigatran etexilate mesylate* (Pradaxa) | T1 | HD |
| **ANTIDOTES (Gastrointestinal/Heartburn)** | | |
| **MU-OPIOID RECEPTOR ANTAGONISTS, PERIPHERALLY-ACTING** | | |
| MOVANTIK | T2 | PA |
| RELISTOR 12 MG/0.6 ML SYRINGE | T3 | PA |
| RELISTOR 12 MG/0.6 ML VIAL | T3 | PA |
| RELISTOR 8 MG/0.4 ML SYRINGE | T3 | PA |
| SYMPROIC | T2 | PA |
| **ANTIDOTES (Substance Abuse)** | | |
| **OPIOID ANTAGONISTS** | | |
| KLOXXADO | T2 | QL(2 UNITS/30 DAYS) |
| *naloxone 0.4 mg/ml carpuject* | T1 | |
| *naloxone 0.4 mg/ml syringe* | T1 | |
| *naloxone 0.4 mg/ml vial* | T1 | |
| *naloxone 2 mg/2 ml syringe* | T1 | |
| *naloxone 4 mg/10 ml vial* | T1 | |
| *naloxone hcl 4 mg nasal spray* (Narcan) | T1 | QL(2 UNITS/30 DAYS) |
| *naltrexone hcl* | T1 | QL(180 TABS/30 DAYS) |
| NARCAN (*naloxone hcl*) | T2 | QL(2 UNITS/30 DAYS) |

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# List of Prescription Medications

| ANTIDOTES (Substance Abuse) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **OPIOID ANTAGONISTS** *(cont.)* | | |
| OPVEE | T3 | QL(2 UNITS/30 DAYS) |
| REXTOVY | T2 | QL(2 UNITS/30 DAYS) |
| ZIMHI | T3 | QL(2 SYRINGES/30 DAYS) |
| **ANTI-FUNGALS (Eye Conditions)** | | |
| **OPHTHALMIC ANTI-FUNGAL AGENTS** | | |
| NATACYN | T3 | |
| **ANTI-FUNGALS (Feminine Products)** | | |
| **VAGINAL ANTI-FUNGALS** | | |
| GYNAZOLE 1 | T1 | |
| *miconazole nitrate* | T1 | |
| *terconazole* | T1 | |
| **ANTI-FUNGALS (Infections)** | | |
| **ANTI-FUNGAL AGENTS** | | |
| ANCOBON (*flucytosine*) | T3 | |
| *clotrimazole* | T1 | |
| CRESEMBA | T3 | PA |
| *fluconazole* | T1 | |
| *fluconazole* (Diflucan) | T1 | |
| *flucytosine* (Ancobon) | T1 | |
| *itraconazole* | T1 | |
| *itraconazole* (Sporanox) | T1 | |
| *ketoconazole* | T1 | |
| NOXAFIL 300 MG POWDERMIX SUSP | T3 | |
| ORAVIG | T3 | |
| *posaconazole* | T1 | |
| *posaconazole* (NOXAFIL) | T1 | |
| *terbinafine hcl* | T1 | |
| VFEND (*voriconazole*) | T3 | PA |
| VIVJOA | T3 | PA SP |
| *voriconazole* (Vfend) | T1 | PA |
| **ANTI-FUNGAL ANTIBIOTICS** | | |
| *griseofulvin ultra 125 mg tab* | T1 | |
| *griseofulvin ultra 165 mg tab* | T1 | QL(4 TABS/DAY) |

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# List of Prescription Medications

| ANTI-FUNGALS (Infections) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-FUNGAL ANTIBIOTICS** *(cont.)* | | |
| *griseofulvin ultra 250 mg tab* | T1 | |
| *griseofulvin, microsize* | T1 | |
| *nystatin* | T1 | |
| **ANTI-FUNGALS (Skin Conditions)** | | |
| **TOPICAL ANTI-FUNGAL/ANTI-INFLAMMATORY, STEROID AGENT** | | |
| *clotrimazole/betamethasone dip* | T1 | |
| **TOPICAL ANTI-FUNGALS** | | |
| *ciclodan 0.77% cream* | T1 | |
| CICLODAN 0.77% CREAM KIT | T3 | |
| CICLODAN 8% KIT | T3 | |
| *ciclodan 8% solution* | T1 | |
| *ciclopirox* | T1 | |
| *ciclopirox olamine* (Loprox) | T1 | |
| *ciclopirox/urea/camph/men/euc* | T1 | |
| *econazole nitrate 1% cream* | T1 | |
| ECOZA | T3 | |
| EXODERM | T1 | |
| *ketoconazole* | T1 | |
| *ketoconazole* (Extina) | T1 | |
| LOPROX 0.77% SUSPENSION KIT | T3 | |
| LOPROX 0.77% TOPICAL SUSP (*ciclopirox olamine*) | T3 | |
| LULICONAZOLE | T1 | |
| *naftifine hcl* | T1 | |
| *naftifine hcl* (Naftin) | T1 | |
| NAFTIN *(naftifine hcl)* | T3 | |
| *nystatin* | T1 | |
| *nystatin/triamcinolone acetate* | T1 | |
| **ANTIHISTAMINE AND DECONGESTANT COMBINATION (Allergy/Nasal Sprays)** | | |
| **1ST GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION** | | |
| *phenylephrine hcl/prometh hcl* | T1 | |
| **2ND GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION** | | |
| CLARINEX-D 12 HOUR | T3 | |

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# List of Prescription Medications

| ANTIHISTAMINES (Allergy/Nasal Sprays) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIHISTAMINES - 1ST GENERATION** | | |
| *carbinoxamine 4 mg/5 ml liquid* | T1 | |
| *carbinoxamine maleate* | T1 | |
| *carbinoxamine maleate 4 mg tab* | T1 | |
| *clemastine fum 2.68 mg tablet* | T1 | |
| *clemastine fumarate* | T1 | |
| *cyproheptadine hcl* | T1 | |
| *hydroxyzine hcl* | T1 | |
| *hydroxyzine pamoate* | T1 | |
| *hydroxyzine pamoate* (Vistaril) | T1 | |
| *promethazine hcl* | T1 | |
| VISTARIL (*hydroxyzine pamoate*) | T3 | |
| **ANTI-HYPERGLYCEMICS (Diabetes)** | | |
| **ANTI-HYPERGLY, INCRETIN MIMETIC (GLP-1 RECEP.AGONIST)** | | |
| BYDUREON BCISE | T2 | PA QL (4 pens/28 days) |
| exenatide | T1 | PA QL(3 MLS/30 DAYS) |
| *liraglutide 2-pak 18 mg/3 ml* (Victoza 2-Pak) | T1 | PA QL(3 PENS/30 DAYS) |
| *liraglutide 2-pak 18 mg/3 ml* (Victoza 3-Pak) | T1 | PA QL(3 PENS/30 DAYS) |
| *liraglutide 3-pak 18 mg/3 ml* (Victoza 2-Pak) | T1 | PA QL(3 PENS/30 DAYS) |
| *liraglutide 3-pak 18 mg/3 ml* (Victoza 3-Pak) | T1 | PA QL(3 PENS/30 DAYS) |
| OZEMPIC | T2 | PA QL(3 MLS/28 DAYS) |
| RYBELSUS | T2 | PA QL(1 TAB/DAY) |
| TRULICITY | T2 | PA QL(2 MLS/28 DAYS) |
| **ANTI-HYPERGLY,INSULIN,LONG ACT-GLP-1 RECEPT.AGONIST** | | |
| SOLIQUA 100-33 | T2 | HD |
| **ANTI-HYPERGLYCEMIC - DOPAMINE RECEPTOR AGONISTS** | | |
| CYCLOSET | T3 | HD |
| **ANTI-HYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION** | | |
| MOUNJARO 10 MG/0.5 ML PEN | T2 | PA QL(2 MLS/30 DAYS) |
| MOUNJARO 12.5 MG/0.5 ML PEN | T2 | PA QL(2 MLS/30 DAYS) |
| MOUNJARO 15 MG/0.5 ML PEN | T2 | PA QL(2 MLS/30 DAYS) |
| MOUNJARO 2.5 MG/0.5 ML PEN | T2 | PA QL(2 MLS/365 DAYS) |
| MOUNJARO 5 MG/0.5 ML PEN | T2 | PA QL(2 MLS/30 DAYS) |
| MOUNJARO 7.5 MG/0.5 ML PEN | T2 | PA QL(2 MLS/30 DAYS) |

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# List of Prescription Medications

| ANTI-HYPERGLYCEMICS (Diabetes) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-HYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIBITORS** | | |
| *acarbose* (Precose) | T1 | HD |
| *miglitol* | T1 | HD |
| PRECOSE (*acarbose*) | T3 | HD |
| **ANTI-HYPERGLYCEMIC, AMYLIN ANALOG-TYPE** | | |
| SYMLINPEN 60 | T2 | |
| SYMLINPEN 120 | T2 | HD |
| **ANTI-HYPERGLYCEMIC, BIGUANIDE TYPE** | | |
| *metformin hcl* | T1 | HD |
| *metformin hcl 1,000 mg tablet* | T1 | HD |
| *metformin hcl 500 mg tablet* | T1 | HD |
| *metformin hcl 500 mg/5 ml cup* (Riomet) | T1 | HD |
| *metformin hcl 500 mg/5 ml soln* (Riomet) | T1 | HD |
| *metformin hcl 750 mg tablet* | T1 | HD |
| *metformin hcl 850 mg tablet* | T1 | HD |
| RIOMET (*metformin hcl*) | T3 | HD |
| **ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS** | | |
| JANUVIA | T2 | ST QL(1 TAB/DAY) HD |
| *saxagliptin hcl* (Onglyza) | T1 | QL(1 TAB/DAY) HD |
| **ANTI-HYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE** | | |
| *glimepiride 1 mg tablet* | T1 | HD |
| *glimepiride 2 mg tablet* | T1 | HD |
| GLIMEPIRIDE 3 MG TABLET | T3 | HD |
| *glimepiride 4 mg tablet* | T1 | HD |
| *glipizide* (Glucotrol XI) | T1 | HD |
| *glipizide 10 mg tablet* | T1 | HD |
| GLIPIZIDE 2.5 MG TABLET | T3 | HD |
| *glipizide 5 mg tablet* | T1 | HD |
| GLUCOTROL XL (*glipizide*) | T3 | HD |
| *glyburide* | T1 | HD |
| *glyburide,micronized* | T1 | HD |
| *glyburide,micronized* (Glynase) | T1 | HD |
| GLYNASE (*glyburide,micronized*) | T3 | HD |
| *nateglinide* | T1 | HD |
| *tolbutamide* | T1 | HD |

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# List of Prescription Medications

| ANTI-HYPERGLYCEMICS (Diabetes) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-HYPERGLYCEMIC, SGLT-2 AND DPP-4 INHIBITOR COMB** | | |
| GLYXAMBI | T2 | ST QL(1 TAB/DAY) HD |
| **ANTI-HYPERGLYCEMIC, THIAZOLIDINEDIONE AND BIGUANIDE** | | |
| ACTOPLUS MET (*pioglitazone-metformin*) | T3 | HD |
| *pioglitazone hcl/metformin hcl* | T1 | HD |
| *pioglitazone hcl/metformin hcl* (Actoplus Met) | T1 | HD |
| **ANTI-HYPERGLYCEMIC, THIAZOLIDINEDIONE-SULFONYLUREA** | | |
| DUETACT (*pioglitazone-glimepiride*) | T3 | HD |
| *pioglitazone hcl/glimepiride* (Duetact) | T1 | HD |
| **ANTIHYPERGLYCEMIC, DPP-4 INHIBITOR-BIGUANIDE COMBS.** | | |
| JANUMET | T2 | ST QL(2 TABS/DAY) HD |
| JANUMET XR 100-1, 000 MG TABLET | T2 | ST QL(1 TAB/DAY) HD |
| JANUMET XR 50-1, 000 MG TABLET | T2 | ST QL(2 TABS/DAY) HD |
| JANUMET XR 50-500 MG TABLET | T2 | ST QL(1 TAB/DAY) HD |
| **ANTI-HYPERGLYCEMIC, INSULIN-RELEASE STIM.-BIGUANIDE** | | |
| *glipizide/metformin hcl* | T1 | HD |
| *glyburide/metformin hcl* | T1 | HD |
| **ANTI-HYPERGLYCEMIC, THIAZOLIDINEDIONE (PPARG AGONIST)** | | |
| *pioglitazone hcl* (Actos) | T1 | HD |
| **ANTIHYPERGLYCEMIC-GLUCOCORTICOID RECEPTOR BLOCKER** | | |
| *mifepristone 300 mg tablet* (Korlym) | T1 | PA SP |
| **ANTI-HYPERGLYCEMIC-SGLT2 INHIBITOR-BIGUANIDE COMBS.** | | |
| SYNJARDY | T2 | ST QL(2 TABS/DAY) HD |
| SYNJARDY XR 10-1,000 MG TABLET | T2 | ST QL(2 TABS/DAY) HD |
| SYNJARDY XR 12.5-1,000 MG TAB | T2 | ST QL(2 TABS/DAY) HD |
| SYNJARDY XR 25-1,000 MG TABLET | T2 | ST QL(1 TAB/DAY) HD |
| SYNJARDY XR 5-1,000 MG TABLET | T2 | ST QL(2 TABS/DAY) HD |
| XIGDUO XR 10 MG-1,000 MG TAB | T2 | ST QL(1 TAB/DAY) HD |
| XIGDUO XR 10 MG-500 MG TABLET | T2 | ST QL(1 TAB/DAY) HD |
| XIGDUO XR 2.5 MG-1,000 MG TAB | T2 | ST QL(2 TABS/DAY) HD |
| XIGDUO XR 5 MG-1,000 MG TABLET | T2 | ST QL(2 TABS/DAY) HD |
| XIGDUO XR 5 MG-500 MG TABLET | T2 | ST QL(1 TAB/DAY) HD |
| **ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2) INH** | | |
| FARXIGA | T2 | ST QL(1 TAB/DAY) |
| JARDIANCE | T2 | ST QL(1 TAB/DAY) HD |

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| ANTI-HYPERGLYCEMICS (Diabetes) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIHYPERGLY-SGLT-2 INHIB, DPP-4 INHIB, BIGUANIDE CB** | | |
| TRIJARDY XR 10-5-1,000 MG TAB | T2 | ST QL(1 TAB/DAY) HD |
| TRIJARDY XR 12.5-2.5-1,000 MG | T2 | ST QL(2 TABS/DAY) HD |
| TRIJARDY XR 25-5-1,000 MG TAB | T2 | ST QL(1 TAB/DAY) HD |
| TRIJARDY XR 5-2.5-1,000 MG TAB | T2 | ST QL(2 TABS/DAY) HD |
| **INSULINS** | | |
| BASAGLAR KWIKPEN U-100 | T2 | QL(1.5 MLS/DAY) HD |
| BASAGLAR TEMPO PEN U-100 | T2 | QL(1.5 MLS/DAY) HD |
| HUMALOG | T2 | QL(1.5 MLS/DAY) HD |
| HUMALOG JUNIOR KWIKPEN | T2 | QL(1.5 MLS/DAY) HD |
| HUMALOG KWIKPEN U-100 | T2 | QL(1.5 MLS/DAY) HD |
| HUMALOG KWIKPEN U-200 | T2 | QL(1 ML/DAY) HD |
| HUMALOG MIX 50-50 KWIKPEN | T2 | QL(2 MLS/DAY) HD |
| HUMALOG MIX 75-25 | T2 | QL(2 MLS/DAY) HD |
| HUMALOG MIX 75-25 KWIKPEN | T2 | QL(2 MLS/DAY) HD |
| HUMALOG TEMPO PEN U-100 | T2 | QL(1.5 MLS/DAY) HD |
| HUMULIN 70/30 KWIKPEN | T2 | QL(2 MLS/DAY) HD |
| HUMULIN 70-30 | T2 | QL(2 MLS/DAY) HD |
| HUMULIN N | T2 | QL(1.5 MLS/DAY) HD |
| HUMULIN N KWIKPEN | T2 | QL(1.5 MLS/DAY) HD |
| HUMULIN R | T2 | QL(1.5 MLS/DAY) HD |
| HUMULIN R U-500 | T2 | QL(1 ML/DAY) HD |
| HUMULIN R U-500 KWIKPEN | T2 | QL(1 ML/DAY) HD |
| INSULIN LISPRO | T2 | QL(1.5 MLS/DAY) HD |
| INSULIN LISPRO JUNIOR KWIKPEN | T2 | QL(1.5 MLS/DAY) HD |
| INSULIN LISPRO KWIKPEN U-100 | T2 | QL(1.5 MLS/DAY) HD |
| INSULIN LISPRO PROTAMINE MIX | T2 | QL(2 MLS/DAY) HD |
| LYUMJEV | T2 | QL(1.5 MLS/DAY) HD |
| LYUMJEV KWIKPEN U-100 | T2 | QL(1.5 MLS/DAY) HD |
| LYUMJEV KWIKPEN U-200 | T2 | QL(1 ML/DAY) HD |
| LYUMJEV TEMPO PEN U-100 | T2 | QL(1.5 MLS/DAY) HD |
| REZVOGLAR KWIKPEN | T2 | QL(1.5 MLS/DAY) HD |
| TRESIBA | T2 | QL(1.5 MLS/DAY) HD |
| TRESIBA FLEXTOUCH U-100 | T2 | QL(1.5 MLS/DAY) HD |
| TRESIBA FLEXTOUCH U-200 | T2 | QL(0.9 MLS/DAY) HD |

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# List of Prescription Medications

| ANTI-INFECTIVES (Feminine Products) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VAGINAL SULFONAMIDES** | | |
| *acetic acid/oxyquinoline* (Relagard) | T1 | |
| RELAGARD (*acetic acid/oxyquinoline*) | T3 | |
| TRIMO-SAN | T3 | |
| **ANTI-INFECTIVES/MISCELLANEOUS (Infections)** | | |
| **2ND GEN. ANAEROBIC ANTI-PROTOZOAL-ANTIBACTERIAL** | | |
| *tinidazole* | T1 | |
| **ANTHELMINTICS** | | |
| *albendazole* | T1 | |
| BILTRICIDE (*praziquantel*) | T3 | |
| EMVERM | T1 | |
| *ivermectin 3 mg tablet* (Stromectol) | T1 | PA |
| *ivermectin 6 mg tablet* | T1 | PA |
| *praziquantel* (Biltricide) | T1 | |
| STROMECTOL (*ivermectin*) | T3 | PA |
| **ANTI-MALARIAL DRUGS** | | |
| *atovaquone/proguanil hcl* (Malarone) | T1 | |
| *chloroquine phosphate* | T1 | |
| COARTEM | T3 | PA QL(24 TABS/30 DAYS) |
| *hydroxychloroquine sulfate* | T1 | |
| *hydroxychloroquine sulfate* (Plaquenil) | T1 | |
| KRINTAFEL | T3 | PA QL(2 TABS/30 DAYS) |
| MALARONE (*atovaquone-proguanil hcl*) | T3 | PA |
| *mefloquine hcl* | T1 | |
| PRIMAQUINE (*primaquine phosphate)* | T1 | |
| *primaquine phosphate* (Primaquine) | T1 | |
| *pyrimethamine 25 mg tablet* (Daraprim) | T1 | PA SP |
| *quinine sulfate* (Qualaquin) | T1 | |
| **ANTI-PROTOZOAL DRUGS, MISCELLANEOUS** | | |
| *atovaquone* (Mepron) | T1 | |
| BENZNIDAZOLE | T3 | |
| IMPAVIDO | T3 | PA |
| LAMPIT | T3 | |
| NEBUPENT (*pentamidine isethionate*) | T3 | |
| *pentamidine isethionate* (Nebupent) | T1 | |

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# List of Prescription Medications

| ANTI-INFECTIVES/MISCELLANEOUS (Miscellaneous) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIBACTERIAL AGENTS,MISCELLANEOUS** | | |
| *glycine urologic solution* | T1 | |
| **ANTISEPTICS,GENERAL** | | |
| ALCOHOL SWABSTICK | T3 | |
| CVS ISOPROPYL ALCOHOL 91% SPRY | T1 | |
| GS ISOPROPYL ALCOHOL 70% SPRAY | T1 | |
| ISOPROPYL ALCOHOL 70% SPRAY | T1 | |
| MEDI-FIRST ISOPROPYL ALCOHOL | T3 | |
| **ANTI-INFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS (Pain Relief And Inflammatory Disease)** | | |
| **ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR** | | |
| ADALIMUMAB-ADBM(CF) 10 MG SYRG | T2 | PA QL(2 PENS/SYRINGES/28 DAYS) SP HD |
| ADALIMUMAB-ADBM(CF) 20 MG SYRG | T2 | PA QL(2 PENS/SYRINGES/28 DAYS) SP HD |
| ADALIMUMAB-ADBM(CF) 40 MG SYRG | T2 | PA QL(4 SRNGE KITS/28 DAYS) SP HD |
| ADALIMUMAB-ADBM(CF) PEN | T2 | PA QL(4 KITS/28 DAYS) SP HD |
| ADALIMUMAB-RYVK(CF) | T2 | PA QL(4 SRNGE KITS/28 DAYS) SP HD |
| ADALIMUMAB-RYVK(CF) AUTOINJECT | T2 | PA QL SP HD |
| CIMZIA (2 PACK) | T2 | PA QL(1 KIT/28 DAYS) SP HD |
| CIMZIA 200 MG VIAL KIT | T2 | PA QL(2 PENS/SYRINGES/28 DAYS) SP |
| CIMZIA 2X200 MG/ML (X3) START KT | T2 | PA QL(1 STARTER KIT/365 DAYS) SP HD |
| CYLTEZO(CF) 10 MG/0.2 ML SYRNG | T2 | PA QL(2 PENS/SYRINGES/28 DAYS) SP HD |
| CYLTEZO(CF) 20 MG/0.4 ML SYRNG | T2 | PA QL(2 PENS/SYRINGES/28 DAYS) SP HD |
| CYLTEZO(CF) 40 MG/0.4 ML SYRNG | T2 | PA QL(4 SRNGE KITS/28 DAYS) SP HD |
| CYLTEZO(CF) 40 MG/0.8 ML SYRNG | T2 | PA QL(4 SRNGE KITS/28 DAYS) SP HD |
| CYLTEZO(CF) PEN | T2 | PA QL(4 KITS/28 DAYS) SP HD |
| CYLTEZO(CF) PEN CROHN'S-UC-HS | T2 | PA QL(1 STARTER KIT/365 DAYS) SP HD |
| CYLTEZO(CF) PEN PSORIASIS-UV | T2 | PA QL(1 STARTER KIT/365 DAYS) SP HD |
| ENBREL 25 MG/0.5 ML SYRINGE | T2 | PA QL(8 MLS/28 DAYS) SP HD |
| ENBREL 25 MG/0.5 ML VIAL | T2 | PA QL(8 MLS/28 DAYS) SP HD |
| ENBREL 50 MG/ML SYRINGE | T2 | PA QL(4 MLS/28 DAYS) SP HD |
| ENBREL MINI | T2 | PA QL(4 MLS/28 DAYS) SP HD |
| ENBREL SURECLICK | T2 | PA QL(4 MLS/28 DAYS) SP HD |
| HUMIRA | T2 | PA QL(4 SRNGE KITS/28 DAYS) SP HD |

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# List of Prescription Medications

| ANTI-INFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS (Pain Relief And Inflammatory Disease) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR** *(cont.)* | | |
| HUMIRA PEN | T2 | PA QL(4 KITS/28 DAYS) SP HD |
| HUMIRA(CF) 10 MG/0.1 ML SYRING | T2 | PA QL(2 PENS/SYRINGES/28 DAYS) SP HD |
| HUMIRA(CF) 20 MG/0.2 ML SYRING | T2 | PA QL(2 PENS/SYRINGES/28 DAYS) SP HD |
| HUMIRA(CF) 40 MG/0.4 ML SYRING | T2 | PA QL(4 SRNGE KITS/28 DAYS) SP HD |
| HUMIRA(CF) PEN 40 MG/0.4 ML | T2 | PA QL(4 KITS/28 DAYS) SP HD |
| HUMIRA(CF) PEN 80 MG/0.8 ML | T2 | PA QL(2 PENS/28 DAYS) SP HD |
| HUMIRA(CF) PEN CROHN'S-UC-HS | T2 | PA QL(1 STARTER KIT/365 DAYS) SP HD |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS | T2 | PA QL(1 STARTER KIT/365 DAYS) SP HD |
| SIMLANDI(CF) 20 MG/0.2 ML SYRG | T2 | PA QL(2 PENS/SYRINGES/28 DAYS) SP HD |
| SIMLANDI(CF) 40 MG/0.4 ML SYRG | T2 | PA QL(4 SRNGE KITS/28 DAYS) SP HD |
| SIMLANDI(CF) 80 MG/0.8 ML SYRG | T2 | PA QL(2 PENS/SYRINGES/28 DAYS) SP HD |
| SIMLANDI(CF) AI 40 MG/0.4 ML | T2 | PA QL SP HD |
| SIMLANDI(CF) AI 80 MG/0.8 ML | T2 | PA QL(2 AUTO-INJS/28 DAYS) SP HD |
| SIMPONI 100 MG/ML PEN INJECTOR | T2 | PA QL(1 PEN/28 DAYS) SP HD |
| SIMPONI 100 MG/ML SYRINGE | T2 | PA QL(1 SYRINGE/28 DAYS) SP HD |
| SIMPONI ARIA | T2 | PA SP HD |
| ZYMFENTRA | T2 | PA QL(2 SRNGE KITS/28 DAYS) SP HD |
| ZYMFENTRA PEN | T2 | PA QL(2 KITS/28 DAYS) SP HD |
| **ANTI-NEOPLASTICS (Cancer)** | | |
| **ANP - SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)** | | |
| *bexarotene 75 mg capsule* (Targretin) | T1 | PA SP HD CSL |
| **ANTI-NEOPLAST, HISTONE DEACETYLASE (HDAC) INHIBITORS** | | |
| ZOLINZA | T2 | PA SP HD |
| **ANTI-NEOPLASTIC - ALKYLATING AGENTS** | | |
| ALKERAN (*melphalan*) | T3 | SP CSL |
| *cyclophosphamide 25 mg capsule* | T1 | SP HD CSL |
| *cyclophosphamide 50 mg capsule* | T1 | SP HD CSL |
| GLEOSTINE | T2 | CSL |
| HYDREA (*hydroxyurea*) | T3 | CSL |
| *hydroxyurea* (Hydrea) | T1 | CSL |
| LEUKERAN | T2 | CSL |
| *lomustine* | T1 | CSL |
| MYLERAN | T2 | CSL |
| *temozolomide* | T1 | PA SP HD CSL |

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|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-NEOPLASTIC - ANTI-ANDROGENIC AGENTS** | | |
| *abiraterone acetate* (Zytiga) | T1 | PA CSL |
| *abiraterone acetate 250 mg tab* (Zytiga) | T1 | PA SP HD CSL |
| *abiraterone acetate 500 mg tab* (Zytiga) | T1 | PA SP HD CSL |
| *bicalutamide* (Casodex) | T1 | CSL |
| CASODEX (*bicalutamide*) | T3 | CSL |
| ERLEADA | T2 | PA SP HD CSL |
| EULEXIN (*flutamide*) | T3 | CSL |
| *flutamide (*Eulexin*)* | T1 | CSL |
| *nilutamide (*Nilandron*)* | T1 | QL(4 TABS/DAY) CSL |
| NUBEQA | T2 | PA SP HD CSL |
| XTANDI | T2 | PA SP HD CSL |
| **ANTI-NEOPLASTIC - ANTI-METABOLITES** | | |
| *capecitabine 150 mg tablet* (Xeloda) | T1 | PA SP HD CSL |
| *capecitabine 500 mg tablet* (Xeloda) | T1 | PA SP HD CSL |
| INQOVI | T3 | PA SP HD CSL |
| JYLAMVO | T3 | CSL |
| LONSURF | T3 | PA SP HD CSL |
| *mercaptopurine 20 mg/ml suspen (*Purixan*)* | T1 | SP CSL |
| *mercaptopurine 50 mg tablet* | T1 | CSL |
| *methotrexate 2.5 mg tablet* | T1 | CSL |
| *methotrexate 250 mg/10 ml vial* | T1 | |
| *methotrexate 50 mg/2 ml vial* | T1 | |
| *methotrexate sodium/pf* | T1 | |
| ONUREG | T3 | PA QL(14 TABS/28 DAYS) SP CSL |
| PURIXAN (*mercaptopurine*) | T3 | SP CSL |
| TABLOID | T3 | CSL |
| TREXALL | T2 | CSL |
| XATMEP | T3 | CSL |
| XELODA (*capecitabine*) | T3 | PA SP HD CSL |

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| ANTI-NEOPLASTICS (Cancer) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-NEOPLASTIC - AROMATASE INHIBITORS** | | |
| *anastrozole* (Arimidex) | T1 | HD PPACA CSL |
| ARIMIDEX (*anastrozole*) | T3 | HD CSL |
| AROMASIN (*exemestane*) | T3 | HD CSL |
| *exemestane* (Aromasin) | T1 | HD PPACA CSL |
| *letrozole* (Femara) | T1 | HD CSL |
| **ANTI-NEOPLASTIC - BRAF KINASE INHIBITORS** | | |
| OJEMDA 100 MG TAB (400MG DOSE) | T3 | PA QL(1 PACKET/28 Days) SP CSL |
| OJEMDA 100 MG TAB (500MG DOSE) | T3 | PA QL(1 PACKET/28 Days) SP CSL |
| OJEMDA 100 MG TAB (600MG DOSE) | T3 | PA QL(1 PACKET/28 Days) SP CSL |
| OJEMDA 25 MG/ML ORAL SUSP | T3 | PA QL(8 BOTTLES/28 DAYS) SP CSL |
| TAFINLAR 10 MG TABLET FOR SUSP | T2 | PA QL(30 TABS/DAY) SP HD CSL |
| TAFINLAR 50 MG CAPSULE | T2 | PA QL(4 CAPS/DAY) SP HD CSL |
| TAFINLAR 75 MG CAPSULE | T2 | PA QL(4 CAPS/DAY) SP HD CSL |
| ZELBORAF | T2 | PA SP HD CSL |
| **ANTI-NEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR** | | |
| DAURISMO | T3 | PA SP HD CSL |
| ERIVEDGE | T2 | PA SP HD CSL |
| ODOMZO | T2 | PA SP HD CSL |
| **ANTI-NEOPLASTIC - JANUS KINASE (JAK) INHIBITORS** | | |
| JAKAFI | T3 | PA QL(2 TABS/DAY) SP HD CSL |
| **ANTI-NEOPLASTIC - KRAS PROTEIN INHIBITOR** | | |
| LUMAKRAS 120 MG TABLET | T3 | PA QL(8 TABS/DAY) SP HD CSL |
| LUMAKRAS 240 MG TABLET | T3 | PA QL(4 TABS/DAY) SP HD CSL |
| LUMAKRAS 320 MG TABLET | T3 | PA QL(3 TABS/DAY) SP HD CSL |
| **ANTI-NEOPLASTIC - MEKI AND MEK2 KINASE INHIBITORS** | | |
| COTELLIC | T2 | PA SP HD CSL |
| GOMEKLI | T3 | PA SP CSL |
| KOSELUGO 10 MG CAPSULE | T3 | PA QL(10 CAPS/DAY) SP CSL |
| KOSELUGO 25 MG CAPSULE | T3 | PA QL(4 CAPS/DAY) SP CSL |
| KOSELUGO 5 MG SPRINKLE CAPSULE | T3 | PA QL(20 CAPS/DAY) SP CSL |
| KOSELUGO 7.5 MG SPRINKLE CAP | T3 | PA QL(12 CAPS/DAY) SP CSL |
| MEKINIST 0.05 MG/ML SOLUTION | T2 | PA QL(40 MLS/DAY) SP HD CSL |
| MEKINIST 0.5 MG TABLET | T2 | PA QL(3 TABS/DAY) SP HD CSL |
| MEKINIST 2 MG TABLET | T2 | PA QL(1 TAB/DAY) SP HD CSL |

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| ANTI-NEOPLASTICS (Cancer) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-NEOPLASTIC - MTOR KINASE INHIBITORS** | | |
| *everolimus tablet* (Afinitor) | T1 | PA QL(1 TAB/DAY) SP CSL |
| *everolimus 10 mg tablet* (Afinitor) | T1 | PA QL(1 TAB/DAY) SP HD CSL |
| *everolimus 2 mg tab for susp* (Afinitor Disperz) | T1 | PA QL(1 TAB/DAY) SP CSL |
| *everolimus 2.5 mg tablet* (Afinitor) | T1 | PA QL(1 TAB/DAY) SP HD CSL |
| *everolimus 3 mg tab for susp* (Afinitor Disperz) | T1 | PA QL(1 TAB/DAY) SP CSL |
| *everolimus 5 mg tab for susp* (Afinitor Disperz) | T1 | PA QL(1 TAB/DAY) SP CSL |
| *everolimus 5 mg tablet* (Afinitor) | T1 | PA QL(1 TAB/DAY) SP HD CSL |
| *everolimus 7.5 mg tablet* (Afinitor) | T1 | PA QL(1 TAB/DAY) SP HD CSL |
| **ANTI-NEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT** | | |
| TAZVERIK | T3 | PA SP CSL |
| **ANTINEOPLASTIC - SYSTEMIC ENZYME INHIBITORS COMBS** | | |
| AVMAPKI-FAKZYNJA | T3 | PA SP CSL |
| **ANTI-NEOPLASTIC - TOPOISOMERASE I INHIBITORS** | | |
| HYCAMTIN | T3 | PA SP HD CSL |
| **ANTI-NEOPLASTIC COMB - KINASE AND AROMATASE INHIBIT** | | |
| KISQALI FEMARA CO-PACK | T2 | PA QL(1 TAB/28 DAYS) SP CSL |
| **ANTI-NEOPLASTIC IMMUNOMODULATOR AGENTS** | | |
| *lenalidomide* | T1 | PA QL(1 CAP/DAY) SP HD CSL |
| POMALYST | T2 | PA QL(21 CAPS/28 DAYS) SP HD CSL |
| REVLIMID | T2 | PA QL(1 CAP/DAY) SP HD CSL |
| **ANTI-NEOPLASTIC LHRH (GNRH) ANTAGONIST, PITUIT.SUPPRS** | | |
| ORGOVYX | T3 | PA SP CSL |
| **ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS** | | |
| ALECENSA | T2 | PA QL(8 CAPS/DAY) SP HD CSL |
| ALUNBRIG 30 MG TABLET | T2 | PA QL(2 TABS/DAY) SP CSL |
| ALUNBRIG 90 MG TABLET | T2 | PA QL(1 TAB/DAY) SP CSL |
| ALUNBRIG 90 MG-180 MG TAB PACK | T2 | PA QL(1 TAB/DAY) SP CSL |
| ALUNBRIG 180 MG TABLET | T2 | PA QL(1 TAB/DAY) SP CSL |
| AYVAKIT | T3 | PA QL(1 TAB/DAY) SP CSL |
| BALVERSA | T3 | PA SP CSL |
| BOSULIF 100 MG CAPSULE | T3 | PA QL(3 CAPS/DAY) SP HD CSL |
| BOSULIF 100 MG TABLET | T3 | PA QL(3 TABS/DAY) SP HD CSL |
| BOSULIF 400 MG TABLET | T3 | PA QL(1 TAB/DAY) SP HD CSL |
| BOSULIF 50 MG CAPSULE | T3 | PA QL(3 CAPS/DAY) SP HD CSL |
| BRUKINSA 80 MG CAPSULE | T2 | PA QL(4 CAPS/DAY) SP CSL |

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# List of Prescription Medications

## ANTI-NEOPLASTICS (Cancer) *(cont.)*

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS** *(cont.)* | | |
| BRUKINSA 160 MG TABLET | T2 | PA QL(2 TABS/DAY) SP CSL |
| CABOMETYX | T2 | PA SP HD CSL |
| CALQUENCE | T2 | PA SP CSL |
| CAPRELSA 100 MG TABLET | T3 | PA QL(2 TABS/DAY) SP CSL |
| CAPRELSA 300 MG TABLET | T3 | PA QL(1 TAB/DAY) SP CSL |
| COMETRIQ 60 MG DAILY-DOSE PACK | T3 | PA QL(84 CAPS/28 DAYS) SP HD CSL |
| COMETRIQ 100 MG DAILY-DOSE PK | T3 | PA QL(56 CAPS/28 DAYS) SP HD CSL |
| COMETRIQ 140 MG DAILY-DOSE PK | T3 | PA QL(112 CAPS/28 DAYS) SP HD CSL |
| COPIKTRA | T3 | PA SP CSL |
| DANZITEN | T2 | PA SP CSL |
| *dasatinib 100 mg tablet (*Sprycel*)* | T1 | QL(1 TAB/DAY) SP HD CSL |
| *dasatinib 140 mg tablet (*Sprycel*)* | T1 | QL(1 TAB/DAY) SP HD CSL |
| *dasatinib 20 mg tablet (*Sprycel*)* | T1 | QL(3 TABS/DAY) SP HD CSL |
| *dasatinib 50 mg tablet (*Sprycel*)* | T1 | QL(1 TAB/DAY) SP HD CSL |
| *dasatinib 70 mg tablet (*Sprycel*)* | T1 | QL(2 TABS/DAY) SP HD CSL |
| *dasatinib 80 mg tablet (*Sprycel*)* | T1 | QL(1 TAB/DAY) SP HD CSL |
| ENSACOVE 25 MG CAPSULE | T2 | PA QL(9 CAPS/DAY) SP CSL |
| ENSACOVE 100 MG CAPSULE | T2 | PA QL(2 CAPS/DAY) SP CSL |
| *erlotinib hcl* | T1 | PA SP HD CSL |
| FOTIVDA | T3 | PA QL(21 CAPS/28 DAYS) SP CSL |
| FRUZAQLA 1 MG CAPSULE | T2 | PA QL(84 CAPS/28 DAYS) SP CSL |
| FRUZAQLA 5 MG CAPSULE | T2 | PA QL(21 CAPS/28 DAYS) SP CSL |
| GAVRETO | T3 | PA QL(4 CAPS/DAY) SP CSL |
| *gefitinib (*Iressa*)* | T1 | PA SP HD CSL |
| GILOTRIF | T3 | PA SP HD CSL |
| IBRANCE 75 MG CAPSULE | T3 | PA QL(21 CAPS/28 DAYS) SP HD CSL |
| IBRANCE 75 MG TABLET | T3 | PA QL(21 TABS/28 DAYS) SP HD CSL |

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# List of Prescription Medications

| ANTI-NEOPLASTICS (Cancer) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS** *(cont.)* | | |
| IBRANCE 100 MG CAPSULE | T3 | PA QL(21 CAPS/28 DAYS) SP HD CSL |
| IBRANCE 100 MG TABLET | T3 | PA QL(21 TABS/28 DAYS) SP HD CSL |
| IBRANCE 125 MG CAPSULE | T3 | PA QL(21 CAPS/28 DAYS) SP HD CSL |
| IBRANCE 125 MG TABLET | T3 | PA QL(21 TABS/28 DAYS) SP HD CSL |
| IBTROZI | T3 | PA SP CSL |
| *imatinib mesylate 100mg tab* (Gleevec) | T1 | QL(6 TABS/DAY) SP HD CSL |
| *imatinib mesylate 400mg tab* (Gleevec) | T1 | QL(2 TABS/DAY) SP HD CSL |
| IMBRUVICA 70 MG CAPSULE | T2 | PA QL(1 CAP/DAY) SP CSL |
| IMBRUVICA 70 MG/ML SUSPENSION | T2 | PA QL(8 MLS/DAY) SP CSL |
| IMBRUVICA 140 MG CAPSULE | T2 | PA QL(4 CAPS/DAY) SP CSL |
| IMBRUVICA 140 MG TABLET | T2 | PA QL(1 TAB/DAY) SP CSL |
| IMBRUVICA 280 MG TABLET | T2 | PA QL(1 TAB/DAY) SP CSL |
| IMBRUVICA 420 MG TABLET | T2 | PA QL(1 TAB/DAY) SP CSL |
| IMKELDI | T2 | PA SP CSL |
| INLYTA | T3 | PA SP HD CSL |
| INREBIC | T3 | PA SP HD CSL |
| IRESSA (*gefitinib*) | T3 | PA SP HD CSL |
| ITOVEBI | T3 | PA SP HD CSL |
| IWILFIN | T3 | PA QL(8 TABS/DAY) SP CSL |
| JAYPIRCA 100 MG TABLET | T3 | PA QL(2 TABS/DAY) SP CSL |
| JAYPIRCA 50 MG TABLET | T3 | PA QL(1 TAB/DAY) SP CSL |
| KISQALI 200 MG DAILY DOSE | T2 | PA QL(21 TABS/28 DAYS) SP HD CSL |
| KISQALI 400 MG DAILY DOSE | T2 | PA QL(42 TABS/28 DAYS) SP HD CSL |
| KISQALI 600 MG DAILY DOSE | T2 | PA QL(63 TABS/28 DAYS) SP HD CSL |
| *lapatinib ditosylate* (Tykerb) | T1 | PA QL(6 TABS/DAY) SP HD CSL |
| LAZCLUZE | T3 | PA SP CSL |
| LENVIMA | T2 | PA SP HD CSL |
| LORBRENA 25 MG TABLET | T3 | PA QL(3 TABS/DAY) SP HD CSL |
| LORBRENA 100 MG TABLET | T3 | PA QL(1 TAB/DAY) SP HD CSL |
| LYNPARZA | T2 | PA QL(4 TABS/DAY) SP HD CSL |
| LYTGOBI 12 MG DAILY DOSE PACK | T3 | PA QL(3 TABS/DAY) SP CSL |
| LYTGOBI 16 MG DAILY DOSE PACK | T3 | PA QL(4 TABS/DAY) SP CSL |
| LYTGOBI 20 MG DAILY DOSE PACK | T3 | PA QL(5 TABS/DAY) SP CSL |

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# List of Prescription Medications

| ANTI-NEOPLASTICS (Cancer) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS** *(cont.)* | | |
| NERLYNX | T3 | PA SP HD CSL |
| *nilotinib hcl* (Tasigna) | T1 | PA QL(4 CAPS/DAY) SP HD CSL |
| NINLARO | T3 | PA QL(3 CAPS/28 DAYS) SP HD CSL |
| OGSIVEO 50 MG TABLET | T3 | PA QL(6 TABS/DAY) SP CSL |
| OGSIVEO 100 MG TABLET | T3 | PA QL(2 TABS/DAY) SP CSL |
| OGSIVEO 150 MG TABLET | T3 | PA QL(2 TABS/DAY) SP CSL |
| OJJAARA | T3 | PA QL(1 TAB/DAY) SP CSL |
| *pazopanib hcl* (Votrient) | T1 | PA QL(4 TABS/DAY) SP CSL |
| PEMAZYRE | T3 | PA QL(14 TABS/21 DAYS) SP CSL |
| PIQRAY | T2 | PA SP CSL |
| QINLOCK | T3 | PA QL(3 TABS/DAY) SP CSL |
| RETEVMO 40 MG CAPSULE | T3 | PA QL(6 CAPS/DAY) SP HD CSL |
| RETEVMO 40 MG TABLET | T3 | PA QL(3 TABS/DAY) SP HD CSL |
| RETEVMO 80 MG CAPSULE | T3 | PA QL(4 CAPS/DAY) SP HD CSL |
| RETEVMO 80 MG TABLET | T3 | PA QL(2 TABS/DAY) SP HD CSL |
| RETEVMO 120 MG, 160 MG TABLET | T3 | PA QL(2 TABS/DAY) SP HD CSL |
| REVUFORJ 25 MG TABLET | T3 | PA QL(8 TABS/DAY) SP CSL |
| REVUFORJ 110 MG TABLET | T3 | PA QL(4 TABS/DAY) SP CSL |
| REVUFORJ 160 MG TABLET | T3 | PA QL(2 TABS/DAY) SP CSL |
| ROMVIMZA | T3 | PA QL(8 CAPS/28 DAYS) SP CSL |
| ROZLYTREK | T3 | PA SP HD CSL |
| RUBRACA | T2 | PA QL(4 TABS/DAY) SP CSL |
| RYDAPT | T3 | PA SP HD CSL |
| SCEMBLIX 20 MG TABLET | T2 | PA QL(2 TABS/DAY) SP CSL |
| SCEMBLIX 40 MG TABLET | T2 | PA SP CSL |
| SCEMBLIX 100 MG TABLET | T2 | PA SP CSL |
| *sorafenib tosylate* (Nexavar) | T1 | PA QL(4 TABS/DAY) SP HD CSL |
| STIVARGA | T2 | PA QL(84 TABS/28 DAYS) SP HD CSL |
| *sunitinib malate* (Sutent) | T1 | PA QL(1 CAP/DAY) SP HD CSL |
| TABRECTA | T3 | PA QL(4 TABS/DAY) SP HD CSL |
| TAGRISSO | T3 | PA SP HD CSL |
| TALZENNA 0.1 MG CAPSULE | T3 | PA QL(1 CAP/DAY) SP CSL |
| TALZENNA 0.1 MG SOFTGEL | T3 | PA QL(1 CAP/DAY) SP CSL |
| TALZENNA 0.25 MG CAPSULE | T3 | PA QL(1 CAP/DAY) SP CSL |
| TALZENNA 0.25 MG SOFTGEL | T3 | PA QL(1 CAP/DAY) SP CSL |

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# List of Prescription Medications

| ANTI-NEOPLASTICS (Cancer) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS** *(cont.)* | | |
| TALZENNA 0.35 MG SOFTGEL | T3 | PA QL(1 CAP/DAY) SP CSL |
| TALZENNA 0.5 MG CAPSULE | T3 | PA SP CSL |
| TALZENNA 0.5 MG SOFTGEL | T3 | PA SP CSL |
| TALZENNA 0.75 MG SOFTGEL | T3 | PA SP CSL |
| TALZENNA 1 MG CAPSULE | T3 | PA QL(1 CAP/DAY) SP CSL |
| TALZENNA 1 MG SOFTGEL | T3 | PA QL(1 CAP/DAY) SP CSL |
| TEPMETKO | T3 | PA QL(2 TABS/DAY) SP CSL |
| TRUQAP | T2 | PA QL(64 TABS/28 DAYS) SP CSL |
| TUKYSA | T3 | PA SP CSL |
| TURALIO | T3 | PA QL(4 CAPS/DAY) SP CSL |
| VANFLYTA | T3 | PA QL(2 TABS/DAY) SP CSL |
| VERZENIO | T2 | PA QL(2 TABS/DAY) SP HD CSL |
| VITRAKVI | T3 | PA SP HD CSL |
| VIZIMPRO | T3 | PA SP HD CSL |
| VONJO | T3 | PA QL(4 CAPS/DAY) SP CSL |
| XALKORI 50 MG PELLET | T3 | PA QL(4 PELLETS/DAY) SP HD CSL |
| XALKORI 20 MG PELLET | T3 | PA QL(4 PELLETS/DAY) SP HD CSL |
| XALKORI 150 MG PELLET | T3 | PA QL(6 PELLETS/DAY) SP HD CSL |
| XALKORI 200 MG CAPSULE | T3 | PA QL(4 CAPS/DAY) SP HD CSL |
| XALKORI 250 MG CAPSULE | T3 | PA QL(4 CAPS/DAY) SP HD CSL |
| XOSPATA | T3 | PA SP CSL |
| ZEJULA | T2 | PA QL(1 TAB/DAY) SP CSL |
| ZYDELIG | T3 | PA QL(2 TABS/DAY) SP HD CSL |
| **ANTI-NEOPLASTIC-B CELL LYMPHOMA-2(BCL-2) INHIBITORS** | | |
| VENCLEXTA | T2 | PA SP CSL |
| VENCLEXTA STARTING PACK | T2 | PA SP CSL |
| **ANTI-NEOPLASTIC-ENZYME INHIB, ANTIANDROGEN COMB.** | | |
| AKEEGA | T3 | PA QL(2 TABS/DAY) SP CSL |
| **ANTINEOPLASTIC-HYPOXIA INDUCIBLE FACTOR (HIF) INH** | | |
| WELIREG | T3 | PA QL(3 TABS/DAY) SP CSL |
| **ANTI-NEOPLASTIC-ISOCITRATE DEHYDROGENASE INHIBITORS** | | |
| IDHIFA | T3 | PA SP HD CSL |
| REZLIDHIA | T3 | PA QL(2 CAPS/DAY) SP CSL |
| TIBSOVO | T3 | PA SP CSL |
| VORANIGO | T3 | PA SP CSL |

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# List of Prescription Medications

| ANTI-NEOPLASTICS (Cancer) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-NEOPLASTICS, MISCELLANEOUS** | | |
| *etoposide* | T1 | SP HD CSL |
| LYSODREN | T2 | CSL |
| MATULANE | T2 | SP CSL |
| *tretinoin 10 mg capsule* | T1 | PA CSL |
| **ANTI-NEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE)** | | |
| XPOVIO | T3 | PA SP CSL |
| **IMMUNOMODULATORS** | | |
| ACTIMMUNE | T2 | PA SP HD |
| **SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)** | | |
| FARESTON (*toremifene citrate*) | T3 | QL(2 TABS/DAY) HD CSL |
| ORSERDU 345 MG TABLET | T3 | PA QL(1 TAB/DAY) SP CSL |
| ORSERDU 86 MG TABLET | T3 | PA QL(3 TABS/DAY) SP CSL |
| SOLTAMOX | T2 | HD CSL |
| *tamoxifen citrate* | T1 | HD PPACA CSL |
| *toremifene citrate* (Fareston) | T1 | QL(2 TABS/DAY) HD CSL |
| **STEROID ANTI-NEOPLASTICS** | | |
| *megestrol 20 mg tablet* | T1 | CSL |
| *megestrol 40 mg tablet* | T1 | CSL |
| **PHOTOACT,TOPICAL ANTINEOPLAST,PREMALIGNANT LESIONS** | | |
| LEVULAN | T3 | SP |
| **ANTI-NEOPLASTICS (Skin Conditions)** | | |
| **TOPICAL ANTI-NEOPLASTIC PREMALIGNANT LESION AGENTS** | | |
| *bexarotene 1% gel* (Targretin) | T1 | SP HD |
| EFUDEX (*fluorouracil*) | T3 | |
| FLUOROPLEX | T2 | |
| *fluorouracil* | T1 | |
| FLUOROURACIL | T1 | |
| *fluorouracil* (Efudex) | T1 | |
| PANRETIN | T3 | SP HD |
| VALCHLOR | T3 | SP HD |
| **ANTI-OBESITY DRUGS (Weight Management)** | | |
| **ANTI-OBESITY - ANOREXIC AGENTS** | | |
| *benzphetamine hcl* | T1 | |
| *diethylpropion hcl* | T1 | |

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# List of Prescription Medications

| ANTI-OBESITY DRUGS (Weight Management) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-OBESITY - ANOREXIC AGENTS** *(cont.)* | | |
| LOMAIRA | T3 | PA |
| *phendimetrazine tartrate* | T1 | |
| *phentermine 8 mg tablet* | T1 | |
| *phentermine 15 mg capsule* | T1 | |
| *phentermine 30 mg capsule* | T1 | |
| *phentermine 37.5 mg capsule* | T1 | |
| *phentermine 37.5 mg tablet* | T1 | PA |
| *phentermine/topiramate* (Qsymia) | T1 | |
| QSYMIA (*phentermine/topiramate*) | T3 | PA |
| **ANTI-OBESITY - INCRETIN MIMETICS COMBINATION** | | |
| ZEPBOUND 2.5 MG/0.5 ML PEN | T2 | PA QL(2 MLS/365 DAYS) |
| ZEPBOUND 5 MG/0.5 ML PEN | T2 | PA QL(2 MLS/30 DAYS) |
| ZEPBOUND 7.5 MG/0.5 ML PEN | T2 | PA QL(2 MLS/30 DAYS) |
| ZEPBOUND 10 MG/0.5 ML PEN | T2 | PA QL(2 MLS/30 DAYS) |
| ZEPBOUND 12.5 MG/0.5 ML PEN | T2 | PA QL(2 MLS/30 DAYS) |
| ZEPBOUND 15 MG/0.5 ML PEN | T2 | PA QL(2 MLS/30 DAYS) |
| **ANTI-OBESITY - MELANOCORTIN 4 RECEPTOR AGONISTS** | | |
| IMCIVREE | T3 | PA QL(9 MLS/30 DAYS) SP |
| **ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST** | | |
| *liraglutide 18 mg/3 ml pen* (SAXENDA) | T1 | PA |
| *liraglutide 5-pak 18 mg/3 ml* (SAXENDA) | T1 | PA |
| SAXENDA (*liraglutide*) | T3 | PA |
| WEGOVY | T2 | PA QL(4 PENS/28 DAYS) |
| **ANTI-OBESITY - OPIOID ANTAG-NOREPI, DOPAMINE RU INHIB** | | |
| CONTRAVE | T3 | PA |
| **FAT ABSORPTION DECREASING AGENTS** | | |
| ORLISTAT | T3 | PA |
| XENICAL | T3 | PA |
| **ANTI-PARASITICS (Eye Conditions)** | | |
| **OPHTHALMIC (EYE) ANTIPARASITICS** | | |
| XDEMVY | T2 | PA QL(4 bottles/30 days) SP |

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# List of Prescription Medications

| ANTI-PARASITICS (Infections) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-PARASITICS** | | |
| ALINIA 100 MG/5 ML SUSPENSION | T3 | |
| *nitazoxanide* (Alinia) | T1 | |
| **TOPICAL ANTI-PARASITICS** | | |
| *crotamiton* | T1 | |
| ELIMITE (*permethrin*) | T3 | |
| EURAX | T3 | |
| *lindane* | T1 | |
| *malathion* (Ovide) | T1 | |
| OVIDE *(malathion)* | T3 | |
| *permethrin* (Elimite) | T1 | |
| *spinosad* (Natroba) | T1 | |
| ULESFIA | T3 | |
| **ANTI-PARKINSON DRUGS (Parkinson's Disease)** | | |
| **ANTI-PARKINSONISM DRUGS, ANTI-CHOLINERGIC** | | |
| *benztropine mesylate* | T1 | HD |
| *trihexyphenidyl hcl* | T1 | HD |
| **ANTI-PARKINSONISM DRUGS, OTHER** | | |
| *amantadine hcl* | T1 | HD |
| APOKYN | T3 | PA SP HD |
| *apomorphine hcl* | T1 | PA SP |
| *bromocriptine mesylate* | T1 | HD |
| *carbidopa/levodopa* | T1 | HD |
| *carbidopa/levodopa* (Sinemet) | T1 | HD |
| *carbidopa/levodopa/entacapone* | T1 | HD |
| *carbidopa/levodopa/entacapone* (Stalevo 100) | T1 | HD |
| *carbidopa/levodopa/entacapone* (Stalevo 75) | T1 | HD |
| *carbidopa-levo er 25-100 tab* | T1 | HD |
| *carbidopa-levo er 50-200 tab* | T1 | HD |
| CREXONT | T3 | ST HD |
| DUOPA | T3 | SP HD |
| *entacapone* | T1 | HD |
| INBRIJA | T3 | PA SP HD |
| NEUPRO | T3 | HD |

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# List of Prescription Medications

| ANTI-PARKINSON DRUGS (Parkinson's Disease) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-PARKINSONISM DRUGS, OTHER** *(cont.)* | | |
| NOURIANZ | T3 | PA QL(1 TAB/DAY) SP HD |
| *pramipexole di-hcl* | T1 | HD |
| *pramipexole er 0.375 mg tablet* (Mirapex Er) | T1 | QL(1 TAB/DAY) HD |
| *pramipexole er 0.75 mg tablet* (Mirapex Er) | T1 | HD |
| *pramipexole er 1.5 mg tablet* | T1 | QL(1 TAB/DAY) HD |
| *pramipexole er 2.25 mg tablet* | T1 | QL(1 TAB/DAY) HD |
| *pramipexole er 3 mg tablet* | T1 | HD |
| *pramipexole er 3.75 mg tablet* | T1 | HD |
| *pramipexole er 4.5 mg tablet* | T1 | HD |
| *rasagiline mesylate 0.5 mg tab* (Azilect) | T1 | QL(1 TAB/DAY) HD |
| *rasagiline mesylate 1 mg tab* (Azilect) | T1 | HD |
| *ropinirole hcl* | T1 | HD |
| RYTARY | T3 | ST HD |
| *selegiline hcl* | T1 | HD |
| SINEMET (*carbidopa/levodopa*) | T3 | HD |
| STALEVO 100 (*carbidopa/levodopa/entacapone*) | T3 | HD |
| STALEVO 75 (*carbidopa/levodopa/entacapone*) | T3 | HD |
| TASMAR (*tolcapone*) | T3 | HD |
| *tolcapone* (Tasmar) | T1 | HD |
| XADAGO | T3 | ST HD |
| **DECARBOXYLASE INHIBITORS** | | |
| *carbidopa* (Lodosyn) | T1 | |
| **ANTI-PLATELET DRUGS (Blood Thinners/Anti-Clotting)** | | |
| **PLATELET AGGREGATION INHIBITORS** | | |
| *aspirin/dipyridamole* | T1 | HD |
| ASPIRIN-OMEPRAZOLE DR 81-40 MG | T3 | HD |
| *cilostazol* | T1 | HD |
| *clopidogrel bisulfate* | T1 | HD |
| *clopidogrel bisulfate* (Plavix) | T1 | HD |
| *dipyridamole* | T1 | HD |
| *prasugrel hcl* (Effient) | T1 | HD |
| *ticagrelor* (Brilinta) | T1 | HD |
| ZONTIVITY | T3 | HD |

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# List of Prescription Medications

| ANTI-PLATELET DRUGS (Blood Thinners/Anti-Clotting) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PLATELET REDUCING AGENTS** | | |
| AGRYLIN (*anagrelide hcl*) | T3 | |
| *anagrelide hcl* | T1 | |
| *anagrelide hcl* (Agrylin) | T1 | |
| **ANTIVIRALS (AIDS/HIV)** | | |
| **PLATELET REDUCING AGENTS** | | |
| SUNLENCA 300 MG TABLET | T3 | PA QL(5 TABS/180 DAYS) SP |
| SUNLENCA 4- 300 MG TABLET | T3 | PA QL(5 TABS/180 DAYS) SP |
| SUNLENCA 463.5 MG/1.5 ML VIAL | T3 | PA SP |
| SUNLENCA 5- 300 MG TABLET | T3 | PA QL(5 TABS/180 DAYS) SP |
| YEZTUGO 463.5 MG/1.5 ML VIAL | T2 | SP PPACA |
| **ANTI-RETROVIRAL - INTEGRASE INHIBITOR AND NNRTI COMB.** | | |
| JULUCA | T2 | QL(1 TAB/DAY) SP |
| **ANTI-RETROVIRAL - INTEGRASE INHIBITOR AND NRTI COMB.** | | |
| DOVATO | T2 | QL(1 TAB/DAY) SP |
| **ANTI-RETROVIRAL - NRTIS AND INTEGRASE INHIBITORS COMB** | | |
| TRIUMEQ | T2 | QL(1 TAB/DAY) SP |
| TRIUMEQ PD 60-5-30 MG TAB SUSP | T2 | QL(6 TABS/DAY) SP |
| **ANTI-RETROVIRAL - NUCLEOSIDE, NUCLEOTIDE, PROTEASE INH.** | | |
| SYMTUZA | T3 | QL(1 TAB/DAY) SP |
| **ANTIVIRALS - HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB** | | |
| APTIVUS | T2 | PA SP |
| darunavir (Prezista) | T1 | HD |
| PREZCOBIX | T3 | PA SP |
| PREZISTA 100 MG/ML SUSPENSION | T2 | SP |
| PREZISTA 150 MG TABLET | T2 | SP |
| PREZISTA 75 MG TABLET | T2 | SP |
| **ANTIVIRALS - HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG** | | |
| CIMDUO | T3 | PA SP |
| DESCOVY 120-15 MG TABLET | T2 | SP |
| DESCOVY 200-25 MG TABLET | T2 | SP PPACA |
| *emtricitabine-tenofv 100-150mg (*Truvada*)* | T1 | SP |
| *emtricitabine-tenofv 133-200mg (*Truvada*)* | T1 | SP |
| *emtricitabine-tenofv 167-250mg (*Truvada*)* | T1 | SP |
| *emtricitabine-tenofv 200-300mg (*Truvada*)* | T1 | SP PPACA |

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# List of Prescription Medications

| ANTIVIRALS (AIDS/HIV) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIVIRALS - HIV-SPEC, NUCLEOSIDE ANALOG, RTI COMB** | | |
| *abacavir sulfate/lamivudine* (Epzicom) | T1 | PA SP |
| *lamivudine/zidovudine* (Combivir) | T1 | SP |
| **ANTIVIRALS - HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.** | | |
| maraviroc (Selzentry) | T1 | PA SP |
| SELZENTRY 20 MG/ML ORAL SOLN | T3 | PA SP |
| **ANTIVIRALS, HIV-SPECIFIC, CD4 ATTACHMENT INHIBITOR** | | |
| RUKOBIA | T3 | PA QL(2 TABS/DAY) SP |
| **ANTIVIRALS - HIV-SPECIFIC, FUSION INHIBITORS** | | |
| FUZEON | T2 | PA SP |
| **ANTIVIRALS - HIV-SPECIFIC, NON-NUCLEOSIDE, RTI** | | |
| EDURANT | T3 | PA SP |
| EDURANT PED | T3 | PA SP |
| *efavirenz* | T1 | PA SP |
| *etravirine* (Intelence) | T1 | SP |
| INTELENCE 25 MG TABLET | T3 | PA SP |
| *nevirapine* | T1 | PA SP |
| PIFELTRO | T3 | PA SP |
| **ANTIVIRALS - HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI** | | |
| *abacavir sulfate* | T1 | PA SP |
| *abacavir sulfate* (Ziagen) | T1 | PA SP |
| *emtricitabine* (Emtriva) | T1 | PA SP |
| EMTRIVA 10 MG/ML SOLUTION | T2 | PA SP |
| *lamivudine 10 mg/ml oral soln* (Epivir) | T1 | SP |
| *lamivudine 150 mg tablet* (Epivir) | T1 | SP |
| *lamivudine 300 mg tablet* (Epivir) | T1 | PA SP |
| *lamivudine 300 mg/30ml sol cup* (Epivir) | T1 | SP |
| *zidovudine* | T1 | SP |
| *zidovudine* (Retrovir) | T1 | SP |
| *tenofovir disoproxil fumarate* (Viread) | T1 | PA SP |
| VIREAD 150 MG TABLET | T2 | PA SP |
| VIREAD 200 MG TABLET | T2 | PA SP |
| VIREAD 250 MG TABLET | T2 | PA SP |
| VIREAD POWDER | T2 | PA SP |

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# List of Prescription Medications

| ANTIVIRALS (AIDS/HIV) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIVIRALS - HIV-SPECIFIC, PROTEASE INHIBITOR COMB** | | |
| *lopinavir/ritonavir* | T1 | SP |
| *lopinavir/ritonavir* (Kaletra) | T1 | SP |
| **ANTIVIRALS - HIV-SPECIFIC, PROTEASE INHIBITORS** | | |
| *atazanavir sulfate* | T1 | PA SP |
| *atazanavir sulfate* (Reyataz) | T1 | PA SP |
| EVOTAZ | T3 | PA SP |
| *fosamprenavir calcium* | T1 | PA SP |
| NORVIR 100 MG POWDER PACKET | T2 | SP |
| REYATAZ 50 MG POWDER PACKET | T2 | PA SP |
| *ritonavir* (Norvir) | T1 | SP |
| **ANTIVIRALS - HIV-I INTEGRASE STRAND TRANSFER INHIBTR** | | |
| APRETUDE | T2 | SP PPACA |
| ISENTRESS | T2 | SP |
| ISENTRESS HD | T2 | PA SP |
| TIVICAY | T2 | SP |
| TIVICAY PD | T2 | SP |
| **ARTV NUCLEOSIDE, NUCLEOTIDE, NON-NUCLEOSIDE RTI COMB** | | |
| DELSTRIGO | T3 | PA QL(1 TAB/DAY) SP |
| *efavirenz/emtricit/tenofovr df* | T1 | QL(1 TAB/DAY) SP |
| *efavirenz/lamivu/tenofov disop* (Symfi Lo) | T1 | QL(1 TAB/DAY) SP |
| *efavirenz/lamivu/tenofov disop* (Symfi) | T1 | QL(1 TAB/DAY) SP |
| *emtricita/rilpivirine/tenof df* (Complera) | T1 | QL(1 TAB/DAY) SP |
| ODEFSEY | T3 | PA QL(1 TAB/DAY) SP |
| **ARV-NUCLEOSIDE, NUCLEOTIDE RTI, INTEGRASE INHIBITORS** | | |
| BIKTARVY | T2 | SP |
| GENVOYA | T2 | SP |
| STRIBILD | T3 | PA SP |
| **ANTIVIRALS (Eye Conditions)** | | |
| **EYE ANTIVIRALS** | | |
| *trifluridine* | T1 | |
| ZIRGAN | T3 | |
| **ANTIVIRALS (Infections)** | | |
| **ANTIVIRAL - MAIN PROTEASE (MPRO) INHIBITOR** | | |
| PAXLOVID | T2 | QL(1 TAB/120 DAYS) |

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# List of Prescription Medications

| ANTIVIRALS (Infections) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIVIRAL - RNA POLYMERASE INHIBITOR** | | |
| LAGEVRIO (EUA) | T2 | QL(1 PACK/120 DAYS) |
| **ANTIVIRAL MONOCLONAL ANTIBODIES** | | |
| BEYFORTUS | T3 | PPACA |
| **ANTIVIRALS, GENERAL** | | |
| *acyclovir 200 mg capsule* | T1 | |
| *acyclovir 200 mg/5 ml susp* | T1 | |
| *acyclovir 200 mg/5 ml susp cup* | T1 | |
| *acyclovir 400 mg tablet* | T1 | |
| *acyclovir 800 mg tablet* | T1 | |
| *acyclovir 800 mg/20ml susp cup* | T1 | |
| *famciclovir* | T1 | |
| FLUMADINE (*rimantadine hcl*) | T3 | |
| LIVTENCITY | T3 | PA QL(4 TABS/DAY) SP |
| *oseltamivir 6 mg/ml suspension (*Tamiflu*)* | T1 | QL(180 MLS/30 DAYS) |
| *oseltamivir phos 30 mg capsule (*Tamiflu*)* | T1 | QL(20 CAPS/30 DAYS) |
| *oseltamivir phos 45 mg capsule (*Tamiflu*)* | T1 | QL(10 CAPS/30 DAYS) |
| *oseltamivir phos 75 mg capsule (*Tamiflu*)* | T1 | QL(10 CAPS/30 DAYS) |
| PREVYMIS 20 MG PELLET PACKET | T3 | SP |
| PREVYMIS 120 MG PELLET PACKET | T3 | SP |
| PREVYMIS 240 MG TABLET | T3 | SP HD |
| PREVYMIS 480 MG TABLET | T3 | SP HD |
| RELENZA | T3 | QL(20 BLISTERS/30 DAYS) |
| *rimantadine hcl* (Flumadine) | T1 | |
| TEMBEXA | T3 | |
| *valacyclovir hcl (*Valtrex*)* | T1 | |
| *valganciclovir hcl (*Valcyte*)* | T1 | |
| VALTREX (*valacyclovir*) | T3 | |
| XOFLUZA | T3 | QL(2 TABS/30 DAYS) |
| **HEP C - NS5A, NS3/4A, NUCLEOTIDE NS5B INHIB COMBO** | | |
| VOSEVI | T2 | PA QL(1 TAB/DAY) SP HD |
| **HEP C VIRUS-NS5B POLYMERASE AND NS5A INHIB. COMBO.** | | |
| EPCLUSA 150-37.5 MG PELLET PKT | T2 | PA QL(1 PACK/DAY) SP HD |
| EPCLUSA 200 MG-50 MG TABLET | T2 | PA QL(1 TAB/DAY) SP HD |
| EPCLUSA 200-50 MG PELLET PACK | T2 | PA QL(1 PACK/DAY) SP HD |

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# List of Prescription Medications

| ANTIVIRALS (Infections) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **HEP C VIRUS-NS5B POLYMERASE AND NS5A INHIB. COMBO.** *(cont.)* | | |
| EPCLUSA 400 MG-100 MG TABLET | T2 | PA QL(1 TAB/DAY) SP HD |
| HARVONI 33.75-150 MG PELLET PK | T2 | PA QL(1 PACK/DAY) SP HD |
| HARVONI 45-200 MG PELLET PACKT | T2 | PA QL(1 PACK/DAY) SP HD |
| HARVONI 45-200 MG TABLET | T2 | PA QL(1 TAB/DAY) SP HD |
| HARVONI 90-400 MG TABLET | T2 | PA QL(1 TAB/DAY) SP HD |
| **HEPATITIS B TREATMENT AGENTS** | | |
| *adefovir dipivoxil* (Hepsera) | T1 | SP HD |
| BARACLUDE 0.05 MG/ML SOLUTION | T2 | SP HD |
| *entecavir 0.5 mg tablet* (Baraclude) | T1 | QL(1 TAB/DAY) SP HD |
| *entecavir 1 mg tablet* (Baraclude) | T1 | SP HD |
| *lamivudine* (Epivir Hbv) | T1 | SP |
| VEMLIDY | T2 | SP HD |
| **HEPATITIS C TREATMENT AGENTS** | | |
| PEGASYS | T2 | PA SP HD |
| *ribavirin* | T1 | SP HD |
| **HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB** | | |
| ZEPATIER | T3 | PA SP HD |
| **TOPICAL ANTIVIRALS** | | |
| *penciclovir* (Denavir) | T1 | QL(5 GMS/30 DAYS) |
| **AUTONOMIC DRUGS (Allergy/Nasal Sprays)** | | |
| **ANAPHYLAXIS THERAPY AGENTS** | | |
| *epinephrine 0.15 mg auto-injct* (Epipen Jr 2-Pak) | T1 | QL(4 UNITS/30 DAYS) |
| *epinephrine 0.15 mg auto-inject* (Epipen Jr) | T1 | QL(4 UNITS/30 DAYS) |
| *epinephrine 0.3 mg auto-inject* (Epipen 2-Pak) | T1 | QL(4 UNITS/30 DAYS) |
| *epinephrine 0.3 mg auto-inject* (Epipen) | T1 | QL(4 UNITS/30 DAYS) |
| **AUTONOMIC DRUGS (Alzheimer's Disease)** | | |
| **CHOLINESTERASE INHIBITORS** | | |
| ADLARITY | T2 | PA QL(4 PATCHES/28 DAYS) HD |
| *donepezil hcl* | T1 | HD |
| *donepezil hcl (Aricept)* | T1 | HD |
| EXELON (*rivastigmine*) | T3 | HD |
| *galantamine er 16 mg capsule* | T1 | HD |
| *galantamine er 24 mg capsule* | T1 | HD |
| *galantamine er 8 mg capsule* | T1 | QL(1 CAP/DAY) HD |

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# List of Prescription Medications

| AUTONOMIC DRUGS (Alzheimer's Disease) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **CHOLINESTERASE INHIBITORS** *(cont.)* | | |
| *galantamine hbr* | T1 | HD |
| *pyridostigmine 60 mg/5 ml cup* (Mestinon) | T1 | HD |
| *pyridostigmine 60 mg/5 ml soln* (Mestinon) | T1 | HD |
| *pyridostigmine br 60 mg tablet* (Mestinon) | T1 | HD |
| *pyridostigmine bromide* (Mestinon) | T1 | HD |
| *rivastigmine* (Exelon) | T1 | HD |
| *rivastigmine tartrate* | T1 | HD |
| **AUTONOMIC DRUGS (Attention Deficit Hyperactivity Disorder)[10]** | | |
| **ADRENERGICS, AROMATIC, NON-CATECHOLAMINE** | | |
| *amphetamine sulfate* (Evekeo) | T1 | PA |
| *dextroamphetamine er 10 mg cap* | T1 | PA QL(1 CAP/DAY) |
| *dextroamphetamine er 15 mg cap* | T1 | PA QL(3 CAPS/DAY) |
| *dextroamphetamine er 5 mg cap* | T1 | PA QL(1 CAP/DAY) |
| *dextroamphetamine sulfate* | T1 | PA |
| *dextroamphetamine sulfate* (Zenzedi) | T1 | PA |
| *dextroamphetamine/amphetamine* (Adderall Xr) | T1 | PA QL(1 CAP/DAY) |
| *dextroamphetamine/amphetamine* (Adderall) | T1 | PA |
| *dextroamphetamine/amphetamine* (Mydayis) | T1 | PA QL(1 CAP/DAY) |
| *methamphetamine hcl* (Desoxyn) | T1 | PA |
| XELSTRYM | T3 | PA QL(1 PATCH/DAY) |
| ZENZEDI | T3 | PA |
| ZENZEDI (*dextroamphetamine sulfate*) | T3 | PA |
| **AUTONOMIC DRUGS (Blood Pressure/Heart Medications)** | | |
| **ADRENERGIC VASOPRESSOR AGENTS** | | |
| *droxidopa 100 mg capsule* (Northera) | T1 | SP HD |
| *droxidopa 200 mg capsule* (Northera) | T1 | SP HD |
| *droxidopa 300 mg capsule* (Northera) | T1 | SP HD |
| *midodrine hcl* | T1 | |

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| AUTONOMIC DRUGS (Blood Pressure/Heart Medications) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ALPHA-ADRENERGIC BLOCKING AGENTS** | | |
| DIBENZYLINE (*phenoxybenzamine hcl*) | T3 | HD |
| *phenoxybenzamine hcl* (Dibenzyline) | T1 | HD |
| **AUTONOMIC DRUGS (Urinary Tract Conditions)** | | |
| **PARASYMPATHETIC AGENTS** | | |
| *bethanechol chloride* | T1 | HD |
| *cevimeline hcl* (Evoxac) | T1 | HD |
| *pilocarpine hcl 5 mg tablet* (Salagen) | T1 | HD |
| *pilocarpine hcl 7.5 mg tablet* (Salagen) | T1 | HD |
| SALAGEN (*pilocarpine hcl*) | T3 | HD |
| **BIOLOGICALS (Allergy/Nasal Sprays)** | | |
| **ALLERGENIC EXTRACTS, THERAPEUTIC** | | |
| GRASTEK | T3 | PA QL(1 TAB/DAY) |
| ODACTRA | T3 | PA QL(1 TAB/DAY) |
| ORALAIR | T3 | PA QL(1 TAB/DAY) |
| RAGWITEK | T3 | PA QL(1 TAB/DAY) |
| **BIOLOGICALS (Blood Pressure/Heart Medications)** | | |
| **PLASMA KALLIKREIN INHIBITORS** | | |
| TAKHZYRO | T3 | PA SP HD |
| **BIOLOGICALS (Miscellaneous)** | | |
| **PKU TREATMENT AGENTS - PHENYLALANINE AMMONIA LYASE** | | |
| PALYNZIQ | T3 | PA SP HD |
| **BIOLOGICALS (Vaccines)** | | |
| **COVID-19 VACCINES** | | |
| COMIRNATY | T2 | PPACA |
| COMIRNATY 2023-2024 | T2 | PPACA |
| COMIRNATY 2024-2025 | T2 | PPACA |
| COMIRNATY 2025-2026 (12Y UP) | T2 | PPACA |
| COMIRNATY 2025-2026(5-11Y) | T2 | PPACA |
| JANSSEN COVID-19 VACCINE (EUA) | T2 | PPACA |
| MNEXSPIKE 2025-2026 (12Y UP) | T2 | PPACA |
| MODERNA COVID (12Y UP)VAC(EUA) | T2 | PPACA |
| MODERNA COVID 23-24(6M-11Y)EUA | T2 | PPACA |
| MODERNA COVID 24-25(6M-11Y)EUA | T2 | PPACA |

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# List of Prescription Medications

| BIOLOGICALS (Vaccines) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **COVID-19 VACCINES** *(cont.)* | | |
| MODERNA COVID BIVAL(6MO UP)EUA | T2 | PPACA |
| MODERNA COVID BIVAL(6MO-5Y)EUA | T2 | PPACA |
| MODERNA COVID(6M-5Y) VACC(EUA) | T2 | PPACA |
| MODERNA COVID-19 BOOSTER (EUA) | T2 | PPACA |
| NOVAVAX COVID 2023-2024 (EUA) | T2 | PPACA |
| NOVAVAX COVID 2024-2025 (EUA) | T2 | PPACA |
| NOVAVAX COVID-19 VACC,ADJ(EUA) | T2 | PPACA |
| NUVAXOVID 2025-2026 | T2 | PPACA |
| PFIZER COVID (12Y UP) VAC(EUA) | T2 | PPACA |
| PFIZER COVID (5-11Y) VAC (EUA) | T2 | PPACA |
| PFIZER COVID (6M-4Y) VACC(EUA) | T2 | PPACA |
| PFIZER COVID 2023-24(5-11Y)EUA | T2 | PPACA |
| PFIZER COVID 2023-24(6M-4Y)EUA | T2 | PPACA |
| PFIZER COVID 2024-25(5-11Y)EUA | T2 | PPACA |
| PFIZER COVID 2024-25(6M-4Y)EUA | T2 | PPACA |
| PFIZER COVID BIVAL (12Y UP)EUA | T2 | PPACA |
| PFIZER COVID BIVAL (5-11YR)EUA | T2 | PPACA |
| PFIZER COVID BIVAL (6MO-4Y)EUA | T2 | PPACA |
| PFIZER COVID-19 VACCINE (EUA) | T2 | PPACA |
| SPIKEVAX 2023-2024 | T2 | PPACA |
| SPIKEVAX 2024-2025 | T2 | PPACA |
| SPIKEVAX 2025-2026 (12Y UP) | T2 | PPACA |
| SPIKEVAX 2025-2026 (6M-11Y) | T2 | PPACA |
| SPIKEVAX COVID (18Y UP) VACC | T2 | PPACA |
| **ENTERIC VIRUS VACCINES** | | |
| IPOL | T2 | PPACA |
| ROTARIX | T3 | PPACA |
| ROTATEQ | T3 | PPACA |
| **GRAM NEGATIVE COCCI VACCINES** | | |
| BEXSERO | T2 | PPACA |
| MENACTRA | T2 | PPACA |
| MENQUADFI | T2 | PPACA |
| MENVEO A-C-Y-W-135-DIP | T2 | PPACA |
| PENBRAYA | T2 | PPACA |

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| BIOLOGICALS (Vaccines) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **GRAM NEGATIVE COCCI VACCINES** *(cont.)* | | |
| PENMENVY MEN A-B-C-W-Y | T2 | PPACA |
| TRUMENBA | T2 | PPACA |
| **GRAM POSITIVE COCCI VACCINES** | | |
| CAPVAXIVE | T2 | PPACA |
| PNEUMOVAX 23 | T2 | PPACA |
| PREVNAR 13 | T2 | |
| PREVNAR 20 | T2 | PPACA |
| VAXNEUVANCE | T2 | PPACA |
| **INFLUENZA VIRUS VACCINES** | | |
| AFLURIA 2025-2026 | T2 | |
| AFLURIA 2025-2026 (3YR UP) | T2 | PPACA |
| AFLURIA QUAD 2022-2023 | T2 | PPACA |
| AFLURIA QUAD 2022-23 (3YR UP) | T2 | PPACA |
| AFLURIA QUAD 2023-2024 | T2 | PPACA |
| AFLURIA QUAD 2023-24 (3YR UP) | T2 | PPACA |
| AFLURIA TRIV 2024-25 (3YR UP) | T2 | PPACA |
| AFLURIA TRIVALENT 2024-25 | T2 | PPACA |
| FLUAD 2025-2026 | T2 | PPACA |
| FLUAD QUAD 2022-2023 | T2 | PPACA |
| FLUAD QUAD 2023-2024 | T2 | PPACA |
| FLUAD TRIVALENT 2024-2025 | T2 | PPACA |
| FLUARIX 2025-2026 | T2 | PPACA |
| FLUARIX QUAD 2022-2023 | T2 | PPACA |
| FLUARIX QUAD 2023-2024 | T2 | PPACA |
| FLUARIX TRIVALENT 2024-2025 | T2 | PPACA |
| FLUBLOK 2025-2026 | T2 | PPACA |
| FLUBLOK QUAD 2022-2023 | T2 | PPACA |
| FLUBLOK QUAD 2023-2024 | T2 | PPACA |
| FLUBLOK TRIVALENT 2024-2025 | T2 | PPACA |
| FLUCELVAX 2025-2026 SYRINGE | T2 | PPACA |
| FLUCELVAX 2025-2026 VIAL | T2 | |
| FLUCELVAX QUAD 2022-2023 | T2 | PPACA |
| FLUCELVAX QUAD 2023-2024 | T2 | PPACA |
| FLUCELVAX TRIVALENT 2024-2025 | T2 | PPACA |

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# List of Prescription Medications

| BIOLOGICALS (Vaccines) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **INFLUENZA VIRUS VACCINES** *(cont.)* | | |
| FLULAVAL 2025-2026 | T2 | PPACA |
| FLULAVAL QUAD 2022-2023 | T2 | PPACA |
| FLULAVAL QUAD 2023-2024 | T2 | PPACA |
| FLULAVAL TRIVALENT 2024-2025 | T2 | PPACA |
| FLUMIST 2025-2026 | T3 | PPACA |
| FLUMIST HOME 2025-2026 | T3 | PPACA |
| FLUMIST QUAD 2022-2023 | T3 | PPACA |
| FLUMIST QUAD 2023-2024 | T3 | PPACA |
| FLUMIST TRIVALENT 2024-2025 | T3 | PPACA |
| FLUZONE 2025-2026 SYRINGE | T2 | PPACA |
| FLUZONE 2025-2026 VIAL | T2 | |
| FLUZONE HIGH-DOSE 2025-2026 | T2 | PPACA |
| FLUZONE HIGH-DOSE QUAD 2022-23 | T2 | PPACA |
| FLUZONE HIGH-DOSE QUAD 2023-24 | T2 | PPACA |
| FLUZONE HIGH-DOSE TRIV 2024-25 | T2 | PPACA |
| FLUZONE QUAD 2022-2023 | T2 | PPACA |
| FLUZONE QUAD 2023-2024 | T2 | PPACA |
| FLUZONE TRIVALENT 2024-2025 | T2 | PPACA |
| **VACCINE/TOXOID PREPARATIONS, COMBINATIONS** | | |
| DENGVAXIA | T2 | PPACA |
| **TOXIN-PRODUCING BACILLI VACCINES/TOXOIDS** | | |
| BCG VACCINE (TICE STRAIN) | T2 | PPACA |
| **VACCINE/TOXOID PREPARATIONS, COMBINATIONS** | | |
| ACTHIB | T2 | PPACA |
| ADACEL TDAP | T2 | PPACA |
| BOOSTRIX TDAP | T2 | PPACA |
| DAPTACEL DTAP | T2 | PPACA |
| DIPHTHERIA-TETANUS TOXOIDS-PED | T2 | |
| HIBERIX | T2 | PPACA |
| INFANRIX DTAP | T2 | PPACA |
| KINRIX | T2 | PPACA |
| M-M-R II VACCINE | T2 | PPACA |
| PEDVAXHIB | T2 | PPACA |
| PENTACEL | T2 | PPACA |

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# List of Prescription Medications

| BIOLOGICALS (Vaccines) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VACCINE/TOXOID PREPARATIONS, COMBINATIONS** *(cont.)* | | |
| PENTACEL ACTHIB COMPONENT | T2 | PPACA |
| PRIORIX | T2 | PPACA |
| PROQUAD | T2 | PPACA |
| QUADRACEL DTAP-IPV | T2 | PPACA |
| TDVAX | T2 | PPACA |
| TENIVAC | T2 | PPACA |
| VAXELIS | T2 | PPACA |
| **VIRAL/TUMORIGENIC VACCINES** | | |
| ABRYSVO | T3 | PPACA |
| ACAM2000 (NATIONAL STOCKPILE) | T3 | |
| AREXVY | T3 | PPACA |
| ENGERIX-B ADULT | T2 | PPACA |
| ENGERIX-B PEDIATRIC-ADOLESCENT | T2 | PPACA |
| ERVEBO (NATIONAL STOCKPILE) | T3 | |
| GARDASIL 9 | T2 | PPACA |
| HEPLISAV-B | T2 | PPACA |
| JYNNEOS | T3 | |
| JYNNEOS (NATIONAL STOCKPILE) | T3 | |
| MRESVIA | T3 | PPACA |
| PEDIARIX | T2 | PPACA |
| PREHEVBRIO | T2 | PPACA |
| RECOMBIVAX HB | T2 | PPACA |
| SHINGRIX | T2 | QL(2 KITS/720 DAYS) PPACA |
| TWINRIX | T2 | PPACA |
| VARIVAX VACCINE | T2 | PPACA |
| **BLOOD (Blood Modifiers/Bleeding Disorders)** | | |
| **ANTIFIBRINOLYTIC AGENTS** | | |
| AMICAR (*aminocaproic acid*) | T3 | SP HD |
| *aminocaproic acid* (Amicar) | T1 | SP HD |
| *tranexamic acid* | T1 | SP |
| **COMPLEMENT (C3) INHIBITORS** | | |
| EMPAVELI | T2 | PA SP |
| FABHALTA | T2 | PA QL(2 CAPS/DAY) SP |
| TAVNEOS | T3 | PA QL(6 CAPS/DAY) SP |
| VOYDEYA | T2 | PA QL(1 PACKET/28 Days) SP |

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# List of Prescription Medications

| BLOOD (Blood Modifiers/Bleeding Disorders) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **HEMOPHILIA TREATMENT AGENTS, NON-FACTOR REPLACEMENT** | | |
| ALHEMO PEN | T2 | PA SP |
| HEMLIBRA | T2 | PA SP HD |
| HYMPAVZI PEN | T2 | PA SP |
| **PYRUVATE KINASE ACTIVATORS** | | |
| PYRUKYND 20 MG TABLET | T3 | PA QL(2 TABS/DAY) SP |
| PYRUKYND 20-5 MG TAPER PACK | T3 | PA QL(2 PACKS/270 DAYS) SP |
| PYRUKYND 5 MG TABLET | T3 | PA QL(2 TABS/DAY) SP |
| PYRUKYND 5 MG TAPER PACK | T3 | PA QL(2 PACKS/270 DAYS) SP |
| PYRUKYND 50 MG TABLET | T3 | PA QL(2 TABS/DAY) SP |
| PYRUKYND 50-20 MG TAPER PACK | T3 | PA QL(2 PACKS/270 DAYS) SP |
| **SICKLE CELL ANEMIA AGENTS** | | |
| DROXIA | T2 | |
| SIKLOS | T3 | PA |
| **TOPICAL HEMOSTATICS** | | |
| ASTRINGYN | T3 | |
| AVITENE | T3 | |
| ENDO-AVITENE | T3 | |
| EVICEL | T3 | |
| *gelatin sponge, absorb/porcine* (Gelfoam) | T1 | |
| GELFOAM | T3 | |
| GELFOAM (*gelatin sponge,absorb/porcine*) | T3 | |
| GELFOAM COMPRESSED | T3 | |
| MONSEL'S | T3 | |
| RECOTHROM | T3 | |
| SURGICEL | T3 | |
| SURGIFOAM | T1 | |
| SYRINGE AVITENE | T3 | |
| THROMBI-GEL (*thrombin/cal/cmc/gel/dress,hem*) | T3 | |
| THROMBIN-JMI | T3 | |
| THROMBI-PAD | T3 | |
| ULTRAFOAM | T3 | |

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# List of Prescription Medications

| BLOOD (Blood Thinners/Anti-Clotting) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **HEMORRHEOLOGIC AGENTS** | | |
| *pentoxifylline* | T1 | HD |
| **CARDIAC DRUGS (Blood Pressure/Heart Medications)** | | |
| **ANTI-ANGINAL, ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC** | | |
| *ranolazine* | T1 | QL(4 TABS/DAY) HD |
| *ranolazine* (Ranexa) | T1 | QL(4 TABS/DAY) HD |
| **ANTI-ARRHYTHMICS** | | |
| *amiodarone hcl* | T1 | HD |
| *disopyramide phosphate* (Norpace) | T1 | HD |
| *dofetilide 125 mcg capsule* (Tikosyn) | T1 | QL (8 caps/day) HD |
| *dofetilide 250 mcg capsule* (Tikosyn) | T1 | QL (4 caps/day) HD |
| *dofetilide 500 mcg capsule* (Tikosyn) | T1 | QL (2 caps/day) HD |
| *flecainide acetate* | T1 | HD |
| *mexiletine hcl* | T1 | HD |
| MULTAQ | T3 | HD |
| NORPACE (*disopyramide phosphate*) | T3 | PA HD |
| NORPACE CR | T3 | HD |
| *pacerone 100 mg tablet* | T3 | PA HD |
| *pacerone 200 mg tablet* | T1 | HD |
| *pacerone 400 mg tablet* | T3 | PA HD |
| *propafenone hcl* | T1 | HD |
| *quinidine sulfate* | T1 | HD |
| **CALCIUM CHANNEL BLOCKING AGENTS** | | |
| *amlodipine besylate* (Norvasc) | T1 | HD |
| CALAN SR (*verapamil er*) | T3 | HD |
| *diltiazem 24h er(la) 120 mg tb* (Cardizem La) | T1 | QL(1 TAB/DAY) HD |
| *diltiazem 24h er(la) 180 mg tb* (Cardizem La) | T1 | HD |
| *diltiazem 24h er(la) 240 mg tb* (Cardizem La) | T1 | HD |
| *diltiazem 24h er(la) 300 mg tb* (Cardizem La) | T1 | HD |
| *diltiazem 24h er(la) 360 mg tb* (Cardizem La) | T1 | HD |
| *diltiazem 24h er(la) 420 mg tb* (Cardizem La) | T1 | HD |
| *diltiazem hcl* | T1 | HD |
| *diltiazem hcl* (Cardizem Cd) | T1 | HD |
| *diltiazem hcl* (Cardizem La) | T1 | HD |

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# List of Prescription Medications

| CARDIAC DRUGS (Blood Pressure/Heart Medications) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **CALCIUM CHANNEL BLOCKING AGENTS** *(cont.)* | | |
| *diltiazem hcl* (Cardizem) | T1 | HD |
| *diltiazem hcl* (Tiazac) | T1 | HD |
| *felodipine* | T1 | HD |
| *isradipine* | T1 | |
| *nicardipine hcl* | T1 | HD |
| *nifedipine* | T1 | HD |
| *nifedipine* (Procardia XI) | T1 | HD |
| *nimodipine 30 mg capsule* | T1 | HD |
| *nimodipine 60 mg/20 ml soln* | T1 | |
| *nisoldipine er 17 mg tablet* (Sular) | T1 | HD |
| *nisoldipine er 20 mg tablet* | T1 | QL(1 TAB/DAY) HD |
| *nisoldipine er 25.5 mg tablet* | T1 | HD |
| *nisoldipine er 30 mg tablet* | T1 | HD |
| *nisoldipine er 34 mg tablet* (Sular) | T1 | HD |
| *nisoldipine er 40 mg tablet* | T1 | HD |
| *nisoldipine er 8.5 mg tablet* (Sular) | T1 | HD |
| NORLIQVA | T2 | PA QL(10 MLS/DAY) HD |
| NYMALIZE | T3 | |
| SULAR (*nisoldipine*) | T3 | HD |
| TIAZAC (*diltiazem hcl*) | T3 | HD |
| *verapamil hcl* | T1 | HD |
| *verapamil hcl* (Calan Sr) | T1 | HD |
| *verapamil hcl* (Verelan Pm) | T1 | HD |
| *verapamil hcl* (Verelan) | T1 | HD |
| VERELAN (*verapamil hcl*) | T3 | HD |
| VERELAN PM (*verapamil hcl*) | T3 | HD |
| **CARDIAC MYOSIN INHIBITOR** | | |
| CAMZYOS | T3 | PA QL(1 CAP/DAY) SP HD |
| **DIGITALIS GLYCOSIDES** | | |
| *digoxin* (Lanoxin) | T1 | HD |
| *digoxin 0.05 mg/ml solution* | T1 | HD |
| *digoxin 0.125 mg tablet* (Lanoxin) | T1 | HD |
| *digoxin 0.25 mg tablet* (Lanoxin) | T1 | HD |
| *digoxin 125 mcg tablet* (Lanoxin) | T1 | HD |
| *digoxin 250 mcg tablet* (Lanoxin) | T1 | HD |

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# List of Prescription Medications

| CARDIAC DRUGS (Blood Pressure/Heart Medications) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **HEART RATE REDUCING, SA SELECTIVE I(F) CURRENT INH.** | | |
| CORLANOR 5 MG/5 ML ORAL SOLN | T2 | PA SP HD |
| *ivabradine hcl* (Corlanor) | T1 | PA HD |
| **SOLUBLE GUANYLATE CYCLASE (SGC) STIMULATOR** | | |
| VERQUVO | T2 | PA QL(1 TAB/DAY) |
| **VASODILATORS, CORONARY** | | |
| *isosorbide dinitrate 10 mg tab* | T1 | HD |
| *isosorbide dinitrate 20 mg tab* | T1 | HD |
| *isosorbide dinitrate 30 mg tab* | T1 | HD |
| *isosorbide dinitrate 5 mg tab* (Isordil Titradose) | T1 | HD |
| *isosorbide mononitrate* | T1 | HD |
| NITRO-DUR | T3 | HD |
| *nitroglycerin* | T1 | HD |
| *nitroglycerin 0.3 mg tablet sl* (Nitrostat) | T1 | HD |
| *nitroglycerin 0.4 mg tablet sl* (Nitrostat) | T1 | HD |
| *nitroglycerin 0.6 mg tablet sl* (Nitrostat) | T1 | HD |
| *nitroglycerin 400 mcg spray* (Nitrolingual) | T1 | HD |
| NITROLINGUAL (*nitroglycerin*) | T3 | HD |
| NITROMIST (*nitroglycerin*) | T3 | HD |
| NITROSTAT (*nitroglycerin*) | T3 | HD |
| **CARDIOVASCULAR (Asthma/COPD/Respiratory)** | | |
| **PULM ANTI-HTN, SOLUBLE GUANYLATE CYCLASE STIMULATOR** | | |
| ADEMPAS | T2 | PA SP HD |
| **PULM.ANTI-HTN, SEL.C-GMP PHOSPHODIESTERASE T5 INHIB** | | |
| *sildenafil 10 mg/ml oral susp* (Revatio) | T1 | PA SP HD |
| *sildenafil 20 mg tablet* (Revatio) | T1 | PA SP HD |
| *tadalafil* (Adcirca) | T1 | PA SP HD |
| *tadalafil 20 mg tablet* (Adcirca) | T1 | PA SP HD |
| **PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST** | | |
| *ambrisentan* (Letairis) | T1 | PA SP HD |
| *bosentan* (Tracleer) | T1 | PA SP HD |
| OPSUMIT | T2 | PA SP HD |
| TRACLEER 125 MG TABLET (*bosentan*) | T3 | PA SP HD |
| TRACLEER 32 MG TABLET FOR SUSP | T2 | PA SP HD |
| TRACLEER 62.5 MG TABLET (*bosentan*) | T3 | PA SP HD |

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# List of Prescription Medications

| CARDIOVASCULAR (Asthma/COPD/Respiratory) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PULMONARY ANTIHYPER AGENT, ACTRIIA-FC** | | |
| WINREVAIR | T3 | PA SP HD |
| WINREVAIR (2 PACK) | T3 | PA SP HD |
| **PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE** | | |
| ORENITRAM ER | T3 | PA SP HD |
| ORENITRAM MONTH 1 TITRATION KT | T3 | PA QL(168 TABS/180 DAYS) SP HD |
| ORENITRAM MONTH 2 TITRATION KT | T3 | PA QL(336 TABS/180 DAYS) SP HD |
| ORENITRAM MONTH 3 TITRATION KT | T3 | PA QL(252 TABS/180 DAYS) SP HD |
| TYVASO | T3 | PA SP HD |
| TYVASO DPI | T2 | PA SP HD |
| TYVASO INSTITUTIONAL START KIT | T3 | PA SP HD |
| TYVASO REFILL KIT | T3 | PA SP HD |
| TYVASO STARTER KIT | T3 | PA SP HD |
| UPTRAVI | T2 | PA SP HD |
| YUTREPIA | T2 | PA SP HD |
| **PULMONARY HTN-ENDOTHELIN RECEPT ANTG-CGMP PDE5 INH** | | |
| OPSYNVI | T2 | PA QL(1 TAB/DAY) SP HD |
| **CARDIOVASCULAR (Blood Pressure/Heart Medications)** | | |
| **ACE INHIBITOR-CALCIUM CHANNEL BLOCKER COMBINATION** | | |
| *amlodipine besylate/benazepril* | T1 | HD |
| *amlodipine besylate/benazepril* (Lotrel) | T1 | HD |
| PRESTALIA 3.5 MG-2.5 MG TABLET | T3 | QL(1 TAB/DAY) HD |
| PRESTALIA 7 MG-5 MG TABLET | T3 | QL(1 TAB/DAY) HD |
| PRESTALIA 14 MG-10 MG TABLET | T3 | HD |
| *trandolapril/verapamil hcl* | T1 | HD |
| **ACE INHIBITOR-THIAZIDE OR THIAZIDE-LIKE DIURETIC** | | |
| *benazepril/hydrochlorothiazide* | T1 | HD |
| *benazepril/hydrochlorothiazide* (Lotensin Hct) | T1 | HD |
| *captopril-hctz 25-15 mg tablet* | T1 | QL(3 TABS/DAY) HD |
| *captopril-hctz 25-25 mg tablet* | T1 | QL(2 TABS/DAY) HD |
| *captopril-hctz 50-15 mg tablet* | T1 | QL(3 TABS/DAY) HD |
| *captopril-hctz 50-25 mg tablet* | T1 | QL(2 TABS/DAY) HD |
| *enalapril/hydrochlorothiazide* | T1 | HD |
| *enalapril/hydrochlorothiazide* (Vaseretic) | T1 | HD |

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# List of Prescription Medications

| CARDIOVASCULAR (Blood Pressure/Heart Medications) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ACE INHIBITOR-THIAZIDE OR THIAZIDE-LIKE DIURETIC** *(cont.)* | | |
| *fosinopril/hydrochlorothiazide* | T1 | HD |
| *lisinopril/hydrochlorothiazide* (Zestoretic) | T1 | HD |
| *quinapril/hydrochlorothiazide* (Accuretic) | T1 | HD |
| **ALPHA/BETA-ADRENERGIC BLOCKING AGENTS** | | |
| *carvedilol* (Coreg) | T1 | HD |
| *carvedilol er 10 mg capsule* (Coreg Cr) | T1 | QL(1 CAP/DAY) HD |
| *carvedilol er 20 mg capsule* (Coreg Cr) | T1 | QL(1 CAP/DAY) HD |
| *carvedilol er 40 mg capsule* (Coreg Cr) | T1 | QL(1 CAP/DAY) HD |
| *carvedilol er 80 mg capsule* (Coreg Cr) | T1 | HD |
| *labetalol hcl 100 mg tablet* | T1 | HD |
| *labetalol hcl 200 mg tablet* | T1 | HD |
| *labetalol hcl 300 mg tablet* | T1 | HD |
| LABETALOL HCL 400 MG TABLET | T3 | HD |
| **ALPHA-ADRENERGIC BLOCKING AGENTS** | | |
| CARDURA XL | T3 | HD |
| *doxazosin mesylate (*Cardura*)* | T1 | HD |
| MINIPRESS (*prazosin hcl*) | T3 | HD |
| *prazosin hcl* | T1 | HD |
| *prazosin hcl (*Minipress*)* | T1 | HD |
| *terazosin hcl* | T1 | HD |
| **ANGIOTEN.RECEPTR ANTAG-CALCIUM CHANL BLKR-THIAZIDE** | | |
| *amlodipine/valsartan/hcthiazid* (Exforge Hct) | T1 | HD |
| *olmesartan/amlodipin/hcthiazid* (Tribenzor) | T1 | HD |
| **ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB (ARNI)** | | |
| ENTRESTO SPRINKLE | T2 | HD |
| *sacubitril/valsartan (*Entresto*)* | T1 | QL(2 TABS/DAY) HD |
| **ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC COMB** | | |
| *candesartan/hydrochlorothiazid* (Atacand Hct) | T1 | HD |
| *irbesartan/hydrochlorothiazide* (Avalide) | T1 | HD |
| *losartan/hydrochlorothiazide* (Hyzaar) | T1 | HD |
| *olmesartan-hctz 20-12.5 mg tab* (Benicar Hct) | T1 | QL(1 TAB/DAY) HD |
| *olmesartan-hctz 40-12.5 mg tab* (Benicar Hct) | T1 | HD |
| *olmesartan-hctz 40-25 mg tab* (Benicar Hct) | T1 | HD |
| *telmisartan-hctz 40-12.5 mg tb* (Micardis Hct) | T1 | QL(1 TAB/DAY) HD |

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| CARDIOVASCULAR (Blood Pressure/Heart Medications) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC COMB** *(cont.)* | | |
| *telmisartan-hctz 80-12.5 mg tb* (Micardis Hct) | T1 | HD |
| *telmisartan-hctz 80-25 mg tab* (Micardis Hct) | T1 | HD |
| *valsartan/hydrochlorothiazide* (Diovan Hct) | T1 | HD |
| **ANGIOTENSIN RECEPTOR BLOCKR-CALCIUM CHANNEL BLOCKR** | | |
| *amlodipine besylate/valsartan* (Exforge) | T1 | HD |
| *amlodipine-olmesartan 10-20 mg* (Azor) | T1 | HD |
| *amlodipine-olmesartan 10-40 mg* (Azor) | T1 | HD |
| *amlodipine-olmesartan 5-20 mg* (Azor) | T1 | QL(1 TAB/DAY) HD |
| *amlodipine-olmesartan 5-40 mg* (Azor) | T1 | HD |
| *telmisartan-amlodipine 40-10* | T1 | HD |
| *telmisartan-amlodipine 40-5 mg* | T1 | QL(1 TAB/DAY) HD |
| *telmisartan-amlodipine 80-10* | T1 | HD |
| *telmisartan-amlodipine 80-5 mg* | T1 | HD |
| **ANTI-HYPERTENSIVES, ACE INHIBITORS** | | |
| *benazepril hcl* | T1 | HD |
| *benazepril hcl* (Lotensin) | T1 | HD |
| *captopril* | T1 | HD |
| *enalapril maleate* (Epaned) | T1 | HD |
| *enalapril maleate (Vasotec)* | T1 | HD |
| *fosinopril sodium* | T1 | HD |
| *lisinopril (Zestril)* | T1 | HD |
| *moexipril hcl* | T1 | HD |
| *perindopril erbumine* | T1 | HD |
| *quinapril hcl* (Accupril) | T1 | HD |
| *ramipril* | T1 | HD |
| *ramipril* (Altace) | T1 | HD |
| *trandolapril* | T1 | HD |
| **ANTI-HYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST** | | |
| *candesartan cilexetil* (Atacand) | T1 | HD |
| *eprosartan mesylate* | T1 | HD |
| *irbesartan* | T1 | HD |
| *irbesartan* (Avapro) | T1 | HD |
| *losartan potassium* (Cozaar) | T1 | HD |
| *olmesartan medoxomil 20 mg tab* (Benicar) | T1 | QL(1 TAB/DAY) HD |

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# List of Prescription Medications

| CARDIOVASCULAR (Blood Pressure/Heart Medications) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-HYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST** *(cont.)* | | |
| *olmesartan medoxomil 40 mg tab* (Benicar) | T1 | HD |
| *olmesartan medoxomil 5 mg tab* (Benicar) | T1 | HD |
| *telmisartan 20 mg tablet* | T1 | QL(1 TAB/DAY) HD |
| *telmisartan 40 mg tablet* (Micardis) | T1 | QL(1 TAB/DAY) HD |
| *telmisartan 80 mg tablet* (Micardis) | T1 | HD |
| *valsartan 160 mg tablet* (Diovan) | T1 | HD |
| *valsartan 20 mg/5 ml solution* | T1 | HD |
| *valsartan 320 mg tablet* (Diovan) | T1 | HD |
| *valsartan 40 mg tablet* (Diovan) | T1 | HD |
| *valsartan 80 mg tablet* (Diovan) | T1 | HD |
| **ANTI-HYPERTENSIVES, GANGLIONIC BLOCKERS** | | |
| VECAMYL | T1 | |
| **ANTI-HYPERTENSIVES, MISCELLANEOUS** | | |
| *metyrosine* (Demser) | T1 | HD |
| **ANTI-HYPERTENSIVES, SYMPATHOLYTIC** | | |
| *clonidine* (Catapres-tts 1) | T1 | HD |
| *clonidine* (Catapres-tts 2) | T1 | HD |
| *clonidine* (Catapres-tts 3) | T1 | HD |
| *clonidine hcl* | T1 | HD |
| *guanfacine hcl* | T1 | HD |
| *methyldopa* | T1 | HD |
| *methyldopa/hydrochlorothiazide* | T1 | HD |
| **ANTI-HYPERTENSIVES, VASODILATORS** | | |
| *hydralazine hcl* | T1 | HD |
| *minoxidil* | T1 | HD |
| **BETA-ADRENERGIC BLOCKING AGENTS** | | |
| *acebutolol hcl* | T1 | HD |
| *atenolol* (Tenormin) | T1 | HD |
| *betaxolol hcl* | T1 | HD |
| *bisoprolol fumarate 10 mg tab* | T1 | HD |
| *bisoprolol fumarate 5 mg tab* | T1 | HD |
| *metoprolol succinate* (Toprol XL) | T1 | HD |
| *metoprolol tartrate* | T1 | HD |
| *metoprolol tartrate* (Lopressor) | T1 | HD |

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# List of Prescription Medications

| CARDIOVASCULAR (Blood Pressure/Heart Medications) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **BETA-ADRENERGIC BLOCKING AGENTS** *(cont.)* | | |
| *nadolol* | T1 | HD |
| *nebivolol 10 mg tablet* (Bystolic) | T1 | QL(1 TAB/DAY) HD |
| *nebivolol 2.5 mg tablet* (Bystolic) | T1 | QL(1 TAB/DAY) HD |
| *nebivolol 20 mg tablet* (Bystolic) | T1 | HD |
| *nebivolol 5 mg tablet* (Bystolic) | T1 | QL(1 TAB/DAY) HD |
| *pindolol* | T1 | HD |
| *propranolol hcl* | T1 | HD |
| *propranolol hcl* (Inderal La) | T1 | HD |
| *sotalol hcl* | T1 | HD |
| *sotalol hcl* (Betapace Af) | T1 | HD |
| *sotalol hcl* (Betapace) | T1 | HD |
| SOTYLIZE | T3 | HD |
| *timolol maleate* | T1 | HD |
| **BETA-BLOCKERS AND THIAZIDE, THIAZIDE-LIKE DIURETICS** | | |
| *atenolol/chlorthalidone* (Tenoretic 100) | T1 | HD |
| *atenolol/chlorthalidone* (Tenoretic 50) | T1 | HD |
| *bisoprolol/hydrochlorothiazide* | T1 | HD |
| *metoprolol/hydrochlorothiazide* | T1 | HD |
| *propranolol/hydrochlorothiazid* | T1 | HD |
| **RENIN INHIBITOR, DIRECT** | | |
| *aliskiren 150 mg tablet* (Tekturna) | T1 | QL(1 TAB/DAY) HD |
| *aliskiren 300 mg tablet* (Tekturna) | T1 | HD |
| **VASODILATORS, COMBINATION** | | |
| *isosorbide dinit/hydralazine* (Bidil) | T1 | QL(6 TABS/DAY) HD |
| **VASODILATORS, PERIPHERAL** | | |
| *ergoloid mesylates* | T1 | |
| *isoxsuprine hcl* | T1 | |
| **CARDIOVASCULAR (Cholesterol Medications)** | | |
| **ANTI-HYPERLIP.HMG COA REDUCT INHIB-CHOLEST.AB.INHIB** | | |
| *ezetimibe/simvastatin* (Vytorin) | T1 | HD |
| **ANTI-HYPERLIPID- HMG-COA RI-CALCIUM CHANNEL BLOCKER** | | |
| *amlodipine-atorvast 10-10 mg* (Caduet) | T1 | HD |
| *amlodipine-atorvast 10-20 mg* (Caduet) | T1 | HD |
| *amlodipine-atorvast 10-40 mg* (Caduet) | T1 | HD |

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# List of Prescription Medications

| CARDIOVASCULAR (Cholesterol Medications) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-HYPERLIPID- HMG-COA RI-CALCIUM CHANNEL BLOCKER** *(cont.)* | | |
| *amlodipine-atorvast 10-80 mg* (Caduet) | T1 | HD |
| *amlodipine-atorvast 2.5-10 mg* | T1 | HD |
| *amlodipine-atorvast 2.5-20 mg* | T1 | QL(1 TAB/DAY) HD |
| *amlodipine-atorvast 2.5-40 mg* | T1 | QL(1 TAB/DAY) HD |
| *amlodipine-atorvast 5-10 mg* (Caduet) | T1 | HD |
| *amlodipine-atorvast 5-20 mg* (Caduet) | T1 | QL(1 TAB/DAY) HD |
| *amlodipine-atorvast 5-40 mg* (Caduet) | T1 | QL(1 TAB/DAY) HD |
| *amlodipine-atorvast 5-80 mg* (Caduet) | T1 | HD |
| CADUET 10 MG-10 MG TABLET (*amlodipine-atorvastatin*) | T3 | HD |
| CADUET 10 MG-20 MG TABLET (*amlodipine-atorvastatin*) | T3 | HD |
| CADUET 10 MG-40 MG TABLET (*amlodipine-atorvastatin*) | T3 | HD |
| CADUET 10 MG-80 MG TABLET (*amlodipine-atorvastatin*) | T3 | HD |
| CADUET 5 MG-10 MG TABLET (*amlodipine-atorvastatin*) | T3 | HD |
| CADUET 5 MG-20 MG TABLET (*amlodipine-atorvastatin*) | T3 | QL(1 TAB/DAY) HD |
| CADUET 5 MG-40 MG TABLET (*amlodipine-atorvastatin*) | T3 | QL(1 TAB/DAY) HD |
| CADUET 5 MG-80 MG TABLET (*amlodipine-atorvastatin*) | T3 | HD |
| **ANTI-HYPERLIPIDEMIC - APOLIPOPROTEIN INHIBITOR** | | |
| TRYNGOLZA | T3 | PA QL(1 AUTO-INJ/28 DAYS) SP |
| **ANTI-HYPERLIPIDEMIC - PCSK9 INHIBITORS** | | |
| REPATHA PUSHTRONEX | T2 | |
| REPATHA SURECLICK | T2 | |
| REPATHA SYRINGE | T2 | |
| **ANTI-HYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB (Statins)** | | |
| *atorvastatin 10 mg tablet* | T1 | HD PPACA |
| *atorvastatin 20 mg tablet* | T1 | HD PPACA |
| *atorvastatin 40 mg tablet* | T1 | HD |
| *atorvastatin 80 mg tablet* | T1 | HD |
| *fluvastatin sodium* | T1 | HD PPACA |
| *fluvastatin sodium* (Lescol Xl) | T1 | HD PPACA |
| *lovastatin 10 mg tablet* | T1 | HD |
| *lovastatin 20 mg tablet* | T1 | HD PPACA |
| *lovastatin 40 mg tablet* | T1 | HD PPACA |
| *pitavastatin 1 mg tablet (*Livalo*)* | T1 | QL(1 TAB/DAY) HD PPACA |
| *pitavastatin 2 mg tablet (*Livalo*)* | T1 | QL(1 TAB/DAY) HD PPACA |

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# List of Prescription Medications

| CARDIOVASCULAR (Cholesterol Medications) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-HYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB (Statins)** *(cont.)* | | |
| *pitavastatin 4 mg tablet* (Livalo) | T1 | HD PPACA |
| *pravastatin sodium* | T1 | HD PPACA |
| *rosuvastatin calcium 10 mg tab* | T1 | QL(1 TAB/DAY) HD PPACA |
| *rosuvastatin calcium 20 mg tab* | T1 | QL(1 TAB/DAY) HD |
| *rosuvastatin calcium 40 mg tab* | T1 | HD |
| *rosuvastatin calcium 5 mg tab* | T1 | QL(1 TAB/DAY) HD PPACA |
| *simvastatin 10 mg tablet* | T1 | HD PPACA |
| *simvastatin 20 mg tablet* | T1 | HD PPACA |
| *simvastatin 40 mg tablet* | T1 | HD PPACA |
| *simvastatin 5 mg tablet* | T1 | HD |
| *simvastatin 80 mg tablet* | T1 | QL(1 TAB/DAY) HD |
| **BILE SALT SEQUESTRANTS** | | |
| *cholestyramine* | T1 | HD |
| *cholestyramine* (Questran Light) | T1 | HD |
| *cholestyramine (with sugar)* (Questran) | T1 | HD |
| *cholestyramine/aspartame* | T1 | HD |
| *colesevelam hcl* (Welchol) | T1 | HD |
| COLESTID | T3 | HD |
| COLESTID (*colestipol hcl*) | T3 | HD |
| *colestipol hcl* | T1 | HD |
| *colestipol hcl* (Colestid) | T1 | HD |
| QUESTRAN (*cholestyramine (with sugar)*) | T3 | HD |
| QUESTRAN LIGHT (*cholestyramine*) | T3 | HD |
| **LIPOTROPICS** | | |
| *ezetimibe* (Zetia) | T1 | HD |
| *fenofibrate 120 mg tablet* (Fenoglide) | T1 | HD |
| *fenofibrate 130 mg capsule* | T1 | HD |
| *fenofibrate 134 mg capsule* | T1 | HD |
| *fenofibrate 145 mg tablet* (Tricor) | T1 | HD |
| FENOFIBRATE 150 MG CAPSULE | T1 | HD |
| *fenofibrate 160 mg tablet* | T1 | HD |
| *fenofibrate 200 mg capsule* | T1 | HD |
| *fenofibrate 40 mg tablet* (Fenoglide) | T1 | HD |
| *fenofibrate 43 mg capsule* | T1 | HD |

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# List of Prescription Medications

| CARDIOVASCULAR (Cholesterol Medications) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **LIPOTROPICS** *(cont.)* | | |
| *fenofibrate 48 mg tablet* (Tricor) | T1 | HD |
| FENOFIBRATE 50 MG CAPSULE | T1 | HD |
| *fenofibrate 54 mg tablet* | T1 | HD |
| *fenofibrate 67 mg capsule* | T1 | HD |
| *fenofibric acid* | T1 | HD |
| *fenofibric acid* (choline) | T1 | HD |
| *fenofibric acid* (Fibricor) | T1 | HD |
| FIBRICOR *(fenofibric acid)* | T3 | ST HD |
| *gemfibrozil* (Lopid) | T1 | HD |
| LIPOFEN | T3 | ST HD |
| LOPID (*gemfibrozil*) | T3 | HD |
| *niacin* | T1 | HD |
| TRICOR *(fenofibrate nanocrystallized)* | T3 | ST HD |
| *niacin* (Niaspan) | T1 | HD |
| **CARDIOVASCULAR (Miscellaneous)** | | |
| **ENDOTHELIN-ANGIOTENSIN RECEPTOR ANTAGONIST** | | |
| FILSPARI | T2 | PA QL(1 TAB/DAY) SP |
| **CNS DRUGS (Alzheimer's Disease)** | | |
| **ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS** | | |
| *memantine hcl* | T1 | HD |
| MEMANTINE HCL | T1 | HD |
| *memantine hcl er 14 mg capsule* (Namenda Xr) | T1 | QL(1 CAP/DAY) HD |
| *memantine hcl er 21 mg capsule* | T1 | HD |
| *memantine hcl er 28 mg capsule* (Namenda Xr) | T1 | HD |
| *memantine hcl er 7 mg capsule* (Namenda Xr) | T1 | QL(1 CAP/DAY) HD |
| NAMENDA | T3 | HD |
| NAMENDA XR TITRATION PACK | T3 | QL(112 CAPS/365 DAYS) HD |
| **ALZHEIMER'S THX,NMDA RECEPTOR ANTAG-CHOLINES INHIB** | | |
| *memantine hcl/donepezil hcl* (Namzaric) | T1 | QL(2 CAPS/DAY) HD |
| **CNS DRUGS (Miscellaneous)** | | |
| **AMYOTROPHIC LATERAL SCLEROSIS AGENTS** | | |
| RADICAVA ORS 105 MG/5 ML SUSP | T3 | PA QL(50 MLS/30 DAYS) SP HD |
| RADICAVA ORS STARTER KIT SUSP | T3 | PA QL(70 MLS/365 DAYS) SP HD |

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# List of Prescription Medications

| CNS DRUGS (Miscellaneous) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **AMYOTROPHIC LATERAL SCLEROSIS AGENTS** *(cont.)* | | |
| *riluzole* (Rilutek) | T1 | SP HD |
| TIGLUTIK | T3 | PA SP |
| **DRUGS TO TREAT MOVEMENT DISORDERS** | | |
| AUSTEDO | T3 | PA SP HD |
| AUSTEDO XR 12 MG TABLET | T3 | PA QL(1 TAB/DAY) SP HD |
| AUSTEDO XR 18 MG TABLET | T3 | PA QL(1 TAB/DAY) SP HD |
| AUSTEDO XR 24 MG TABLET | T3 | PA QL(2 TABS/DAY) SP HD |
| AUSTEDO XR 30 MG TABLET | T3 | PA QL(1 TAB/DAY) SP HD |
| AUSTEDO XR 36 MG TABLET | T3 | PA QL(1 TAB/DAY) SP HD |
| AUSTEDO XR 42 MG TABLET | T3 | PA QL(1 TAB/DAY) SP HD |
| AUSTEDO XR 48 MG TABLET | T3 | PA QL(1 TAB/DAY) SP HD |
| AUSTEDO XR 6 MG TABLET | T3 | PA QL(3 TABS/DAY) SP HD |
| AUSTEDO XR TITRATION KT(WK1-4) | T3 | PA QL(1 KIT/180 DAYS) SP HD |
| INGREZZA | T3 | PA QL(1 CAP/DAY) SP |
| INGREZZA INITIATION PK (TARDIV) | T3 | PA QL(28 CAPS/365 DAYS) SP |
| *tetrabenazine* (Xenazine) | T1 | PA SP HD |
| **PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS** | | |
| NUEDEXTA | T3 | QL(4 CAPS/DAY) |
| **XANTHINES** | | |
| *caffeine citrate* | T1 | HD |
| **CNS DRUGS (Multiple Sclerosis)** | | |
| **AGENTS TO TREAT MULTIPLE SCLEROSIS** | | |
| AVONEX (4 PACK) | T2 | PA SP HD |
| AVONEX PEN (4 PACK) | T2 | PA SP HD |
| BAFIERTAM | T2 | PA SP HD |
| BETASERON | T2 | PA SP HD |
| *cladribine* | T1 | PA SP HD |
| *dimethyl fumarate 30d start pk* (Tecfidera) | T1 | SP HD |
| *dimethyl fumarate dr 120 mg cp* (Tecfidera) | T1 | HD |
| *dimethyl fumarate dr 120 mg cp* (Tecfidera) | T1 | SP HD |
| *dimethyl fumarate dr 240 mg cp* (Tecfidera) | T1 | HD |
| *dimethyl fumarate dr 240 mg cp* (Tecfidera) | T1 | SP HD |
| *fingolimod hcl* (Gilenya) | T1 | SP HD |
| *glatiramer acetate* (Copaxone) | T1 | SP HD |

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# List of Prescription Medications

| CNS DRUGS (Multiple Sclerosis) *(con't.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **AGENTS TO TREAT MULTIPLE SCLEROSIS** | | |
| KESIMPTA PEN | T2 | PA SP HD |
| MAVENCLAD | T3 | PA SP HD |
| PLEGRIDY | T2 | PA SP HD |
| PLEGRIDY PEN | T2 | PA SP HD |
| REBIF | T2 | PA SP HD |
| REBIF REBIDOSE | T2 | PA SP HD |
| *teriflunomide* (Aubagio) | T1 | SP HD |
| VUMERITY | T2 | PA SP HD |
| **AGTS TX NEUROMUSC TRANSMISSION DIS, POT-CHAN BLKR** | | |
| *dalfampridine er 10 mg tablet* (Ampyra) | T1 | PA SP HD |
| FIRDAPSE | T3 | PA QL (8 tabs/day) SP |
| **CNS DRUGS (Pain Relief And Inflammatory Disease)** | | |
| **CALCITONIN GENE-RELATED PEPTIDE (CGRP) INHIBITORS** | | |
| EMGALITY SYRINGE | T2 | PA |
| **POSTHERPETIC NEURALGIA AGENTS** | | |
| *gabapentin* (Gralise) | T1 | |
| GRALISE ER 300 MG TABLET (*gabapentin*) | T3 | |
| GRALISE ER 600 MG TABLET (*gabapentin*) | T3 | |
| **SPHINGOSINE I-PHOSPHATE (SIP) RECEPTOR MODULATOR** | | |
| VELSIPITY | T2 | PA QL(30 TABS/30 DAYS) SP HD |
| ZEPOSIA | T2 | PA SP HD |
| **CNS DRUGS (Seizure Disorders)** | | |
| **ANTI-CONVULSANT - BENZODIAZEPINE TYPE** | | |
| *clobazam* (Onfi) | T1 | HD |
| *clonazepam* | T1 | HD |
| *clonazepam* (Klonopin) | T1 | HD |
| DIASTAT (*diazepam*) | T3 | PA HD |
| *diazepam 10 mg rectal gel syrg* | T1 | HD |
| *diazepam 10mg rectal gel (2pk)* | T1 | HD |
| *diazepam 2.5 mg rectal gel sys* (Diastat) | T1 | HD |
| *diazepam 20 mg rectal gel syrg* | T1 | HD |
| *diazepam 20mg rectal gel (2pk)* | T1 | HD |

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# List of Prescription Medications

| CNS DRUGS (Seizure Disorders) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-CONVULSANT - BENZODIAZEPINE TYPE** *(cont.)* | | |
| KLONOPIN (*clonazepam*) | T3 | PA HD |
| NAYZILAM | T2 | PA QL(10 UNITS/30 DAYS) HD |
| VALTOCO | T2 | PA QL(10 BLISTER PACKS/30 DAYS) HD |
| **ANTI-CONVULSANT - CANNABINOID TYPE** | | |
| EPIDIOLEX | T3 | PA SP HD |
| **ANTI-CONVULSANTS** | | |
| BRIVIACT | T3 | PA HD |
| *carbamazepine* (Carbatrol) | T1 | HD |
| *carbamazepine* (Tegretol Xr) | T1 | HD |
| *carbamazepine* (Tegretol) | T1 | HD |
| *carbamazepine 100 mg tab chew* | T1 | HD |
| *carbamazepine 100 mg/5 ml cup* | T1 | HD |
| *carbamazepine 100 mg/5 ml susp* (Tegretol) | T1 | HD |
| CARBAMAZEPINE 200 MG TAB CHEW | T3 | HD |
| *carbamazepine 200 mg tablet* (Tegretol) | T1 | HD |
| *carbamazepine 200 mg/10 ml cup* | T1 | HD |
| CELONTIN (*methsuximide*) | T3 | HD |
| DIACOMIT | T3 | PA SP HD |
| DILANTIN 100 MG CAPSULE (*phenytoin sodium extended*) | T3 | PA HD |
| DILANTIN 30 MG CAPSULE | T2 | PA HD |
| DILANTIN 50 MG INFATAB (*phenytoin*) | T3 | PA HD |
| DILANTIN-125 (*phenytoin*) | T3 | PA HD |
| *divalproex sodium* (Depakote Er) | T1 | HD |
| *divalproex sodium* (Depakote Sprinkle) | T1 | HD |
| *divalproex sodium* (Depakote) | T1 | HD |
| *ethosuximide* (Zarontin) | T1 | HD |
| *felbamate* (Felbatol) | T1 | HD |
| FINTEPLA | T3 | PA SP HD |
| FYCOMPA 0.5 MG/ML ORAL SUSP | T2 | PA HD |
| *gabapentin* (Neurontin) | T1 | HD |
| *lacosamide* (Vimpat) | T1 | HD |
| *lamotrigine* (Lamictal (Blue)) | T1 | HD |
| *lamotrigine* (Lamictal (Green)) | T1 | HD |
| *lamotrigine* (Lamictal (Orange)) | T1 | HD |

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# List of Prescription Medications

| CNS DRUGS (Seizure Disorders) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-CONVULSANTS** *(cont.)* | | |
| *lamotrigine* (Lamictal Odt (Blue)) | T1 | HD |
| *lamotrigine* (Lamictal Odt (Green)) | T1 | HD |
| *lamotrigine* (Lamictal Odt (Orange)) | T1 | HD |
| *lamotrigine* (Lamictal Odt) | T1 | HD |
| *lamotrigine* (Lamictal Xr) | T1 | HD |
| *lamotrigine* (Lamictal) | T1 | HD |
| *levetiracetam* (Keppra Xr) | T1 | HD |
| *levetiracetam* (Keppra) | T1 | HD |
| *levetiracetam 1,000 mg tablet* (Keppra) | T1 | HD |
| *levetiracetam 1,000mg/10ml cup* (Keppra) | T1 | HD |
| *levetiracetam 100 mg/ml soln* (Keppra) | T1 | HD |
| LEVETIRACETAM 250 MG TAB SUSP | T3 | PA HD |
| *levetiracetam 250 mg tablet (*Keppra*)* | T1 | HD |
| *levetiracetam 500 mg tablet (*Keppra*)* | T1 | HD |
| *levetiracetam 500 mg/5 ml cup* | T1 | HD |
| *levetiracetam 500 mg/5 ml soln* | T1 | HD |
| *levetiracetam 750 mg tablet (*Keppra*)* | T1 | HD |
| LYRICA 20 MG/ML ORAL SOLUTION (*pregabalin*) | T3 | PA HD |
| *methsuximide* (Celontin) | T1 | HD |
| NEURONTIN 400 MG CAPSULE (*gabapentin*) | T3 | HD |
| NEURONTIN 600 MG TABLET (*gabapentin*) | T3 | HD |
| NEURONTIN 800 MG TABLET (*gabapentin*) | T3 | HD |
| *oxcarbazepine* (Oxtellar XR) | T1 | PA HD |
| *oxcarbazepine* (Trileptal) | T1 | HD |
| OXTELLAR XR *(oxcarbazepine)* | T3 | PA HD |
| *perampanel 10 mg tablet (*Fycompa*)* | T1 | PA HD |
| *perampanel 12 mg tablet (*Fycompa*)* | T1 | PA HD |
| *perampanel 2 mg tablet (*Fycompa*)* | T1 | PA HD |
| *perampanel 4 mg tablet (*Fycompa*)* | T1 | PA QL(1 TAB/DAY) HD |
| *perampanel 6 mg tablet (*Fycompa*)* | T1 | PA QL(1 TAB/DAY) HD |
| *perampanel 8 mg tablet (*Fycompa*)* | T1 | PA HD |
| PHENYTEK (*phenytoin sodium extended*) | T3 | PA HD |
| *phenytoin* | T1 | HD |

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# List of Prescription Medications

| CNS DRUGS (Seizure Disorders) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-CONVULSANTS** *(cont.)* | | |
| *phenytoin* (Dilantin) | T1 | HD |
| *phenytoin* (Dilantin-125) | T1 | HD |
| *phenytoin sodium extended* (Dilantin) | T1 | HD |
| *phenytoin sodium extended* (Phenytek) | T1 | HD |
| *pregabalin* (Lyrica) | T1 | HD |
| *primidone 250 mg tablet* (Mysoline) | T1 | HD |
| *primidone 50 mg tablet* (Mysoline) | T1 | HD |
| *rufinamide 200 mg tablet* (Banzel) | T1 | PA QL(16 TABS/DAY) HD |
| *rufinamide 40 mg/ml suspension* (Banzel) | T1 | PA QL(80 MLS/DAY) HD |
| *rufinamide 400 mg tablet* (Banzel) | T1 | PA QL(8 TABS/DAY) HD |
| SPRITAM | T3 | PA HD |
| *subvenite 100 mg tablet* (Lamictal) | T1 | HD |
| *subvenite 150 mg tablet* (Lamictal) | T1 | HD |
| *subvenite 200 mg tablet* (Lamictal) | T1 | HD |
| *subvenite 25 mg tablet* (Lamictal) | T1 | HD |
| TEGRETOL (*carbamazepine*) | T3 | PA HD |
| *tiagabine hcl 12 mg tablet* | T1 | QL(8 TABS/DAY) HD |
| *tiagabine hcl 16 mg tablet* | T1 | QL(6 TABS/DAY) HD |
| *tiagabine hcl 2 mg tablet* | T1 | HD |
| *tiagabine hcl 4 mg tablet* | T1 | HD |
| *topiramate* (Qudexy Xr) | T1 | HD |
| *topiramate 100 mg tablet* (Topamax) | T1 | HD |
| *topiramate 15 mg sprinkle cap* (Topamax) | T1 | HD |
| *topiramate 200 mg tablet* (Topamax) | T1 | HD |
| *topiramate 25 mg sprinkle cap* (Topamax) | T1 | HD |
| *topiramate 25 mg tablet* (Topamax) | T1 | HD |
| *topiramate 25 mg/ml solution* (Eprontia) | T1 | HD |
| *topiramate 50 mg sprinkle cap* | T1 | HD |
| *topiramate 50 mg tablet* (Topamax) | T1 | HD |
| *topiramate er 100 mg capsule* (Trokendi Xr) | T1 | QL(1 CAP/DAY) HD |
| *topiramate er 200 mg capsule* (Trokendi Xr) | T1 | HD |
| *topiramate er 25 mg capsule* (Trokendi Xr) | T1 | QL(1 CAP/DAY) HD |
| *topiramate er 50 mg capsule* (Trokendi Xr) | T1 | HD |

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# List of Prescription Medications

| CNS DRUGS (Seizure Disorders) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-CONVULSANTS** *(cont.)* | | |
| TROKENDI XR 25 MG, 100 MG CAPSULE *(topiramate)* | T3 | QL(1 CAP/DAY) HD |
| TROKENDI XR 50 MG, 200 MG CAPSULE *(topiramate)* | T3 | HD |
| *valproic acid* | T1 | HD |
| *valproic acid (as sodium salt)* | T1 | HD |
| *vigabatrin* (Sabril) | T1 | SP HD |
| *vigadrone 500 mg powder packet (Sabril)* | T1 | SP HD |
| VIMPAT 10 MG/ML SOLUTION (lacosamide) | T2 | HD |
| XCOPRI 25 MG TABLET | T3 | PA QL(1 TABLET/DAY) HD |
| XCOPRI 100 MG TABLET | T3 | PA QL(1 TABLET/DAY) HD |
| XCOPRI 12.5-25 MG TITRATION PK | T3 | PA QL(28 TABS/28 DAYS) HD |
| XCOPRI 150 MG TABLET | T3 | PA QL(1 TABLET/DAY) HD |
| XCOPRI 150-200 MG TITRATION PK | T3 | PA QL(28 TABS/28 DAYS) HD |
| XCOPRI 200 MG TABLET | T3 | PA QL(2 TABS/DAY) HD |
| XCOPRI 250 MG DAILY DOSE PACK | T3 | PA QL(56 TABS/28 DAYS) HD |
| XCOPRI 350 MG DAILY DOSE PACK | T3 | PA QL(56 TABS/28 DAYS) HD |
| XCOPRI 50 MG TABLET | T3 | PA QL(1 TABLET/DAY) HD |
| XCOPRI 50-100 MG TITRATION PAK | T3 | PA QL(28 TABS/28 DAYS) HD |
| ZARONTIN (*ethosuximide*) | T3 | PA HD |
| *zonisamide* | T1 | HD |
| *zonisamide* (Zonegran) | T1 | HD |
| **CNS DRUGS (Sleep Disorders/Sedatives)** | | |
| **NARCOLEPSY TX-H3-RECEPT.ANTAGONIST/INVERSE AGONIST** | | |
| WAKIX | T3 | PA QL(2 TABS/DAY) SP HD |
| **COLONY STIMULATING FACTORS (Blood Modifiers/Bleeding Disorders)** | | |
| **LEUKOCYTE (WBC) STIMULANTS** | | |
| FULPHILA | T2 | PA SP |
| FYLNETRA | T3 | PA SP |
| GRANIX | T3 | PA SP |
| LEUKINE | T2 | SP |
| NEUPOGEN | T3 | PA SP |
| NIVESTYM | T2 | SP HD |
| NYPOZI | T3 | PA SP |
| NYVEPRIA | T2 | PA SP |

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# List of Prescription Medications

| COLONY STIMULATING FACTORS (Blood Modifiers/Bleeding Disorders) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **LEUKOCYTE (WBC) STIMULANTS** *(cont.)* | | |
| STIMUFEND | T3 | PA SP |
| UDENYCA | T2 | PA SP |
| UDENYCA AUTOINJECTOR | T2 | PA SP |
| ZARXIO | T2 | SP HD |
| ZIEXTENZO | T2 | PA SP |
| **THROMBOPOIETIN RECEPTOR AGONISTS** | | |
| DOPTELET | T2 | PA SP HD |
| DOPTELET SPRINKLE | T2 | PA SP HD |
| *eltrombopag olamine* (Promacta) | T1 | PA SP HD |
| MULPLETA | T3 | PA SP HD |
| **COLONY STIMULATING FACTORS (Blood Pressure/Heart Medications)** | | |
| **LEUKOCYTE (WBC) STIMULANTS** | | |
| RELEUKO | T3 | PA SP |
| ROLVEDON | T2 | PA SP |
| **COLONY STIMULATING FACTORS (Cancer)** | | |
| **CXCR4 CHEMOKINE RECEPTOR ANTAGONIST** | | |
| XOLREMDI | T3 | PA QL(4 CAPS/DAY) SP CSL |
| **CONTRACEPTIVES (Contraception Products)** | | |
| **CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC** | | |
| *etonogestrel/ethinyl estradiol (Nuvaring)* | T1 | PPACA |
| **CONTRACEPTIVES, IMPLANTABLE** | | |
| NEXPLANON | T2 | SP PPACA |
| **CONTRACEPTIVES, INJECTABLE** | | |
| DEPO-SUBQ PROVERA 104 | T2 | |
| *medroxyprogesterone 150 mg/ml* (Depo-Provera) | T1 | PPACA |
| **CONTRACEPTIVES, ORAL** | | |
| *desog-e.estradiol/e.estradiol* | T1 | HD PPACA |
| *desogestrel-ethinyl estradiol* | T1 | HD PPACA |
| *drospir/eth estra/levomefol ca* (Beyaz) | T1 | HD PPACA |
| *drospir/eth estra/levomefol ca* (Safyral) | T1 | HD PPACA |
| ELLA | T3 | HD PPACA |
| *ethinyl estradiol/drospirenone* (Yasmin 28) | T1 | HD PPACA |

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# List of Prescription Medications

| CONTRACEPTIVES (Contraception Products) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **CONTRACEPTIVES, ORAL** *(cont.)* | | |
| *ethinyl estradiol/drospirenone* (Yasmin 28) | T1 | PPACA |
| *ethinyl estradiol/drospirenone* (Yaz) | T1 | HD PPACA |
| *ethynodiol d-ethinyl estradiol* | T1 | HD PPACA |
| *levonorgest/eth.estradiol/iron (Balcoltra)* | T1 | HD PPACA |
| *l-norgest/e.estradiol-e.estrad* | T1 | HD PPACA |
| *noreth-ethinyl estradiol/iron* | T1 | HD PPACA |
| *norethind-eth estrad 1-0.02 mg* (Loestrin) | T1 | HD PPACA |
| *norethindrone* | T1 | HD PPACA |
| *norethindrone ac/eth estradiol* (Loestrin) | T1 | HD PPACA |
| *norethindrone-e.estradiol-iron* | T1 | HD PPACA |
| *norethindrone-e.estradiol-iron* (Loestrin Fe) | T1 | HD PPACA |
| *norethindrone-e.estradiol-iron* (Taytulla) | T1 | HD PPACA |
| *norethindrone-ethin. estradiol* | T1 | HD PPACA |
| *norethin-ee 1.5-0.03 mg(21) tb* (Loestrin) | T1 | HD PPACA |
| *norgestimate-ethinyl estradiol* | T1 | HD PPACA |
| *norgestrel-ethinyl estradiol* | T1 | HD PPACA |
| **CONTRACEPTIVES, TRANSDERMAL** | | |
| *norelgestromin/ethin.estradiol* | T1 | HD PPACA |
| **DIAPHRAGMS/CERVICAL CAP** | | |
| CAYA CONTOURED | T2 | PPACA |
| FEMCAP | T2 | PPACA |
| WIDE SEAL DIAPHRAGM | T3 | PPACA |
| **INTRA-UTERINE DEVICES (IUDS)** | | |
| KYLEENA | T3 | SP PPACA |
| LILETTA | T3 | SP PPACA |
| MIRENA | T3 | SP PPACA |
| MIUDELLA | T3 | SP PPACA |
| PARAGARD T 380-A | T3 | SP PPACA |
| PARAGARD T 380A (SINGLE HAND) | T3 | SP PPACA |
| SKYLA | T3 | SP PPACA |

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# List of Prescription Medications

| COUGH/COLD PREPARATIONS (Allergy/Nasal Sprays) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **IST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB** | | |
| RESPA A.R. (*pseudoephed/chlor-mal/bell alk*) | T3 | |
| **COUGH/COLD PREPARATIONS (Cough/Cold Medications)** | | |
| **ANTI-TUSSIVES, NON-OPIOID** | | |
| *benzonatate 100 mg capsule* | T1 | |
| *benzonatate 200 mg capsule* | T1 | |
| **NON-OPIOID ANTI-TUS-IST GEN.ANTIHISTAMINE-DECONGEST** | | |
| *brompheniramine/pseudoephed/dm* (Bromfed Dm) | T1 | |
| **NON-OPIOID ANTI-TUSSIVE-IST GEN ANTIHISTAMINE COMB.** | | |
| *promethazine/dextromethorphan* | T1 | |
| **OPIOID ANTI-TUSSIV-IST GEN. ANTIHISTAMINE-DECONGEST** | | |
| CAPCOF | T3 | |
| HISTEX-AC | T3 | |
| MAXI-TUSS CD | T3 | |
| POLY-TUSSIN AC | T3 | |
| *promethazine/phenyleph/codeine* | T1 | PA QL(480 MLS/30 DAYS) |
| **OPIOID ANTI-TUSSIVE-IST GENERATION ANTIHISTAMINE** | | |
| *hydrocodone/chlorphen p-stirex* | T1 | PA |
| *promethazine hcl/codeine* | T1 | PA QL(480 MLS/30 DAYS) |
| TUXARIN ER | T3 | PA QL(2 TABS/DAY) |
| TUZISTRA XR | T3 | PA QL(960 MLS/30 DAYS) |
| **OPIOID ANTI-TUSSIVE-ANTI-CHOLINERGIC COMBINATIONS** | | |
| HYCODAN 5 MG-1.5 MG TABLET (*hydrocodone bit/homatrop me-br*) | T3 | PA QL(180 TABS/30 DAYS) |
| HYCODAN 5 MG-1.5 MG/5 ML CUP | T3 | PA QL(480 MLS/30 DAYS) |
| HYCODAN 5 MG-1.5 MG/5 ML SOLN (*hydrocodone bit/homatrop me-br*) | T3 | PA QL(480 MLS/30 DAYS) |
| *hydrocodone bit/homatrop me-br* (Hycodan) | T1 | PA QL(480 MLS/30 DAYS) |
| *hydrocodone-homatrop 5 ml cup* | T1 | PA QL(480 MLS/30 DAYS) |
| *hydrocodone-homatropine 5-1.5* (Hycodan) | T1 | PA QL(180 TABS/30 DAYS) |
| *hydrocodone-homatropine soln* (Hycodan) | T1 | PA QL(480 MLS/30 DAYS) |
| **OPIOID ANTI-TUSSIVE-EXPECTORANT COMBINATION** | | |
| *codeine phosphate/guaifenesin* | T1 | |
| CODITUSSIN DAC | T3 | |
| CODITUSSIN AC | T1 | |
| GUAIFENESIN-CODEINE | T1 | |
| MAR-COF CG | T3 | |
| OBREDON | T3 | PA QL(960 MLS/30 DAYS) |

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# List of Prescription Medications

| DIAGNOSTIC (Diabetes) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **BLOOD SUGAR DIAGNOSTICS** | | |
| FREESTYLE TEST STRIPS | T2 | |
| FREESTYLE INSULINX TEST STRIPS | T2 | |
| FREESTYLE LITE TEST STRIP | T2 | |
| FREESTYLE PRECISION NEO | T2 | |
| FREESTYLE TEST STRIPS | T2 | |
| PRECISION XTRA TEST STRIPS | T2 | |
| RELION TRUE METRIX TEST STRIP | T2 | |
| TRUE METRIX GLUCOSE TEST STRIP | T2 | |
| **URINE GLUCOSE TEST AIDS** | | |
| DIASTIX REAGENT | T1 | |
| **DIAGNOSTIC (Miscellaneous)** | | |
| **BLOOD TESTING PREPARATIONS** | | |
| FORA GTEL KETONE TEST STRIP | T1 | |
| FORA TN'G ADV VOICE KETO STRIP | T1 | |
| GOJJI BLOOD KETONE TEST STRIP | T1 | |
| NOVAMAX PLUS | T1 | |
| PRECISION XTR B-KETONE STRIP | T1 | |
| **DIAGNOSTIC PREPARATIONS, MISCELLANEOUS** | | |
| ADVANCED DNA MEDICATED COLLECT | T3 | |
| ARIDOL | T3 | |
| *lidocaine hcl/glycerin* | T1 | |
| PROVOCHOLINE | T3 | |
| TC99M SULFUR COLLOID PREP | T1 | |
| **EYE DIAGNOSTIC AGENTS** | | |
| *fluorescein sodium* | T1 | |
| *ful-glo 1 mg opth strip* | T1 | |
| FUL-GLO EYE STRIPS | T3 | |
| *lissamine green* | T1 | |
| **GASTROINTESTINAL RADIOPAQUE DIAGNOSTICS** | | |
| *diatrizoate meglumine, sodium* (Gastrografin) | T1 | |
| ENTERO VU | T3 | |
| E-Z DISK | T3 | |
| E-Z-HD | T3 | |

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# List of Prescription Medications

| DIAGNOSTIC (Miscellaneous) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **GASTROINTESTINAL RADIOPAQUE DIAGNOSTICS** *(cont.)* | | |
| E-Z-PAQUE | T3 | |
| E-Z-PASTE | T3 | |
| GASTROGRAFIN (*diatrizoate meglumine, sodium*) | T3 | |
| GASTROMARK | T3 | |
| LIQUID E-Z PAQUE | T3 | |
| LIQUID POLIBAR PLUS | T3 | |
| NEULUMEX | T3 | |
| POLIBAR ACB | T3 | |
| READI-CAT 2 | T3 | |
| SITZMARKS | T3 | |
| TAGITOL V | T3 | |
| VANILLA SILQ | T3 | |
| VARIBAR HONEY | T3 | |
| VARIBAR NECTAR | T3 | |
| VARIBAR PUDDING | T3 | |
| VARIBAR THIN HONEY | T3 | |
| VARIBAR THIN LIQUID | T3 | |
| **METABOLIC FUNCTION DIAGNOSTICS** | | |
| METOPIRONE | T3 | |
| **RADIOPHARMACEUTICALS ELEMENTS** | | |
| INDICLOR | T3 | |
| **URINARY TRACT RADIOPAQUE DIAGNOSTICS** | | |
| CYSTO-CONRAY II | T3 | |
| CYSTOGRAFIN | T3 | |
| CYSTOGRAFIN-DILUTE | T3 | |
| **URINE ACETONE TEST AIDS** | | |
| KETONE CARE TEST STRIP | T1 | |
| KETONE TEST STRIP | T1 | |
| KETOSTIX REAGENT | T1 | |
| TRUEPLUS KETONE TEST STRIP | T1 | |
| **URINE MULTIPLE TEST AIDS** | | |
| CHEK-STIX | T1 | |
| CHEMSTRIP | T1 | |
| CHEMSTRIP 10 WITH SG | T1 | |

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# List of Prescription Medications

| DIAGNOSTIC (Miscellaneous) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **URINE MULTIPLE TEST AIDS** *(cont.)* | | |
| CHEMSTRIP 2 GP | T1 | |
| CHEMSTRIP 50B | T1 | |
| CHEMSTRIP 7 | T1 | |
| CHEMSTRIP 9 | T1 | |
| COMBISTIX REAGENT | T1 | |
| HEMA-COMBISTIX | T1 | |
| KETO-DIASTIX REAGENT | T1 | |
| LABSTIX REAGENT | T1 | |
| MULTISTIX | T1 | |
| MULTISTIX 10 SG | T1 | |
| MULTISTIX 5 | T1 | |
| MULTISTIX 7 | T1 | |
| MULTISTIX 8 SG | T1 | |
| MULTISTIX 9 | T1 | |
| MULTISTIX 9 SG | T1 | |
| URISTIX 4 | T1 | |
| URISTIX REAGENT | T1 | |
| **DIURETICS (Diuretics)** | | |
| **ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS** | | |
| *tolvaptan 15 mg tablet* (Samsca) | T1 | SP |
| *tolvaptan 30 mg tablet* (Samsca) | T1 | SP |
| **CARBONIC ANHYDRASE INHIBITORS** | | |
| *acetazolamide* | T1 | HD |
| *methazolamide* | T1 | HD |
| **LOOP DIURETICS** | | |
| *bumetanide* | T1 | HD |
| *furosemide* | T1 | HD |
| *furosemide* (Lasix) | T1 | HD |
| *torsemide* | T1 | HD |
| **POLYCYSTIC KIDNEY DISEASE AGENT, AVP RECEP. ANTAG** | | |
| *tolvaptan 15 mg tablet* (Jynarque) | T1 | SP |
| *tolvaptan 15 mg-15 mg tablet* (Jynarque) | T1 | PA SP |
| *tolvaptan 30 mg tablet* (Jynarque) | T1 | SP |

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# List of Prescription Medications

| DIURETICS (Diuretics) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **POLYCYSTIC KIDNEY DISEASE AGENT, AVP RECEP. ANTAG** *(cont.)* | | |
| *tolvaptan 30 mg-15 mg tablet* (Jynarque) | T1 | PA SP |
| *tolvaptan 45 mg-15 mg tablet* (Jynarque) | T1 | PA SP |
| *tolvaptan 60 mg-30 mg tablet* (Jynarque) | T1 | PA SP |
| *tolvaptan 90 mg-30 mg tablet* (Jynarque) | T1 | PA SP |
| **POTASSIUM SPARING DIURETICS** | | |
| *amiloride hcl* | T1 | HD |
| CAROSPIR *(spironolactone)* | T2 | PA |
| *eplerenone* (Inspra) | T1 | HD |
| KERENDIA | T2 | PA QL(1 TAB/DAY) |
| *spironolactone 100 mg tablet* (Aldactone) | T1 | HD |
| *spironolactone 25 mg tablet* (Aldactone) | T1 | HD |
| *spironolactone 25 mg/5 ml susp* (Carospir) | T1 | |
| *spironolactone 50 mg tablet* (Aldactone) | T1 | HD |
| *triamterene* (Dyrenium) | T1 | HD |
| **POTASSIUM SPARING DIURETICS IN COMBINATION** | | |
| *amiloride/hydrochlorothiazide* | T1 | HD |
| *spironolact/hydrochlorothiazid* (Aldactazide) | T1 | HD |
| *triamterene/hydrochlorothiazid* (Dyazide) | T1 | HD |
| **THIAZIDE AND RELATED DIURETICS** | | |
| *chlorthalidone* | T1 | HD |
| DIURIL | T3 | HD |
| *hydrochlorothiazide* | T1 | HD |
| *indapamide* | T1 | HD |
| *metolazone* | T1 | HD |
| **EENT PREPS (Allergy/Nasal Sprays)** | | |
| **NASAL ANTIHISTAMINE** | | |
| *azelastine hcl* | T1 | HD |
| *olopatadine hcl* (Patanase) | T1 | HD |
| PATANASE (*olopatadine hcl*) | T3 | HD |
| **NASAL ANTIHISTAMINE AND ANTI-INFLAM. STEROID COMB.** | | |
| *azelastine/fluticasone* (Dymista) | T1 | HD |
| **NOSE PREPARATIONS, MISCELLANEOUS (RX)** | | |
| *ipratropium bromide* | T1 | HD |

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# List of Prescription Medications

| EENT PREPS (Allergy/Nasal Sprays) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **NOSE PREPARATIONS, VASOCONSTRICTORS (RX)** | | |
| ADRENALIN CHLORIDE | T3 | |
| *epinephrine hcl* | T1 | |
| **EENT PREPS (Ear Medications)** | | |
| **EAR PREPARATIONS ANTI-INFLAMMATORY** | | |
| DERMOTIC (*fluocinolone acetonide oil*) | T3 | |
| *fluocinolone acetonide oil* (Dermotic) | T1 | |
| **EAR PREPARATIONS, MISC. ANTI-INFECTIVES** | | |
| *acetic acid* | T1 | |
| *hydrocortisone/acetic acid* | T1 | |
| **EENT PREPS (Eye Conditions)** | | |
| **ARTIFICIAL TEARS** | | |
| LACRISERT | T3 | |
| MIEBO | T2 | QL(4 BOTTLES/30 DAYS) |
| **EYE ANTI-INFECTIVES (RX ONLY)** | | |
| BETADINE | T3 | |
| **EYE ANTI-INFLAMMATORY AGENTS** | | |
| *bromfenac sodium* | T1 | |
| *bromfenac sodium* (Bromsite) | T1 | |
| *bromfenac sodium* (Prolensa) | T1 | |
| *dexamethasone sodium phosphate* | T1 | |
| *diclofenac 0.1% eye drops* | T1 | |
| *difluprednate* (Durezol) | T1 | |
| EYSUVIS | T2 | QL(8.3 ML/14 DAYS) |
| *fluorometholone* (Fml) | T1 | |
| *flurbiprofen sodium* | T1 | |
| ILEVRO | T3 | |
| *ketorolac 0.4% ophth solution* (Acular Ls) | T1 | |
| *ketorolac 0.5% ophth solution* (Acular) | T1 | |
| *loteprednol etabonate* (Alrex) | T1 | |
| *loteprednol etabonate* (Lotemax) | T1 | |
| *prednisolone acetate* (Pred Forte) | T1 | |
| *prednisolone sodium phosphate* | T1 | |
| PROLENSA (*bromfenac sodium*) | T3 | |

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# List of Prescription Medications

| EENT PREPS (Eye Conditions) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **EYE LOCAL ANESTHETICS** | | |
| AKTEN | T3 | |
| ALCAINE (*proparacaine hcl*) | T3 | |
| ALTAFLUOR BENOX (*benoxinate hcl/fluorescein sod*) | T3 | |
| FLUORESCEIN-BENOXINATE | T3 | |
| *proparacaine hcl* (Alcaine) | T1 | |
| *proparacaine/fluorescein sod* | T1 | |
| *tetracaine hcl* | T1 | |
| TETRACAINE HCL | T1 | |
| **EYE MAST CELL STABILIZERS** | | |
| *cromolyn 4% eye drops* | T1 | |
| **EYE PREPARATIONS, MISCELLANEOUS (OTC)** | | |
| GELFILM | T3 | |
| **EYE VASOCONSTRICTORS** | | |
| *phenylephrine hcl* | T1 | |
| **MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS** | | |
| *apraclonidine hcl* (Iopidine) | T1 | HD |
| *betaxolol hcl* | T1 | HD |
| BETOPTIC S | T2 | HD |
| *bimatoprost* | T1 | QL(10 MLS/30 DAYS) HD |
| *brimonidine tartrate* | T1 | HD |
| *brimonidine tartrate* (Alphagan P) | T1 | HD |
| *brimonidine* tartrate/timolol (Combigan) | T1 | HD |
| *brinzolamide* (Azopt) | T1 | HD |
| *carteolol hcl* | T1 | HD |
| *dorzolamide hcl* | T1 | HD |
| *dorzolamide hcl/timolol maleat* (Cosopt) | T1 | HD |
| *dorzolamide/timolol/pf* (Cosopt Pf) | T1 | HD |
| *latanoprost (*Xalatan*)* | T1 | HD |
| *levobunolol hcl* | T1 | HD |
| PHOSPHOLINE IODIDE | T3 | SP HD |
| *pilocarpine 1% eye drops* | T1 | HD |
| *pilocarpine 2% eye drops* | T1 | HD |
| *pilocarpine 4% eye drops* | T1 | HD |
| RHOPRESSA | T3 | |

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# List of Prescription Medications

| EENT PREPS (Eye Conditions) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS** *(cont.)* | | |
| ROCKLATAN | T3 | |
| SIMBRINZA | T2 | HD |
| *tafluprost/pf* (Zioptan) | T1 | QL(60 DROPPERS/30 DAYS) HD |
| *timolol* (Betimol) | T1 | HD |
| *timolol maleate* (Istalol) | T1 | HD |
| *timolol maleate* (Timoptic) | T1 | HD |
| *timolol maleate* (Timoptic-Xe) | T1 | HD |
| *timolol maleate/pf* | T1 | HD |
| *timolol maleate/pf* (Timoptic Ocudose) | T1 | HD |
| *travoprost* (Travatan Z) | T1 | HD |
| **MYDRIATICS** | | |
| *atropine 1% eye drop* | T1 | HD |
| *atropine 1% eye drops* | T1 | HD |
| *atropine 1% eye ointment* | T1 | HD |
| CYCLOGYL | T3 | HD |
| CYCLOGYL (*cyclopentolate hcl*) | T3 | HD |
| CYCLOMYDRIL | T3 | HD |
| *cyclopentolate hcl* | T1 | HD |
| *cyclopentolate hcl* (Cyclogyl) | T1 | HD |
| *homatropine hbr* | T1 | HD |
| MYDRIACYL (*tropicamide*) | T3 | HD |
| PAREMYD | T3 | HD |
| *tropicamide* | T1 | HD |
| *tropicamide* (Mydriacyl) | T1 | HD |
| **OPHTHALMIC ANTI-FIBROTIC AGENTS** | | |
| MITOSOL | T3 | |
| **OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE** | | |
| CEQUA | T2 | |
| *cyclosporine 0.05% eye emuls* (Restasis) | T1 | HD |
| RESTASIS (*cyclosporine*) | T2 | HD |
| XIIDRA | T2 | HD |
| **OPHTHALMIC CYSTINE DEPLETING AGENTS** | | |
| CYSTADROPS | T3 | PA QL(20 MLS/28 DAYS) SP |
| CYSTARAN 0.44% EYE DROPS | T3 | PA QL(120 MLS/28 DAYS) SP |

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# List of Prescription Medications

| EENT PREPS (Eye Conditions) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **OPHTHALMIC HUMAN NERVE GROWTH FACTOR (HNGF)** | | |
| OXERVATE | T3 | PA SP HD |
| **OPHTHALMIC TRPM8 AGONISTS** | | |
| TRYPTYR | T3 | |
| **ELECT/CALORIC/H2O (Cholesterol Medications)** | | |
| **ORAL LIPID SUPPLEMENTS** | | |
| DOJOLVI | T3 | PA SP HD |
| **ELECT/CALORIC/H2O (Dental Products)** | | |
| **FLUORIDE PREPARATIONS** | | |
| CLINPRO 5000 | T3 | |
| *fluoride (sodium)* | T1 | |
| *fluoride (sodium)* (Prevident 5000 Plus) | T1 | |
| *fluoride (sodium)* (Prevident 5000) | T1 | |
| FLUORIDEX | T1 | |
| FLUORIDEX SENSITIVITY RELIEF | T3 | |
| FLUORIMAX 5000 | T3 | |
| FLUORIMAX 5000 SENSITIVE | T3 | |
| FRAICHE 5000 PREVI | T3 | |
| JUST RIGHT 5000 | T3 | |
| PREVIDENT | T3 | |
| PREVIDENT (*fluoride (sodium)*) | T3 | |
| PREVIDENT 5000 DRY MOUTH | T3 | |
| PREVIDENT 5000 ENAMEL PROTECT | T3 | |
| PREVIDENT 5000 ORTHO DEFENSE | T3 | |
| PREVIDENT 5000 SENSITIVE | T3 | |
| PREVIDENT KIDS | T3 | |
| *sodium fluoride/potassium nit* | T1 | |
| **ELECT/CALORIC/H2O (Diabetes)** | | |
| **AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)** | | |
| BAQSIMI | T2 | QL(2 UNITS/30 DAYS) |
| *diazoxide* (Proglycem) | T1 | |
| *glucagon 1 mg emergency kit* | T1 | QL(2 VIALS/30 DAYS) |
| GLUCAGON 1 MG EMERGENCY KIT | T3 | QL(2 KITS/30 DAYS) |
| ZEGALOGUE AUTOINJECTOR | T2 | QL(1.2 ML/30 DAYS) |
| ZEGALOGUE SYRINGE | T2 | QL(1.2 ML/30 DAYS) |

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# List of Prescription Medications

| ELECT/CALORIC/H2O (Miscellaneous) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **NUCLEIC ACID/NUCLEOTIDE SUPPLEMENTS** | | |
| XURIDEN | T3 | PA SP |
| **ELECT/CALORIC/H2O (Nutritional/Dietary)** | | |
| **CALCIUM REPLACEMENT** | | |
| *calcium/mag/d3/b12/fa/b6/boron* | T1 | |
| **CARBOHYDRATES** | | |
| ENFAMIL | T3 | |
| GLUTOL | T3 | |
| **ELECTROLYTE DEPLETERS** | | |
| AURYXIA | T3 | QL(12 TABS/DAY) |
| *calcium acetate* | T1 | |
| *lanthanum carbonate* (Fosrenol) | T1 | |
| LOKELMA | T2 | |
| MAGNEBIND 400 | T3 | |
| *sevelamer carbonate* (Renvela) | T1 | |
| *sevelamer hcl* | T1 | |
| *sodium polystyrene sulfon/sorb* | T1 | |
| *sodium polystyrene sulfonate* | T1 | |
| *sps 15 gm/60 ml suspension* | T1 | |
| *sps 30 gm/120 ml enema susp* | T3 | |
| VELPHORO | T2 | |
| VELTASSA | T2 | |
| **ELECTROLYTE DEPLETERS** | | |
| CLINPRO 5000 | T3 | |
| *fluoride (sodium)* | T1 | |
| *fluoride (sodium)* (Prevident 5000 Plus) | T1 | |
| *fluoride (sodium)* (Prevident) | T1 | |
| FLUORIDEX | T1 | |
| FLUORIMAX 5000 | T3 | |
| JUST RIGHT 5000 | T3 | |
| PREVIDENT | T3 | |
| PREVIDENT (*fluoride (sodium)*) | T3 | |
| PREVIDENT 5000 DRY MOUTH | T3 | |
| PREVIDENT 5000 ORTHO DEFENSE | T3 | |
| PREVIDENT KIDS | T3 | |

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# List of Prescription Medications

| ELECT/CALORIC/H2O (Nutritional/Dietary) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **IODINE CONTAINING AGENTS** | | |
| *potassium iodide* | T1 | |
| *potassium iodide/iodine* | T1 | |
| SSKI | T1 | |
| **IRON REPLACEMENT** | | |
| ACTIVE FE | T3 | |
| CORVITE 150 | T3 | |
| CORVITE FE | T3 | |
| FERIVA 21-7 | T3 | |
| FERRALET 90 | T3 | |
| *ferrous fum/vit c/b12-if/folic* | T1 | |
| *ferrous fumarate/folic acid* (Hemocyte-F) | T1 | |
| FUSION PLUS | T3 | |
| HEMATRON-AF | T3 | |
| HEMAX | T3 | |
| HEMOCYTE PLUS (*mv-mins no.73/iron fum/folic*) | T3 | |
| HEMOCYTE-F (*ferrous fumarate/folic acid*) | T3 | |
| INTEGRA F (*iron fum,ps/folic acid/vitc/b3*) | T3 | |
| INTEGRA PLUS (*iron fum,ps/folic/bcomp,c no.9*) | T3 | |
| *iron aspgly,ps/c/b12/fa/ca/suc* | T1 | |
| *iron aspgly/c/b12/fa/ca-th/suc* | T1 | |
| *iron bg,ps/vitc/b12/fa/calcium* | T1 | |
| *iron fum,ag/c/b12/folic/ca/suc* | T1 | |
| *iron fum,ps/folic acid/vitc/b3* (Integra F) | T1 | |
| *iron fum,ps/folic/bcomp,c no.9* (Integra Plus) | T1 | |
| *iron fumarate/vit c/vit b12/fa* | T1 | |
| *iron ps complex/b12/folic acid* | T1 | |
| *iron/c/folic acd/mv cmb11/calc* | T1 | |
| *iron/folic ac/vit bcomp,c/min* | T1 | |
| *iron/folic acid/b12/c/docusate* | T1 | |
| *iron/folic acid/c/b6/b12/zinc* | T1 | |
| IROSPAN | T3 | |
| NUFERA | T3 | |
| PROFERRIN-FORTE | T3 | |
| VITAFOL | T3 | |

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# List of Prescription Medications

| ELECT/CALORIC/H2O (Nutritional/Dietary) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **POTASSIUM REPLACEMENT** | | |
| EFFER-K 10 MEQ TABLET EFF | T3 | |
| EFFER-K 20 MEQ TABLET EFF | T3 | |
| *effer-k 25 meq tablet eff* | T1 | |
| *potassium bicarbonate/cit ac* | T1 | |
| *potassium chloride* | T1 | |
| *potassium chloride 40 meq packet* | T3 | |
| *potassium cl 10% (20 meq/15ml)* | T1 | |
| *potassium cl 20 meq packet* | T1 | |
| *potassium cl 20% (40 meq/15ml)* | T1 | |
| *potassium cl er 10 meq capsule* | T1 | |
| *potassium cl er 10 meq tablet* | T1 | |
| *potassium cl er 15 meq tablet* | T1 | |
| POTASSIUM CL ER 15 MEQ TABLET | T3 | |
| *potassium cl er 20 meq tablet* | T1 | |
| *potassium cl er 8 meq capsule* | T1 | |
| *potassium cl er 8 meq tablet* | T1 | |
| *potassium cl10%(20meq/15ml)cup* | T1 | |
| *potassium cl10%(40meq/30ml)cup* | T1 | |
| *potassium cl20%(40meq/15ml)cup* | T1 | |
| **PROTEIN REPLACEMENT** | | |
| AQNEURSA | T3 | PA SP |
| *levocarnitine* | T1 | |
| **ELECT/CALORIC/H2O (Urinary Tract Conditions)** | | |
| **DIALYSIS SOLUTIONS** | | |
| PRISMASOL | T3 | |
| **URINARY PH MODIFIERS** | | |
| *citric acid/sodium citrate* | T1 | HD |
| K-PHOS NO.2 | T3 | HD |
| K-PHOS ORIGINAL | T3 | HD |
| ORACIT | T3 | HD |
| *potassium citrate* | T1 | HD |
| *potassium citrate* (Urocit-k) | T1 | HD |
| *potassium citrate/citric acid* | T1 | HD |
| RENACIDIN | T3 | HD |

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| ELECT/CALORIC/H2O (Urinary Tract Conditions) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **URINARY PH MODIFIERS** *(cont.)* | | |
| *sod/pot/k cit/sod cit/cit acid* | T1 | HD |
| UROCIT-K (*potassium citrate er*) | T3 | HD |
| UROQID-ACID NO.2 | T3 | HD |
| **GASTROINTESTINAL (Cholesterol Medications)** | | |
| **LIPOTROPICS** | | |
| *icosapent ethyl* (Vascepa) | T1 | HD |
| *omega-3 acid ethyl esters* (Lovaza) | T1 | HD |
| VASCEPA *(icosapent ethyl)* | T2 | PA HD |
| **GASTROINTESTINAL (Gastrointestinal/Heartburn)** | | |
| **AMMONIA INHIBITORS** | | |
| *glycerol phenylbutyrate* | T1 | SP HD |
| *lactulose* | T1 | HD |
| *lactulose 10 gm/15 ml solution* | T1 | |
| LITHOSTAT | T3 | HD |
| OLPRUVA | T3 | PA SP HD |
| PHEBURANE | T2 | PA QL(8 Bottles/30 Days) SP HD |
| *sodium phenylbutyrate* (Buphenyl) | T1 | SP HD |
| **ANTI-CHOLINERGICS, QUATERNARY AMMONIUM** | | |
| *chlordiazepoxide/clidinium br (*Librax*)* | T1 | |
| CUVPOSA (*glycopyrrolate*) | T3 | |
| GLYCATE | T3 | |
| *glycopyrrolate 1 mg tablet (*Robinul*)* | T1 | |
| *glycopyrrolate 1 mg/5 ml soln (*Cuvposa*)* | T1 | |
| *glycopyrrolate 2 mg tablet (*Robinul Forte*)* | T1 | |
| **ANTI-CHOLINERGICS/ANTI-SPASMODICS** | | |
| *dicyclomine 10 mg capsule* | T1 | |
| *dicyclomine 10 mg/5 ml soln* | T1 | |
| *dicyclomine 20 mg tablet* | T1 | |
| **ANTI-DIARRHEAL - G.I. CHLORIDE CHANNEL INHIBITORS** | | |
| MYTESI | T3 | SP |
| **ANTI-DIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR** | | |
| XERMELO | T3 | PA SP |

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# List of Prescription Medications

| GASTROINTESTINAL (Gastrointestinal/Heartburn) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-DIARRHEALS** | | |
| *diphenoxylate hcl/atropine* | T1 | |
| *diphenoxylate hcl/atropine* (Lomotil) | T1 | |
| *loperamide hcl* | T1 | |
| MOTOFEN | T3 | |
| *opium tincture* | T1 | PA |
| **ANTI-EMETIC, CANNABINOID-TYPE** | | |
| *dronabinol* (Marinol) | T1 | |
| **ANTI-EMETIC/ANTI-VERTIGO AGENTS** | | |
| AKYNZEO | T3 | PA QL(4 CAPS/28 DAYS) |
| *aprepitant 125 mg capsule* | T1 | QL(4 CAPS/28 DAYS) |
| *aprepitant 125-80-80 mg pack* (Emend) | T1 | QL(12 CAPS/28 DAYS) |
| *aprepitant 40 mg capsule* | T1 | QL(1 CAP/28 DAYS) |
| *aprepitant 80 mg capsule* (Emend) | T1 | QL(8 CAPS/28 DAYS) |
| BONJESTA | T3 | |
| COMPAZINE (*prochlorperazine maleate*) | T3 | |
| COMPAZINE (*prochlorperazine*) | T3 | |
| *doxylamine succinate/vit b6* (Diclegis) | T1 | QL(4 TABS/DAY) |
| EMEND 125 MG POWDER PACKET | T3 | PA QL(12 PACKS/28 DAYS) |
| EMEND 150 MG VIAL (*fosaprepitant dimeglumine*) | T3 | |
| *fosaprepitant dimeglumine* (Emend) | T1 | |
| *granisetron hcl* | T1 | |
| *granisetron hcl/pf* | T1 | |
| *ondansetron hcl* | T1 | |
| *ondansetron hcl/pf* | T1 | |
| *ondansetron odt 4 mg tablet* | T1 | |
| *ondansetron odt 8 mg tablet* | T1 | |
| *prochlorperazine* (Compazine) | T1 | |
| *prochlorperazine maleate* (Compazine) | T1 | |
| *promethazine hcl* | T1 | |
| SANCUSO | T3 | PA QL(4 PATCHES/30 DAYS) |
| *scopolamine* (Transderm-scop) | T1 | |
| TRANSDERM-SCOP (*scopolamine*) | T3 | |
| *trimethobenzamide hcl* | T1 | |
| VARUBI | T3 | PA QL(4 TABS/28 DAYS) |

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# List of Prescription Medications

| GASTROINTESTINAL (Gastrointestinal/Heartburn) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-ULCER PREPARATIONS** | | |
| CYTOTEC (*misoprostol*) | T3 | HD |
| *misoprostol* (Cytotec) | T1 | HD |
| *sucralfate* | T1 | HD |
| *sucralfate* (Carafate) | T1 | HD |
| **ANTI-ULCER-H.PYLORI AGENTS** | | |
| *bismuth/metronid/tetracycline* (Pylera) | T1 | |
| *lansoprazole/amoxiciln/clarith* | T1 | |
| **BELLADONNA ALKALOIDS** | | |
| *hyoscyamine sulfate* | T1 | HD |
| *hyoscyamine sulfate* (Levbid) | T1 | HD |
| *hyoscyamine sulfate* (Levsin) | T1 | HD |
| *hyoscyamine sulfate* (Levsin-sl) | T1 | HD |
| *hyoscyamine sulfate* (Nulev) | T3 | HD |
| LEVSIN (*hyoscyamine sulfate*) | T3 | HD |
| *methscopolamine bromide* | T1 | HD |
| NULEV (*hyoscyamine sulfate*) | T3 | HD |
| *phenobarb/hyoscy/atropine/scop* | T1 | HD |
| *phenobarb/hyoscy/atropine/scop* (Donnatal) | T1 | HD |
| *phenobarb/hyoscy/atropine/scop* (Phenobarbital-Belladonna) | T1 | HD |
| PHENOBARBITAL-BELLADONNA (*phenobarb/hyoscy/atropine/scop*) | T3 | HD |
| SYMAX DUOTAB | T3 | HD |
| **BILE SALTS** | | |
| CHENODAL | T3 | PA SP HD |
| CHOLBAM | T3 | PA SP HD |
| CTEXLI | T3 | PA SP |
| URSO (*ursodiol*) | T3 | HD |
| *ursodiol 250 mg tablet* | T1 | HD |
| *ursodiol 300 mg capsule* | T1 | HD |
| *ursodiol 500 mg tablet* (Urso Forte) | T1 | HD |
| **CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT, RECTAL TX** | | |
| *mesalamine 1,000 mg supp* (Canasa) | T1 | |
| *mesalamine 4 gm/60 ml enema* (Sfrowasa) | T1 | |
| *mesalamine 4 gm/60 ml kit* (Rowasa) | T1 | |
| SFROWASA (*mesalamine*) | T3 | |

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# List of Prescription Medications

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|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DRUG TX-CHRONIC INFLAM. COLON DX, 5-AMINOSALICYLAT** | | |
| APRISO (*mesalamine*) | T3 | HD |
| *balsalazide disodium* (Colazal) | T1 | HD |
| *mesalamine* | T1 | HD |
| *mesalamine* (Apriso) | T1 | HD |
| *mesalamine* (Pentasa) | T1 | HD |
| *mesalamine 800 mg dr tablet* | T1 | HD |
| *mesalamine dr 1.2 gm tablet* (Lialda) | T1 | HD |
| PENTASA 500 MG CAPSULE (*mesalamine*) | T3 | HD |
| *sulfasalazine* (Azulfidine) | T1 | HD |
| **FARNESOID X RECEPTOR (FXR) AGONIST, BILE AC ANALOG** | | |
| OCALIVA | T3 | PA SP HD |
| **FECAL MICROBIOTA TRANSPLANTATION** | | |
| VOWST | T3 | PA QL(12 CAPS/56 DAYS) SP |
| **GASTRIC ENZYMES** | | |
| SUCRAID | T3 | PA SP |
| **HEMORRHOID PREP,ANTI-INFLAM STEROID-LOCAL ANESTHET** | | |
| ANALPRAM HC 1% CREAM | T3 | |
| *hydrocortisone/pramoxine* | T1 | |
| *hydrocortisone/pramoxine* (Analpram Hc) | T1 | |
| PROCORT | T3 | |
| PROCTOFOAM-HC | T3 | |
| **HISTAMINE H2-RECEPTOR INHIBITORS** | | |
| *cimetidine hcl* | T1 | HD |
| *famotidine* | T1 | HD |
| **IBS AGENTS, MIXED OPIOID RECEP AGONISTS/ANTAGONISTS** | | |
| VIBERZI | T2 | HD |
| **IBS-C/CIC AGENTS, GUANYLATE CYCLASE-C AGONIST** | | |
| LINZESS | T2 | |
| TRULANCE | T2 | |
| **INTEGRIN RECEPTOR ANTAGONIST, MONOCLONAL ANTIBODY** | | |
| ENTYVIO PEN | T3 | PA QL(2 PENS/28 DAYS) SP HD |
| **INTESTINAL MOTILITY STIMULANTS** | | |
| *metoclopramide hcl* | T1 | |
| *metoclopramide hcl* (Reglan) | T1 | |

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# List of Prescription Medications

| GASTROINTESTINAL (Gastrointestinal/Heartburn) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **INTESTINAL MOTILITY STIMULANTS** *(con't)* | | |
| *prucalopride succinate* (Motegrity) | T1 | |
| REGLAN (*metoclopramide hcl*) | T3 | |
| **IRRITABLE BOWEL SYNDROME AGENTS, 5-HT3 ANTAGONIST** | | |
| *alosetron hcl* (Lotronex) | T1 | SP HD |
| **LAXATIVES AND CATHARTICS** | | |
| *bisac/nacl/nahco3/kcl/peg 3350* | T1 | PPACA |
| *lactulose* | T1 | |
| *lactulose 10 gm/15 ml soln cup* | T1 | |
| *lactulose 10 gm/15 ml solution* | T1 | |
| *lactulose 20 gm packet* | T1 | |
| *lactulose 20 gm/30 ml soln cup* | T1 | |
| *lactulose 20 gm/30 ml solution* | T1 | |
| *lubiprostone* (Amitiza) | T1 | |
| *peg3350/sod sul/nacl/kcl/asb/c* (Moviprep) | T1 | PPACA |
| *peg3350/sod sulf, bicarb, cl/kcl* | T1 | PPACA |
| *peg3350/sod sulf,bicarb,cl/kcl* (Golytely) | T1 | PPACA |
| *sodium chloride/nahco3/kcl/peg* | T1 | PPACA |
| *sodium, potassium,mag sulfates* (Suprep) | T1 | PPACA |
| **LOCAL ANORECTAL NITRATE PREPARATIONS** | | |
| *nitroglycerin 0.4% ointment* (Rectiv) | T1 | |
| RECTIV (*nitroglycerin*) | T3 | |
| **PANCREATIC ENZYMES** | | |
| PANCREAZE | T2 | HD |
| VIOKACE | T3 | HD |
| ZENPEP | T2 | HD |
| **POTASSIUM-COMPETITIVE ACID BLOCKERS (PCABS)** | | |
| VOQUEZNA | T3 | PA QL(1 TAB/DAY) |
| **PROTON-PUMP INHIBITORS** | | |
| *esomeprazole dr 10 mg packet* (Nexium) | T1 | QL(4 PACKS/DAY) HD |
| *esomeprazole dr 2.5 mg packet* (Nexium) | T1 | QL(16 PACKS/DAY) HD |
| *esomeprazole dr 20 mg packet* (Nexium) | T1 | QL(2 PACKS/DAY) HD |
| *esomeprazole dr 40 mg packet* (Nexium) | T1 | QL(1 PACK/DAY) HD |
| *esomeprazole dr 5 mg packet* (Nexium) | T1 | QL(8 PACKS/DAY) HD |

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# List of Prescription Medications

| GASTROINTESTINAL (Gastrointestinal/Heartburn) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **RECTAL PREPARATIONS** | | |
| *hydrocortisone acetate* | T1 | |
| *hydrocortisone acetate* (Anusol-Hc) | T1 | |
| **SBS - GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS** | | |
| GATTEX | T3 | PA SP HD |
| **GASTROINTESTINAL (Pain Relief And Inflammatory Disease)** | | |
| **HEMORRHOID PREP, ANTI-INFLAM STEROID-LOCAL ANESTHET** | | |
| ANA-LEX | T1 | |
| ANALPRAM HC 1% CREAM | T3 | |
| *hydrocortisone/lidocaine/aloe* | T1 | |
| *hydrocortisone/pramoxine* | T1 | |
| *hydrocortisone/pramoxine* (Analpram Hc) | T1 | |
| *lidocaine/hydrocortisone ac* | T1 | |
| LIDOCAINE-HYDROCORTISONE | T1 | |
| PROCORT | T3 | |
| PROCTOFOAM-HC | T3 | |
| **HORMONES (Gastrointestinal/Heartburn)** | | |
| **RECTAL/LOWER BOWEL PREP., GLUCOCORT. (NON-HEMORR)** | | |
| *budesonide 2 mg rectal foam* (Uceris) | T1 | QL(2 KITS/180 DAYS) |
| CORTENEMA (*hydrocortisone*) | T3 | |
| *hydrocortisone* (Cortenema) | T1 | |
| **HORMONES (Hormonal Agents)** | | |
| **ANDROGEN/ESTROGEN PREPS FOR FEMALE SEXUAL DYSFUNC** | | |
| INTRAROSA | T2 | |
| **ANDROGENIC AGENTS** | | |
| DEPO-TESTOSTERONE | T3 | |
| DEPO-TESTOSTERONE (*testosterone cypionate*) | T3 | |
| METHITEST | T1 | |
| *methyltestosterone* | T1 | |
| *oxandrolone* | T1 | PA |
| *testosterone 1% (25mg/2.5g) pk* (Androgel) | T1 | PA QL(150 GMS/30 DAYS) |
| *testosterone 1% (50 mg/5 g) pk* (Androgel) | T1 | PA QL(300 GMS/30 DAYS) |
| *testosterone 1.62% (2.5 g) pkt* | T1 | PA QL(150 GMS/30 DAYS) |

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# List of Prescription Medications

| HORMONES (Hormonal Agents) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANDROGENIC AGENTS** *(con't)* | | |
| *testosterone 1.62% gel pump* (Androgel) | T1 | PA QL(150 GMS/30 DAYS) |
| *testosterone 1.62%(1.25 g) pkt* | T1 | PA QL(75 GMS/30 DAYS) |
| *testosterone 10 mg gel pump* | T1 | PA QL(120 GMS/30 DAYS) |
| *testosterone 12.5 mg/1.25 gram* | T1 | PA QL(150 GMS/30 DAYS) |
| *testosterone 30 mg/1.5 ml pump* | T1 | PA QL(180 MLS/30 DAYS) |
| *testosterone 50 mg/5 gram gel (*Testim*)* | T1 | PA QL(10 GMS/DAY) |
| *testosterone 50 mg/5 gram gel (*Vogelxo*)* | T1 | PA QL(10 GMS/DAY) |
| TESTOSTERONE 50 MG/5 GRAM PKT | T1 | PA QL(300 GMS/30 DAYS) |
| *testosterone cypionate* | T1 | |
| *testosterone cypionate* (Depo-testosterone) | T1 | |
| *testosterone enanthate* | T1 | |
| **ANTI-DIURETIC AND VASOPRESSOR HORMONES** | | |
| *desmopressin 0.01% solution* | T1 | HD |
| *desmopressin 10 mcg/0.1 ml spr* | T1 | HD |
| *desmopressin 40 mcg/10 ml vial (*Ddavp*)* | T1 | SP |
| *desmopressin ac 4 mcg/ml ampul (*Ddavp*)* | T1 | SP |
| *desmopressin ac 4 mcg/ml vial (*Ddavp*)* | T1 | SP |
| *desmopressin acetate 0.1 mg tb (*Ddavp*)* | T1 | HD |
| *desmopressin acetate 0.2 mg tb (*Ddavp*)* | T1 | HD |
| NOCTIVA | T3 | PA |
| **ESTROGEN AND PROGESTIN COMBINATIONS** | | |
| BIJUVA | T3 | |
| **ESTROGEN/ANDROGEN COMBINATIONS** | | |
| *estrogen,ester/me-testosterone* | T1 | HD |
| *estrogen, ester/me-testosterone* (Estratest H.S.) | T1 | HD |
| **ESTROGENIC AGENTS** | | |
| COMBIPATCH | T2 | |
| DEPO-ESTRADIOL | T3 | HD |
| *estradiol* (Climara) | T1 | HD |
| *estradiol* (Minivelle) | T1 | QL(16 PATCHES/28 DAYS) HD |
| *estradiol* (Vivelle-Dot) | T1 | QL(16 PATCHES/28 DAYS) HD |
| *estradiol 0.06% 1.25g gel pump* (Estrogel) | T1 | HD |
| *estradiol 0.1% (0.25mg) gel pk (*Divigel*)* | T1 | HD |

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# List of Prescription Medications

| HORMONES (Hormonal Agents) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ESTROGENIC AGENTS** *(cont.)* | | |
| *estradiol 0.1% (0.5mg) gel pkt* (Divigel) | T1 | HD |
| *estradiol 0.1% (0.75mg) gel pk* (Divigel) | T1 | HD |
| *estradiol 0.1% (1 mg) gel pkt* (Divigel) | T1 | HD |
| *estradiol 0.1% (1.25mg) gel pk* (Divigel) | T1 | HD |
| *estradiol 0.5 mg tablet* | T1 | HD |
| *estradiol 1 mg tablet* | T1 | HD |
| *estradiol 2 mg tablet* | T1 | HD |
| *estradiol valerate* (Delestrogen) | T1 | HD |
| *estradiol/norethindrone acet* | T1 | HD |
| *estradiol/norethindrone acet* (Activella) | T1 | HD |
| *estrogens, conjugated* (Premarin) | T1 | HD |
| EVAMIST | T3 | HD |
| MENEST | T3 | HD |
| MENOSTAR | T3 | QL(8 PATCHES/28 DAYS) HD |
| *norethind-eth estrad 0.5-2.5* | T1 | HD |
| *norethindrone ac-eth estradiol* | T1 | HD |
| *norethin-eth estrad 1 mg-5 mcg* | T1 | HD |
| PREMARIN (*estrogens, conjugated*) | T2 | HD |
| PREMPHASE | T2 | HD |
| PREMPRO | T2 | HD |
| **ESTROGEN-PROGESTIN WITH ANTI-MINERALOCORTICOID COMB** | | |
| ANGELIQ | T3 | HD |
| **ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MOD (SERM) COMB** | | |
| DUAVEE | T2 | |
| **GLUCOCORTICOIDS** | | |
| *budesonide* | T1 | |
| *budesonide* (Uceris) | T1 | PA QL(1 TAB/DAY) |
| *cortisone acetate* | T1 | |
| *deflazacort* (Emflaza) | T1 | PA SP |
| *deflazacort* (Emflaza) | T1 | PA SP HD |
| *dexamethasone* | T1 | |
| *dexamethasone 0.5 mg tablet* | T1 | |
| *dexamethasone 0.5 mg/5 ml elx* | T1 | |
| *dexamethasone 0.5 mg/5 ml liq* | T1 | |

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| HORMONES (Hormonal Agents) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **GLUCOCORTICOIDS** *(cont.)* | | |
| *dexamethasone 0.75 mg tablet* | T1 | |
| *dexamethasone 1 mg tablet* | T1 | |
| *dexamethasone 1.5 mg tablet* | T1 | |
| *dexamethasone 2 mg tablet* | T1 | |
| *dexamethasone 4 mg tablet* | T1 | |
| *dexamethasone 6 mg tablet* | T1 | |
| *hydrocortisone* (Cortef) | T1 | |
| MEDROL | T3 | |
| MEDROL (*methylprednisolone*) | T3 | |
| *methylprednisolone* | T1 | |
| *methylprednisolone* (Medrol) | T1 | |
| ORAPRED ODT (*prednisolone sodium phos odt*) | T3 | |
| *prednisolone* | T1 | |
| *prednisolone sodium phosphate* | T1 | |
| *prednisolone sodium phosphate* (Orapred Odt) | T1 | |
| *prednisone* | T1 | |
| UCERIS 9 MG ER TABLET *(budesonide)* | T3 | PA QL(1 TAB/DAY) |
| **GROWTH HORMONE RELEASING HORMONE (GHRH) AND ANALOGS** | | |
| EGRIFTA SV | T3 | PA SP HD |
| EGRIFTA WR | T3 | PA SP HD |
| **GROWTH HORMONES** | | |
| GENOTROPIN | T2 | PA SP HD |
| OMNITROPE | T2 | PA SP HD |
| SEROSTIM | T2 | PA SP HD |
| SKYTROFA | T2 | PA SP HD |
| **INSULIN-LIKE GROWTH FACTOR-I (IGF-I) HORMONES** | | |
| INCRELEX | T2 | PA SP |
| **LHRH (GNRH) ANTAGONIST, ESTROGEN AND PROGESTIN COMB** | | |
| MYFEMBREE | T2 | PA QL(1 TAB/DAY) |
| ORIAHNN | T2 | PA QL(2 CAPS/DAY) |
| **LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS** | | |
| ORILISSA 150 MG TABLET | T2 | PA QL(1 TAB/DAY) |
| ORILISSA 200 MG TABLET | T2 | PA QL(2 TABS/DAY) |

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| HORMONES (Hormonal Agents) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MINERALOCORTICOIDS** | | |
| *fludrocortisone acetate* | T1 | HD |
| **OXYTOCICS** | | |
| CERVIDIL | T3 | |
| *methylergonovine maleate* | T1 | |
| PREPIDIL | T3 | |
| **PARATHYROID HORMONES** | | |
| YORVIPATH | T3 | PA SP |
| **PITUITARY SUPPRESSIVE AGENTS** | | |
| *cabergoline* | T1 | QL(16 TABS/28 DAYS) HD |
| CRENESSITY 100 MG CAPSULE | T3 | PA QL(4 CAPS/DAY) SP |
| CRENESSITY 25 MG CAPSULE | T3 | PA QL(2 CAPS/DAY) SP |
| CRENESSITY 50 MG CAPSULE | T3 | PA QL(2 CAPS/DAY) SP |
| CRENESSITY 50 MG/ML SOLUTION | T3 | PA QL(8 MLS/DAY) SP |
| *danazol* | T1 | HD |
| **PROGESTATIONAL AGENTS** | | |
| CRINONE 4% GEL | T3 | PA HD |
| *medroxyprogesterone 10 mg tab* (Provera) | T1 | HD |
| *medroxyprogesterone 2.5 mg tab* (Provera) | T1 | HD |
| *medroxyprogesterone 5 mg tab* (Provera) | T1 | HD |
| *norethindrone acetate* | T1 | HD |
| *progesterone 100 mg capsule* (Prometrium) | T1 | HD |
| *progesterone 200 mg capsule* (Prometrium) | T1 | HD |
| **SOMATOSTATIC AGENTS** | | |
| SIGNIFOR | T3 | PA SP |
| **VAGINAL ESTROGEN PREPARATIONS** | | |
| *estradiol* (Vagifem) | T1 | QL(36 TABS/28 DAYS) |
| *estradiol 0.01% cream* (Estrace) | T1 | HD |
| *estradiol 10 mcg vaginal insrt* (Vagifem) | T1 | QL(36 TABS/28 DAYS) HD |
| PREMARIN | T2 | HD |
| **HORMONES (Infertility)** | | |
| **FERTILITY STIMULATING PREPARATIONS, NON-FSH** | | |
| *clomiphene citrate* | T1 | |

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# List of Prescription Medications

| HORMONES (Infertility) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PREGNANCY FACILITATING/MAINTAINING AGENT, HORMONAL** | | |
| CRINONE 8% GEL | T2 | |
| ENDOMETRIN (*progesterone, micronized*) | T2 | |
| *progesterone 100 mg vag insert* (Endometrin) | T1 | |
| **HORMONES (Miscellaneous)** | | |
| **LEPTIN HORMONE ANALOGS** | | |
| MYALEPT | T3 | PA SP HD |
| **HORMONES (Osteoporosis Products)** | | |
| **BONE RESORPTION INHIBITORS** | | |
| *calcitonin, salmon, synthetic* | T1 | HD |
| *calcitonin,salmon,synthetic (*Miacalcin*)* | T1 | HD |
| MIACALCIN (*calcitonin,salmon,synthetic*) | T3 | HD |
| **IMMUNOSUPPRESSANTS (Pain Relief And Inflammatory Disease)** | | |
| **HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS, MAB** | | |
| SELARSDI | T2 | PA QL(1 SYRINGE/84 DAYS) SP |
| STELARA | T2 | PA QL(1 SYRINGE/84 DAYS) SP HD |
| USTEKINUMAB-TTWE | T2 | PA QL(1 SYRINGE/84 DAYS) SP HD |
| YESINTEK | T2 | PA QL(1 SYRINGE/84 DAYS) SP |
| **IL-23 RECEPTOR ANTAGONIST, MONOCLONAL ANTIBODY** | | |
| OMVOH 100 MG/ML PEN | T2 | PA QL(2 PENS/28 DAYS) SP HD |
| OMVOH 100 MG/ML SYRINGE | T2 | PA QL(2 SYRINGES/28 DAYS) SP HD |
| OMVOH 200 MG DOSE - 2 PENS | T2 | PA QL(2 PENS/28 DAYS) SP HD |
| OMVOH 200 MG DOSE - 2 SYRINGES | T2 | PA QL(2 SYRINGES/28 DAYS) SP HD |
| OMVOH 200 MG/2 ML PEN | T2 | PA QL SP HD |
| OMVOH 200 MG/2 ML SYRINGE | T2 | PA QL SP HD |
| OMVOH 300 MG DOSE - 2 PENS | T2 | PA QL(3 MLS/28 DAYS) SP HD |
| OMVOH 300 MG DOSE - 2 SYRINGES | T2 | PA QL(3 MLS/28 DAYS) SP HD |
| SKYRIZI ON-BODY | T2 | PA QL(1 CARTRIDGE/56 DAYS) SP HD |
| TREMFYA | T2 | PA QL(1 SYRINGE/56 DAYS) SP HD |
| TREMFYA 100 MG/ML PEN | T2 | PA QL(1 ML/56 DAYS) SP HD |
| TREMFYA 200 MG/2 ML PEN | T2 | PA QL(2 SYRINGE/28 DAYS) SP HD |
| TREMFYA ONE-PRESS | T2 | PA QL(1 AUTO-INJ/56 DAYS) SP HD |
| TREMFYA PEN INDUCTION (2 PEN) | T2 | PA QL(12 MLS/365 DAYS) SP HD |

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# List of Prescription Medications

| IMMUNOSUPPRESSANTS (Pain Relief And Inflammatory Disease) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB** | | |
| DUPIXENT PEN | T3 | PA SP HD |
| DUPIXENT SYRINGE | T3 | PA SP HD |
| **INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS** | | |
| ACTEMRA | T2 | PA QL(3.6 ML/28 DAYS) SP HD |
| ACTEMRA ACTPEN | T2 | PA QL(3.6 ML/28 DAYS) SP HD |
| ENSPRYNG | T3 | PA SP HD |
| KEVZARA | T3 | PA QL(2 PENS/SYRINGES/28 DAYS) SP HD |
| TYENNE | T2 | PA QL(3.6 ML/28 DAYS) SP |
| TYENNE AUTOINJECTOR | T2 | PA QL(3.6 ML/28 DAYS) SP |
| **INTERLEUKIN-31(IL-31)RECEPTOR ALPHA ANTAGONIST,MAB** | | |
| NEMLUVIO | T2 | PA SP HD |
| **IMMUNOSUPPRESSANTS (Skin Conditions)** | | |
| **TOPICAL IMMUNOSUPPRESSIVE AGENTS** | | |
| HYFTOR | T3 | PA SP |
| *pimecrolimus* (Elidel) | T1 | |
| *tacrolimus 0.03% ointment* | T1 | |
| *tacrolimus 0.1% ointment* | T1 | |
| **IMMUNOSUPPRESSANTS (Transplant Medications)** | | |
| **IMMUNOSUPPRESSIVES** | | |
| ASTAGRAF XL | T3 | SP HD |
| *azathioprine 50 mg tablet (*Imuran*)* | T1 | SP HD |
| *cyclosporine 100 mg capsule (*Sandimmune*)* | T1 | SP HD |
| *cyclosporine 25 mg capsule (*Sandimmune*)* | T1 | SP HD |
| *cyclosporine, modified* | T1 | SP HD |
| *cyclosporine, modified* (Neoral) | T1 | SP HD |
| ENVARSUS XR | T3 | SP HD |
| *everolimus 0.25 mg tablet (*Zortress*)* | T1 | SP HD |
| *everolimus 0.5 mg tablet (*Zortress*)* | T1 | SP HD |
| *everolimus 0.75 mg tablet (*Zortress*)* | T1 | SP HD |
| *everolimus 1 mg tablet (*Zortress*)* | T1 | SP HD |
| LUPKYNIS | T3 | PA QL(6 CAPS/DAY) SP |
| *mycophenolate mofetil* (Cellcept) | T1 | SP HD |
| *mycophenolate sodium* (Myfortic) | T1 | SP HD |

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# List of Prescription Medications

| IMMUNOSUPPRESSANTS (Transplant Medications) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **IMMUNOSUPPRESSIVES** *(cont.)* | | |
| PROGRAF 0.2 MG GRANULE PACKET | T3 | SP HD |
| PROGRAF 1 MG GRANULE PACKET | T3 | SP HD |
| SANDIMMUNE 100 MG/ML SOLN | T2 | SP HD |
| *sirolimus* | T1 | SP HD |
| *sirolimus* (Rapamune) | T1 | SP HD |
| *tacrolimus 0.5 mg capsule (ir)* (Prograf) | T1 | SP HD |
| *tacrolimus 1 mg capsule (ir)* (Prograf) | T1 | SP HD |
| *tacrolimus 5 mg capsule (ir)* (Prograf) | T1 | SP HD |
| ZORTRESS (*everolimus*) | T3 | SP HD |
| **MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes)** | | |
| **DIABETIC SUPPLIES** | | |
| 2TEK | T1 | |
| ACCU-CHEK | T1 | |
| ACCU-CHEK FASTCLIX LANCING DEV | T1 | |
| ACCU-CHEK GUIDE CONTROL SOLN | T1 | |
| ACCU-CHEK SMARTVIEW CONTRL SOL | T1 | |
| ACCU-CHEK SOFTCLIX | T1 | |
| ACCUTREND GLUCOSE CONTROL | T1 | |
| ADJUSTABLE LANCING DEVICE | T1 | |
| ADVANCED LANCING DEVICE | T1 | |
| ADVOCATE CONTROL SOLUTION | T1 | |
| ADVOCATE LANCING DEVICE | T1 | |
| ADVOCATE RAPID-SAFE LANCING DV | T1 | |
| ADVOCATE REDI-CODE+ CTRL SOLN | T1 | |
| AGAMATRIX CONTROL | T1 | |
| AGAMATRIX CONTROL SOLUTION | T1 | |
| ALKALINE BATTERIES | T1 | |
| ALTERNATE SITE LANCING DEVICE | T1 | |
| AQUA LANCE LANCING DEVICE | T1 | |
| ASSURE 4 CONTROL SOLUTION | T1 | |
| ASSURE CONTROL SOLUTION | T1 | |
| ASSURE DOSE | T1 | |
| ASSURE PRISM | T1 | |

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| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DIABETIC SUPPLIES** *(cont.)* | | |
| AT HOME A1C | T1 | |
| AUTOJECT 2 | T1 | |
| AUTO-LANCET MINI | T1 | |
| AUTOLET IMPRESSION | T1 | |
| AUTOLET LANCING DEVICE | T1 | |
| AUTOLET LITE | T1 | |
| AUTOLET PLUS | T1 | |
| AUTOPEN | T1 | |
| BLOOD GLUCOSE CONTROL | T1 | |
| BLOOD-GLUCOSE CONTROL | T1 | |
| BREEZE 2 | T1 | |
| CAREONE | T1 | |
| CARESENS | T1 | |
| CARESENS S CONTROL SOLUTION | T1 | |
| CARETOUCH CONTROL SOLUTION | T1 | |
| CARETOUCH LANCING DEVICE | T1 | |
| CEQUR SIMPLICITY | T2 | |
| CEQUR SIMPLICITY INSERTER | T2 | |
| CHEMSTRIP BG DIARY | T1 | |
| CHOSEN LANCING DEVICE | T1 | |
| CLEVER CHOICE CONTROL SOLUTION | T1 | |
| CONTOUR | T1 | |
| CONTOUR NEXT CONTROL SOLUTION | T1 | |
| CONTROL SOLUTION | T1 | |
| COOL CONTROL SOLUTION | T1 | |
| DEXCOM G6 RECEIVER | T2 | PA QL(1 UNIT/365 DAYS) |
| DEXCOM G6 SENSOR | T2 | PA QL(3 SENSORS/30 DAYS) |
| DEXCOM G6 TRANSMITTER | T2 | PA QL(1 UNIT/90 DAYS) |
| DEXCOM G7 15 DAY SENSOR | T2 | PA QL(3 SENSORS/30 DAYS) |
| DEXCOM G7 RECEIVER | T2 | PA QL(1 UNIT/365 DAYS) |
| DEXCOM G7 SENSOR | T2 | PA QL(3 SENSORS/30 DAYS) |
| DIATRUE | T1 | |
| DROPLET GENTEEL LANCING DEVICE | T1 | |

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| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DIABETIC SUPPLIES** *(cont.)* | | |
| DROPLET LANCING DEVICE | T1 | |
| EASY MINI EJECT LANCING DEVICE | T1 | |
| EASY PLUS II CONTROL SOLN HIGH | T1 | |
| EASY PLUS II CONTROL SOLN LOW | T1 | |
| EASY STEP CONTROL SOLUTION | T1 | |
| EASY TALK CONTROL SOLN LOW | T1 | |
| EASY TALK HIGH CONTROL SOLN | T1 | |
| EASY TALK PLUS II HIGH CONTROL | T1 | |
| EASY TALK PLUS II LOW CTRL SLN | T1 | |
| EASY TOUCH BLULINK CTRL SOLN | T1 | |
| EASY TOUCH CONTROL SOLUTION | T1 | |
| EASY TOUCH LANCING DEVICE | T1 | |
| EASY TRAK CONTROL SOLN HIGH | T1 | |
| EASY TRAK CONTROL SOLN LOW | T1 | |
| EASY TRAK II CONTROL SOLUTION | T1 | |
| EASYGLUCO PLUS CONTROL NORMAL | T1 | |
| EASYMAX 15 LEVEL 2 SOLUTION | T1 | |
| EASYMAX NORMAL CONTROL SOLN | T1 | |
| ELEMENT COMPACT CONTROL SOLN | T1 | |
| ELEMENT CONTROL SOLUTION | T1 | |
| EMBRACE EVO LEVEL 1 CTRL SOLN | T1 | |
| EMBRACE GLUC CONTROL SOLN HIGH | T1 | |
| EMBRACE GLUCOSE CONTROL SOLN | T1 | |
| EMBRACE LANCING DEVICE | T1 | |
| EMBRACE PRO | T1 | |
| EMBRACE TALK CONTROL SOLUTION | T1 | |
| ENLITE SERTER | T1 | |
| EVENCARE G2 CONTROL SOLUTION | T1 | |
| EVENCARE G3 CONTROL SOLUTION | T1 | |
| EVOLUTION CONTROL SOLUTION | T1 | |
| FONDCIRCLE CONTROL SOLUTION | T1 | |
| FONDCIRCLE LANCING DEVICE | T1 | |
| FORA 6 CONNECT MULTIFUNCTN MTR | T3 | |

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| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DIABETIC SUPPLIES** *(cont.)* | | |
| FORA CONTROL SOLUTION | T1 | |
| FORA GTEL MULTIFUNCTN MONITOR | T1 | |
| FORA KETONE CONTROL SOLUTION | T3 | |
| FORA LANCING DEVICE | T1 | |
| FORA TN'G ADVANCE PRO MONITOR | T3 | |
| FORA TN'GO ADV MOBILE MULT MTR | T3 | |
| FORA TN'GO ADVANCE MULTIFN MTR | T3 | |
| FORACARE GDH | T1 | |
| FORTISCARE | T1 | |
| FREESTYLE CONTROL SOLUTION | T1 | |
| FREESTYLE LIBRE 14 DAY READER | T2 | PA QL(1 UNIT/720 DAYS) |
| FREESTYLE LIBRE 14 DAY SENSOR | T2 | PA QL(2 SENSORS/28 DAYS) |
| FREESTYLE LIBRE 2 PLUS SENSOR | T2 | PA QL(2 UNITS/30 DAYS) |
| FREESTYLE LIBRE 2 READER | T2 | PA QL(1 UNIT/720 DAYS) |
| FREESTYLE LIBRE 2 SENSOR | T2 | PA QL(2 SENSORS/28 DAYS) |
| FREESTYLE LIBRE 3 PLUS SENSOR | T2 | PA QL(2 UNITS/28 DAYS) |
| FREESTYLE LIBRE 3 READER | T2 | PA QL(1 UNIT/720 DAYS) |
| FREESTYLE LIBRE 3 SENSOR | T2 | PA QL(2 UNITS/28 DAYS) |
| GE100 CONTROL SOLUTION NORMAL | T1 | |
| GENTEEL VACUUM LANCING DEVICE | T1 | |
| GLUCOCARD 01 CONTROL | T1 | |
| GLUCOCARD EXPRESSION CNTRL SLN | T1 | |
| GLUCOCARD SHINE CONTROL SOLN | T1 | |
| GLUCOCOM AUTOLINK | T1 | |
| GLUCOCOM CONTROL SOLUTION | T1 | |
| GLUCOSE CONTROL | T1 | |
| GLUCOSE CONTROL SOLUTION | T1 | |
| GOJJI GLUCOSE CONTROL SOLUTION | T1 | |
| GOJJI KETONE CONTROL SOLUTION | T3 | |
| GOJJI LANCING DEVICE | T1 | |
| GOJJI MULTI-FUNCTIONAL METER | T3 | |
| GUARDIAN RT CHARGER | T1 | |
| GUARDIAN TEST PLUG | T1 | |

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| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DIABETIC SUPPLIES** *(cont.)* | | |
| GUARDIAN TRANSMITTER TAPE | T1 | |
| HEALTHPRO GLUCOSE CONTROL SOLN | T1 | |
| HEALTHY ACCENTS AUTOLET | T1 | |
| HYPOLANCE | T1 | |
| IHEALTH CONTROL SOLN LEVEL 2 | T1 | |
| INCONTROL LANCING DEVICE | T1 | |
| INFINITY CONTROL SOLUTION | T1 | |
| INFINITY VOICE CONTROL SOLN | T1 | |
| INPEN (FOR HUMALOG) | T1 | |
| INPEN (FOR NOVOLOG OR FIASP) | T1 | |
| INSUL-CAP | T1 | |
| INSUL-EZE | T1 | |
| LANCING DEVICE | T1 | |
| LANCING SYSTEM | T1 | |
| LANZO | T1 | |
| LITE TOUCH LANCING PEN | T1 | |
| MEDISENSE | T1 | |
| MEDISENSE GLUCOSE KETONE | T1 | |
| MEDISENSE GLUCOSE KETONE CONTR | T1 | |
| MEDTRONIC REMOTE CONTROL | T1 | |
| MICRODOT HIGH-LOW CONTROL SOL | T1 | |
| MICRODOT NORMAL CONTROL SOLUT | T1 | |
| MICROLET 2 | T1 | |
| MICROLET NEXT LANCING DEVICE | T1 | |
| MINI LANCING DEVICE | T1 | |
| MINIMED QUICK-SERTER | T1 | |
| MULTI-LANCET | T1 | |
| MYGLUCOHEALTH CONTROL SOLUTION | T1 | |
| NOVA MAX PLUS GLUC-KETON METER | T1 | |
| NOVAMAX PLUS GLU-KET | T1 | |
| NOVOPEN ECHO | T1 | |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) | T2 | QL(30 CRTGS/30 DAYS) |
| OMNIPOD 5 DEXG7G6 INTRO(GEN 5) | T2 | QL(1 UNIT/365 DAYS) |

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| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DIABETIC SUPPLIES** *(cont.)* | | |
| OMNIPOD 5 DEXG7G6 PODS (GEN 5) | T2 | QL(30 CRTGS/30 DAYS) |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) | T2 | QL(1 UNIT/365 DAYS) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) | T2 | QL(30 CRTGS/30 DAYS) |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) | T2 | QL(1 UNIT/365 DAYS) |
| OMNIPOD CLASSIC PDM KIT(GEN 3) | T2 | QL(1 UNIT/365 DAYS) |
| OMNIPOD CLASSIC PODS (GEN 3) | T2 | QL(30 CRTGS/30 DAYS) |
| OMNIPOD DASH INTRO KIT (GEN 4) | T2 | QL(1 UNIT/365 DAYS) |
| OMNIPOD DASH PODS (GEN 4) | T2 | QL(30 CRTGS/30 DAYS) |
| OMNIPOD GO PODS | T2 | QL(30 CRTGS/30 DAYS) |
| ON CALL EXPRESS CONTROL SOLN | T1 | |
| ON CALL LANCING DEVICE | T1 | |
| ON CALL PLUS CONTROL | T1 | |
| ON CALL PLUS LANCING DEVICE | T1 | |
| ON CALL VIVID CONTROL | T1 | |
| ONETOUCH DELICA PLUS LANC DEV | T1 | |
| ONETOUCH ULTRA CONTROL SOLN | T1 | |
| ONETOUCH VERIO HIGH CNTRL SOLN | T1 | |
| ONETOUCH VERIO MID CNTRL SOLN | T1 | |
| OPTUMRX GLUCOSE CONTROL SOLN | T1 | |
| OVAL TAPE | T1 | |
| PIP GLUCOSE CONTROL SOLUTION | T1 | |
| PRECISION XTRA KETONE-GLUCOSE | T3 | |
| PRODIGY CONTROL SOLUTION | T1 | |
| PRODIGY LANCING DEVICE | T1 | |
| REFUAH PLUS GLUCOSE CONTROL | T1 | |
| RELIAMED MINI LANCING DEVICE | T1 | |
| RIGHTEST CONTROL SOLUTION | T1 | |
| RIGHTEST GD500 | T1 | |
| SAFE-CLIP | T1 | |
| SIL-SERTER | T1 | |
| SMARTDIABETES VANTAGE | T1 | |
| SMARTEST | T1 | |
| SOLUS V2 CONTROL SOLUTION | T1 | |

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| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DIABETIC SUPPLIES** *(cont.)* | | |
| SOLUS V2 LANCING DEVICE | T1 | |
| SURE COMFORT LANCING PEN | T1 | |
| SUREFLEX | T1 | |
| SURE-PEN | T1 | |
| SURE-TEST EASYPLUS MINI SOLN | T1 | |
| TELCARE CONTROL SOLUTION | T1 | |
| TRUE METRIX | T1 | |
| TRUECONTROL | T1 | |
| TRUEDRAW | T1 | |
| TWIIST REFILL KT(CSST-NDL-SYR) | T2 | QL(30 KITS/30 DAYS) |
| TWIIST RFL(INFUS-CSST-NDL-SYR) | T2 | QL(30 KITS/30 DAYS) |
| TWIIST STARTER KIT | T2 | QL(1 KIT/365 DAYS) |
| ULTI-LANCE | T1 | |
| ULTRATRAK CONTROL SOL NORMAL | T1 | |
| ULTRATRAK CONTROL SOLUTION | T1 | |
| ULTRATRAK ULTIMATE CNTRL SOLN | T1 | |
| UNISTIK 2 | T1 | |
| UNISTRIP | T1 | |
| V-GO 20 | T2 | |
| V-GO 30 | T2 | |
| V-GO 40 | T2 | |
| VIVAGUARD INO CONTROL SOLUTION | T1 | |
| VIVAGUARD LANCING DEVICE | T1 | |
| **DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)** | | |
| 1ST TIER UNILET COMFORTOUCH | T1 | |
| 2-IN-1 LANCET DEVICE | T1 | |
| ACCU-CHEK FASTCLIX LANCET DRUM | T1 | |
| ACCU-CHEK SAFE-T-PRO | T1 | |
| ACCU-CHEK SAFE-T-PRO PLUS | T1 | |
| ACCU-CHEK SOFTCLIX | T1 | |
| ACTI-LANCE | T1 | |
| ADVANCED TRAVEL LANCETS | T1 | |
| ADVOCATE LANCETS | T1 | |
| ALTERNATE SITE LANCETS | T1 | |

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|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)** *(cont.)* | | |
| ADVOCATE SAFETY LANCET | T1 | |
| AGAMATRIX ULTRA-THIN LANCET | T1 | |
| ALTERNATE SITE LANCETS | T1 | |
| ASSURE HAEMOLANCE PLUS | T1 | |
| ASSURE LANCE | T1 | |
| ASSURE LANCE PLUS | T1 | |
| BD MICROTAINER LANCETS | T1 | |
| BLOOD LANCETS | T1 | |
| BULLSEYE MINI SAFETY LANCETS | T1 | |
| BUTTERFLY TOUCH LANCET | T1 | |
| CAREONE | T1 | |
| CARESENS LANCET | T1 | |
| CARETOUCH SAFETY LANCETS | T1 | |
| CARETOUCH TWIST LANCET | T1 | |
| CHOSEN LANCET | T1 | |
| CHOSEN SAFETY LANCET | T1 | |
| CLEVER CHEK LANCETS | T1 | |
| COAGUCHEK | T1 | |
| COLOR LANCETS | T1 | |
| COMFORT EZ | T1 | |
| COMFORT LANCETS | T1 | |
| COMFORT TOUCH PLUS SAFETY LANC | T1 | |
| COMFORT TOUCH ULT THIN LANCET | T1 | |
| DROPLET LANCETS | T1 | |
| DROPSAFE ACTI-LANCE | T1 | |
| EASY COMFORT LANCETS | T1 | |
| EASY TOUCH PULL-TOP 26G LANCET | T1 | |
| EASY TOUCH PULL-TOP 28G LANCET | T1 | |
| EASY TOUCH PULL-TOP 30G LANCET | T1 | |
| EASY TOUCH PULL-TOP 32G LANCET | T1 | |
| EASY TOUCH SAFETY 21G LANCETS | T1 | |
| EASY TOUCH SAFETY 23G LANCETS | T1 | |
| EASY TOUCH SAFETY 26G LANCETS | T1 | |

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|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)** *(cont.)* | | |
| EASY TOUCH SAFETY 28G LANCETS | T1 | |
| EASY TOUCH SAFETY 30G LANCETS | T1 | |
| EASY TOUCH SAFETY 32G LANCETS | T1 | |
| EASY TOUCH TWIST 26G LANCETS | T1 | |
| EASY TOUCH TWIST 28G LANCETS | T1 | |
| EASY TOUCH TWIST 30G LANCETS | T1 | |
| EASY TOUCH TWIST 32G LANCETS | T1 | |
| EASY TOUCH TWIST 33G LANCETS | T1 | |
| EASY TWIST & CAP LANCETS | T1 | |
| EMBRACE 30G LANCETS | T1 | |
| EMBRACE SAFETY LANCET | T1 | |
| EZ SMART LANCETS | T1 | |
| EZ-LETS | T1 | |
| FIFTY50 SAFETY SEAL LANCETS | T1 | |
| FINGERSTIX | T1 | |
| FONDCIRCLE LANCET | T1 | |
| FORA LANCETS | T1 | |
| FORACARE LANCETS | T1 | |
| FREESTYLE LANCETS | T1 | |
| FREESTYLE UNISTIK 2 | T1 | |
| GLUCOCOM | T1 | |
| GLUCOCOM LANCETS | T1 | |
| GOJJI LANCETS | T1 | |
| HEALTHY ACCENTS UNILET LANCET | T1 | |
| INCONTROL SUPER THIN LANCETS | T1 | |
| INCONTROL ULTRA THIN LANCETS | T1 | |
| INJECT EASE LANCETS | T1 | |
| INVACARE LANCETS | T1 | |
| *lancets* | T1 | |
| LANCETS | T1 | |
| LITE TOUCH 28G LANCETS | T1 | |
| LITE TOUCH 30G LANCETS | T1 | |
| LITE TOUCH 33G LANCETS | T1 | |
| MEDISENSE THIN LANCETS | T1 | |

T1 – Typically Generics
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PA – Prior Authorization
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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)** *(cont.)* | | |
| MEDLANCE PLUS | T1 | |
| MICRO THIN LANCET | T1 | |
| MICRO THIN LANCETS | T1 | |
| MICROLET | T1 | |
| MONOLET LANCETS | T1 | |
| MONOLET THIN LANCETS | T1 | |
| MYGLUCOHEALTH LANCETS | T1 | |
| NOVA SAFETY LANCETS | T1 | |
| NOVA SUREFLEX | T1 | |
| ON CALL LANCET | T1 | |
| ON CALL PLUS LANCET | T1 | |
| ONETOUCH DELICA PLUS LANCET | T1 | |
| ONETOUCH DELICA SAFETY LANCET | T1 | |
| ONETOUCH LANCETS | T1 | |
| ONETOUCH SURESOFT | T1 | |
| ONETOUCH ULTRASOFT 2 LANCET | T1 | |
| ON-THE-GO | T1 | |
| PERFECT POINT SAFETY LANCETS | T1 | |
| PIP LANCET | T1 | |
| PRESSURE ACTIVATED LANCETS | T1 | |
| PRO COMFORT LANCET | T1 | |
| PRO COMFORT LANCETS | T1 | |
| PRO COMFORT SAFETY LANCET | T1 | |
| PRODIGY LANCETS | T1 | |
| PRODIGY TWIST TOP LANCET | T1 | |
| PURE COMFORT LANCETS | T1 | |
| PURE COMFORT SAFETY LANCETS | T1 | |
| PUSH BUTTON SAFETY LANCETS | T1 | |
| READYLANCE SAFETY LANCETS | T1 | |
| RELIAMED | T1 | |
| RELIAMED SAFETY SEAL LANCETS | T1 | |
| RIGHTEST GL300 LANCETS | T1 | |
| SAFETY LANCETS | T1 | |

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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)** *(cont.)* | | |
| SAFETY SEAL LANCETS | T1 | |
| SAFETY-LET | T1 | |
| SINGLE-LET | T1 | |
| SMART SENSE | T1 | |
| SMART SENSE LANCETS | T1 | |
| SMARTEST LANCET | T1 | |
| SOLUS V2 | T1 | |
| SOLUS V2 LANCETS | T1 | |
| STERILANCE TL | T1 | |
| STERILE LANCETS | T1 | |
| SUPER THIN LANCETS | T1 | |
| SURE COMFORT LANCETS | T1 | |
| SURE-LANCE | T1 | |
| SURE-TOUCH | T1 | |
| TECHLITE LANCETS | T1 | |
| TELCARE ULTRA THIN 30G LANCETS | T1 | |
| THIN LANCETS | T1 | |
| TOPCARE UNIVERSAL 1 LANCET / THIN LANCET | T1 | |
| TRUE COMFORT LANCET / SAFETY LANCET | T1 | |
| TRUEPLUS LANCETS | T1 | |
| TWIST LANCETS / TOP LANCET | T1 | |
| ULTILET BASIC | T1 | |
| ULTILET CLASSIC | T1 | |
| ULTILET LANCETS | T1 | |
| ULTILET SAFETY | T1 | |
| ULTRA THIN LANCET | T1 | |
| ULTRA THIN LANCETS | T1 | |
| ULTRA THIN PLUS LANCETS | T1 | |
| ULTRA-CARE LANCETS | T1 | |
| ULTRALANCE | T1 | |
| ULTRA-THIN II 28G LANCETS | T1 | |
| ULTRA-THIN II 30G LANCETS | T1 | |
| ULTRATLC LANCETS | T1 | |

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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)** *(cont.)* | | |
| UNILET COMFORTOUCH | T1 | |
| UNILET EXCELITE | T1 | |
| UNILET EXCELITE II | T1 | |
| UNILET GP LANCET | T1 | |
| UNILET LANCET | T1 | |
| UNILET LANCETS | T1 | |
| UNISTIK 2 COMFORT | T1 | |
| UNISTIK 2 EXTRA | T1 | |
| UNISTIK 2 NORMAL | T1 | |
| UNISTIK 3 | T1 | |
| UNISTIK 3 COMFORT | T1 | |
| UNISTIK 3 DUAL | T1 | |
| UNISTIK 3 EXTRA | T1 | |
| UNISTIK 3 NORMAL | T1 | |
| UNISTIK 3 NORMAL | T1 | |
| UNISTIK COMFORT | T1 | |
| UNISTIK CZT | T1 | |
| UNISTIK EXTRA | T1 | |
| UNISTIK NORMAL | T1 | |
| UNISTIK PRO | T1 | |
| UNISTIK SAFETY | T1 | |
| UNISTIK TOUCH | T1 | |
| UNIVERSAL 1 | T1 | |
| VERIFINE SAFETY LANCET MINI | T1 | |
| VERIFINE UNIVERSAL LANCET | T1 | |
| VIVAGUARD LANCET | T1 | |
| VIVAGUARD SAFETY LANCET | T1 | |
| **NEEDLES/NEEDLELESS DEVICES** | | |
| AUTOSHIELD DUO PEN NEEDLE | T1 | |
| BLUNT NEEDLE | T1 | |
| CAREPOINT PRECISION NEEDLE | T1 | |
| CARETOUCH HYPODERMIC NEEDLE | T1 | |
| DROPSAFE SICURA SAFETY NEEDLE | T1 | |

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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **NEEDLES/NEEDLELESS DEVICES** *(cont.)* | | |
| EASY TOUCH FLIPLOCK NEEDLE | T1 | |
| EASY TOUCH FLIPLOCK NEEDLES | T1 | |
| EASY TOUCH HYPODERMIC NEEDLE | T1 | |
| EASYPOINT NEEDLE | T1 | |
| ECLIPSE NEEDLE | T1 | |
| EXEL HUBER NEEDLE | T1 | |
| EXEL HYPODERMIC NEEDLE | T1 | |
| EXEL MTI DRAWING NEEDLE | T1 | |
| FILTER ASPIRATOR NEEDLE | T1 | |
| FILTER NEEDLE | T1 | |
| FLOW-EZE | T1 | |
| HYPODERMIC NEEDLE | T1 | |
| INTEGRA NEEDLE | T1 | |
| INTEGRA PRECISIONGLIDE NEEDLE | T1 | |
| LIFESHIELD BLUNT CANNULA | T1 | |
| MONOJECT BLOOD COLLECTION | T1 | |
| MONOJECT FILTER NEEDLE | T1 | |
| NANO 2ND GEN PEN NEEDLE | T1 | |
| NANO PEN NEEDLE | T1 | |
| NEEDLE | T1 | |
| NEEDLES | T1 | |
| *needles,safety huber,disposabl* | T1 | |
| NOKOR ADMIX NEEDLE | T1 | |
| NOKOR NEEDLE | T1 | |
| PERFECT POINT SAFETY NEEDLE | T1 | |
| PHASEAL PROTECTOR | T1 | |
| POLY HUB NEEDLE | T1 | |
| PRECISIONGLIDE | T1 | |
| PRECISIONGLIDE NEEDLE | T1 | |
| REGULAR BEVEL NEEDLES | T1 | |
| SAFETYGLIDE NEEDLE | T1 | |
| SHORT BEVEL NEEDLES | T1 | |
| SPECIALTY USE NEEDLES | T1 | |

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| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **NEEDLES/NEEDLELESS DEVICES** *(cont.)* | | |
| TERUMO SURGUARD2 | T1 | |
| THIN WALL NEEDLES | T1 | |
| TRANSFER NEEDLE | T1 | |
| ULTRA-FINE MICRO PEN NEEDLE | T1 | |
| ULTRA-FINE MINI PEN NEEDLE | T1 | |
| ULTRA-FINE NANO PEN NEEDLE | T1 | |
| ULTRA-FINE ORIGINAL PEN NEEDLE | T1 | |
| ULTRA-FINE PEN NEEDLE | T1 | |
| ULTRA-FINE SHORT PEN NEEDLE | T1 | |
| YALE NEEDLES | T1 | |
| **SYRINGES AND ACCESSORIES** | | |
| BD INS SYR 0.3 ML 8MMX31G(1/2) | T1 | |
| BD INS SYR UF 0.3ML 12.7MMX30G | T1 | |
| BD INS SYR UF 0.5ML 12.7MMX30G | T1 | |
| BD INS SYRN UF 1 ML 12.7MMX30G | T1 | |
| BD INS SYRN UF 1 ML 30G 12.7MM | T1 | |
| BD INS SYRNG 0.3 ML 29GX12.7MM | T1 | |
| BD INS SYRNG 0.5 ML 29GX12.7MM | T1 | |
| BD INS SYRNG UF 0.3 ML 8MMX31G | T1 | |
| BD INS SYRNG UF 0.5 ML 8MMX31G | T1 | |
| BD INSULIN SYR 0.5 ML 28GX1/2" | T1 | |
| BD INSULIN SYR 1 ML 27GX12.7MM | T1 | |
| BD INSULIN SYR 1 ML 27GX5/8" | T1 | |
| BD INSULIN SYR 1 ML 28GX1/2" | T1 | |
| BD INSULIN SYR 1 ML 29GX12.7MM | T1 | |
| BD INSULIN SYR UF 1 ML 8MMX31G | T1 | |
| ECLIPSE SYRINGE | T1 | |
| INSULIN SYR 0.5 ML 28G 12.7MM | T1 | |
| INSULIN SYRINGE 1 ML 27G 16MM | T1 | |
| INSULIN SYRINGE 1ML 28G 12.7MM | T1 | |
| INSULIN SYRINGE U-500 | T1 | |
| PARADIGM | T1 | |
| SAFETYGLIDE INSULIN SYRINGE | T1 | |

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| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **SYRINGES AND ACCESSORIES** *(cont.)* | | |
| SAFETYGLIDE SYRINGE | T1 | |
| ULTRA-FINE INSULIN SYRINGE | T1 | |
| VEO INSULIN SYRINGE | T1 | |
| **MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous)** | | |
| **DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)** | | |
| 1ST TIER UNILET COMFORTOUCH | T1 | QL (1 UNIT/YEAR) |
| 2-IN-1 LANCET DEVICE | T1 | |
| ACCU-CHEK FASTCLIX LANCET DRUM | T1 | |
| ACCU-CHEK SAFE-T-PRO | T1 | |
| ACCU-CHEK SAFE-T-PRO PLUS | T1 | QL (1 UNIT/YEAR) |
| ACCU-CHEK SOFTCLIX | T1 | |
| ACTI-LANCE | T1 | |
| ADVANCED TRAVEL LANCETS | T1 | |
| ADVOCATE LANCET | T1 | |
| ADVOCATE LANCETS | T1 | |
| ADVOCATE SAFETY LANCET | T1 | |
| AGAMATRIX ULTRA-THIN LANCET | T1 | |
| ALTERNATE SITE LANCETS | T1 | |
| ASSURE HAEMOLANCE PLUS | T1 | |
| ASSURE LANCE | T1 | |
| ASSURE LANCE PLUS | T1 | |
| BD MICROTAINER LANCETS | T1 | |
| BLOOD LANCETS | T1 | |
| BULLSEYE MINI SAFETY LANCETS | T1 | |
| BUTTERFLY TOUCH LANCET | T1 | |
| CAREONE | T1 | |
| CARESENS LANCET | T1 | |
| CARETOUCH SAFETY LANCETS | T1 | |
| CARETOUCH TWIST LANCET | T1 | |
| CHOSEN LANCET | T1 | |
| CHOSEN SAFETY LANCET | T1 | |
| CLEVER CHEK LANCETS | T1 | |
| COAGUCHEK | T1 | |

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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)** *(cont.)* | | |
| COLOR LANCETS | T1 | |
| COMFORT EZ | T1 | |
| COMFORT LANCETS | T1 | |
| COMFORT TOUCH PLUS SAFETY LANC | T1 | |
| COMFORT TOUCH ULT THIN LANCET | T1 | |
| DROPLET LANCETS | T1 | |
| DROPSAFE ACTI-LANCE | T1 | |
| EASY COMFORT LANCETS | T1 | |
| EASY TOUCH PULL-TOP 26G LANCET | T1 | |
| EASY TOUCH PULL-TOP 28G LANCET | T1 | |
| EASY TOUCH PULL-TOP 30G LANCET | T1 | |
| EASY TOUCH PULL-TOP 32G LANCET | T1 | |
| EASY TOUCH SAFETY 21G LANCETS | T1 | |
| EASY TOUCH SAFETY 23G LANCETS | T1 | |
| EASY TOUCH SAFETY 26G LANCETS | T1 | |
| EASY TOUCH SAFETY 28G LANCETS | T1 | |
| EASY TOUCH SAFETY 30G LANCETS | T1 | |
| EASY TOUCH SAFETY 32G LANCETS | T1 | |
| EASY TOUCH TWIST 26G LANCETS | T1 | |
| EASY TOUCH TWIST 28G LANCETS | T1 | |
| EASY TOUCH TWIST 30G LANCETS | T1 | |
| EASY TOUCH TWIST 32G LANCETS | T1 | |
| EASY TOUCH TWIST 33G LANCETS | T1 | |
| EASY TWIST & CAP LANCETS | T1 | |
| EMBRACE 30G LANCETS | T1 | |
| EMBRACE SAFETY LANCET | T1 | |
| EZ SMART LANCETS | T1 | |
| EZ-LETS | T1 | |
| FIFTY50 SAFETY SEAL LANCETS | T1 | |
| FINGERSTIX | T1 | |
| FONDCIRCLE LANCET | T1 | |
| FORA LANCETS | T1 | |
| FORA V10-V12-D10-D20 STRP-LNCT | T1 | |

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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)** *(cont.)* | | |
| FORACARE LANCETS | T1 | |
| FREESTYLE LANCETS | T1 | |
| FREESTYLE UNISTIK 2 | T1 | |
| GLUCOCOM | T1 | |
| GLUCOCOM LANCETS | T1 | |
| GOJJI LANCET-GLUCOSE TEST STRP | T1 | |
| GOJJI LANCETS | T1 | |
| HEALTHY ACCENTS UNILET LANCET | T1 | |
| INCONTROL SUPER THIN LANCETS | T1 | |
| INCONTROL ULTRA THIN LANCETS | T1 | |
| INJECT EASE LANCETS | T1 | |
| INVACARE LANCETS | T1 | |
| lancets | T1 | |
| LANCETS | T1 | |
| LITE TOUCH 28G LANCETS | T1 | |
| LITE TOUCH 30G LANCETS | T1 | |
| LITE TOUCH 33G LANCETS | T1 | |
| MEDISENSE THIN LANCETS | T1 | |
| MEDLANCE PLUS | T1 | |
| MEDLANCE PLUS SPECIAL BLADE | T1 | |
| MICRO THIN LANCET | T1 | |
| MICRO THIN LANCETS | T1 | |
| MICROLET | T1 | |
| MICROTAINER LANCETS | T1 | |
| MOBILE LANCETS | T1 | |
| MONOLET LANCETS | T1 | |
| MONOLET THIN LANCETS | T1 | |
| MYGLUCOHEALTH LANCETS | T1 | |
| NOVA SAFETY LANCETS | T1 | |
| NOVA SUREFLEX | T1 | |
| ON CALL LANCET | T1 | |
| ON CALL PLUS LANCET | T1 | |
| ONETOUCH DELICA PLUS LANCET | T1 | |

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| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)** *(cont.)* | | |
| ONETOUCH DELICA SAFETY LANCET | T1 | |
| ONETOUCH LANCETS | T1 | |
| ONETOUCH SURESOFT | T1 | |
| ONETOUCH ULTRASOFT 2 LANCET | T1 | |
| ON-THE-GO | T1 | |
| PERFECT POINT SAFETY LANCETS | T1 | |
| PIP LANCET | T1 | |
| POGO AUTOMATIC TEST CARTRIDGE | T1 | |
| PRESSURE ACTIVATED LANCETS | T1 | |
| PRO COMFORT LANCET | T1 | |
| PRO COMFORT LANCETS | T1 | |
| PRO COMFORT SAFETY LANCET | T1 | |
| PRODIGY LANCETS | T1 | |
| PRODIGY TWIST TOP LANCET | T1 | |
| PURE COMFORT LANCETS | T1 | |
| PURE COMFORT SAFETY LANCETS | T1 | |
| PUSH BUTTON SAFETY LANCETS | T1 | |
| READYLANCE SAFETY LANCETS | T1 | |
| RELIAMED | T1 | |
| RELIAMED SAFETY SEAL LANCETS | T1 | |
| RIGHTEST GL300 LANCETS | T1 | |
| SAFETY LANCETS | T1 | |
| SAFETY SEAL LANCETS | T1 | |
| SAFETY-LET | T1 | |
| SINGLE-LET | T1 | |
| SMART SENSE | T1 | |
| SMART SENSE LANCETS | T1 | |
| SMARTEST LANCET | T1 | |
| SOLUS V2 | T1 | |
| SOLUS V2 LANCETS | T1 | |
| STERILANCE TL | T1 | |
| STERILE LANCETS | T1 | |
| SUPER THIN LANCETS | T1 | |

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| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)** *(cont.)* | | |
| SURE COMFORT LANCETS | T1 | |
| SURE-LANCE | T1 | |
| SURE-TOUCH | T1 | |
| TECHLITE LANCETS | T1 | |
| TELCARE ULTRA THIN 30G LANCETS | T1 | |
| THIN LANCETS | T1 | |
| TOPCARE UNIVERSAL1 LANCET | T1 | |
| TOPCARE UNIVERSAL1 THIN LANCET | T1 | |
| TRUE COMFORT LANCET | T1 | |
| TRUE COMFORT SAFETY LANCET | T1 | |
| TRUEPLUS LANCET | T1 | |
| TRUEPLUS LANCETS | T1 | |
| TWIST LANCETS | T1 | |
| TWIST TOP LANCET | T1 | |
| ULTILET BASIC | T1 | |
| ULTILET CLASSIC | T1 | |
| ULTILET LANCETS | T1 | |
| ULTILET SAFETY | T1 | |
| ULTRA THIN LANCET | T1 | |
| ULTRA THIN LANCETS | T1 | |
| ULTRA THIN PLUS LANCETS | T1 | |
| ULTRA-CARE LANCETS | T1 | |
| ULTRALANCE | T1 | |
| ULTRA-THIN II 28G LANCETS | T1 | |
| ULTRA-THIN II 30G LANCETS | T1 | |
| ULTRATLC LANCETS | T1 | |
| UNILET COMFORTOUCH | T1 | |
| UNILET EXCELITE | T1 | |
| UNILET EXCELITE II | T1 | |
| UNILET GP LANCET | T1 | |
| UNILET LANCET | T1 | |
| UNILET LANCETS | T1 | |
| UNISTIK 2 COMFORT | T1 | |

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# List of Prescription Medications

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)** *(cont.)* | | |
| UNISTIK 2 EXTRA | T1 | |
| UNISTIK 2 NORMAL | T1 | |
| UNISTIK 3 | T1 | |
| UNISTIK 3 COMFORT | T1 | |
| UNISTIK 3 DUAL | T1 | |
| UNISTIK 3 EXTRA | T1 | |
| UNISTIK 3 NORMAL | T1 | |
| UNISTIK COMFORT | T1 | |
| UNISTIK CZT | T1 | |
| UNISTIK EXTRA | T1 | |
| UNISTIK NORMAL | T1 | |
| UNISTIK PRO | T1 | |
| UNISTIK SAFETY | T1 | |
| UNISTIK TOUCH | T1 | |
| UNIVERSAL 1 | T1 | |
| VERIFINE SAFETY LANCET MINI | T1 | |
| VERIFINE UNIVERSAL LANCET | T1 | |
| VIVAGUARD LANCET | T1 | |
| VIVAGUARD SAFETY LANCET | T1 | |
| **MEDICAL SUPPLIES,MISCELLANEOUS** | | |
| ALCOH-GLOVE | T1 | |
| ALCOH-WIPE | T1 | |
| **RESPIRATORY AIDS, DEVICES, EQUIPMENT** | | |
| ACE AEROSOL CLOUD ENHANCER | T2 | QL(1 SPACER/365 DAYS) |
| AEROCHAMBER MECHANICAL VENT | T2 | QL(1 SPACER/365 DAYS) |
| AEROCHAMBER MV & MINI | T2 | QL(1 SPACER/365 DAYS) |
| AEROCHAMBER MV | T2 | QL(1 SPACER/365 DAYS) |
| AEROCHAMBER PLUS FLOW-VU | T2 | QL(1 SPACER/365 DAYS) |
| AEROCHAMBER Z-STAT PLUS | T2 | QL(1 SPACER/365 DAYS) |
| AEROCHAMBER2GO | T2 | QL(1 SPACER/365 DAYS) |
| AEROTRACH PLUS | T2 | QL(1 SPACER/365 DAYS) |
| AEROVENT PLUS | T2 | QL(1 SPACER/365 DAYS) |
| BREATHERITE | T2 | QL(1 SPACER/365 DAYS) |

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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) *(cont)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **RESPIRATORY AIDS, DEVICES, EQUIPMENT** *(cont.)* | | |
| BREATHERITE SPACER-ADULT MASK | T2 | QL(1 SPACER/365 DAYS) |
| BREATHERITE SPACER-INFANT MASK | T2 | QL(1 SPACER/365 DAYS) |
| BREATHERITE SPACER-LG CHLD MSK | T2 | QL(1 SPACER/365 DAYS) |
| BREATHERITE SPACER-NEONATE MSK | T2 | QL(1 SPACER/365 DAYS) |
| BREATHERITE SPACER-SM CHLD MSK | T2 | QL(1 SPACER/365 DAYS) |
| BREATHRITE | T2 | QL(1 SPACER/365 DAYS) |
| CLEVER CHOICE HOLDING CHAMBER | T2 | QL(1 SPACER/365 DAYS) |
| COMFORTSEAL | T2 | QL(1 UNIT/365 DAYS) |
| COMPACT SPACE CHAMBER | T2 | QL(1 SPACER/365 DAYS) |
| EASIVENT HOLDING CHAMBER | T2 | QL(1 SPACER/365 DAYS) |
| EASIVENT MASK-LARGE | T2 | QL(1 UNIT/365 DAYS) |
| EASIVENT MASK-MEDIUM | T2 | QL(1 UNIT/365 DAYS) |
| EASIVENT MASK-SMALL | T2 | QL(1 UNIT/365 DAYS) |
| FLEXICHAMBER | T2 | QL(1 SPACER/365 DAYS) |
| FLEXICHAMBER MASK | T2 | QL(1 UNIT/365 DAYS) |
| LITEAIRE | T2 | QL(1 SPACER/365 DAYS) |
| LITETOUCH | T2 | QL(1 UNIT/365 DAYS) |
| MICROCHAMBER | T2 | QL(1 SPACER/365 DAYS) |
| MICROSPACER | T2 | QL(1 SPACER/365 DAYS) |
| MOUTHPIECE | T2 | |
| ONE WAY MOUTHPIECE | T2 | |
| OPTICHAMBER | T2 | QL(1 UNIT/365 DAYS) |
| OPTICHAMBER DIAMOND | T2 | QL(1 SPACER/365 DAYS) |
| PANDA MASK | T2 | |
| PEDIATRIC MASK | T2 | |
| PEDIATRIC PANDA MASK | T2 | |
| POCKET CHAMBER | T2 | QL(1 SPACER/365 DAYS) |
| PRIMEAIRE | T2 | QL(1 SPACER/365 DAYS) |
| PRO COMFORT SPACER WITH MASK | T3 | QL(1 SPACER/365 DAYS) |
| PRO COMFORT SPACER-CHILD MASK | T3 | QL(1 SPACER/365 DAYS) |
| PRO COMFORT SPACER-INFANT MASK | T3 | |
| PROCARE SPACER WITH ADULT MASK | T2 | QL(1 SPACER/365 DAYS) |
| PROCARE SPACER WITH CHILD MASK | T2 | QL(1 SPACER/365 DAYS) |

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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) *(cont)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **RESPIRATORY AIDS, DEVICES, EQUIPMENT** *(cont.)* | | |
| PROCHAMBER | T2 | QL(1 SPACER/365 DAYS) |
| PURE COMFORT SPACER WITH MASK | T2 | QL(1 SPACER/365 DAYS) |
| RITEFLO | T2 | QL(1 SPACER/365 DAYS) |
| SIDESTREAM PEDIATRIC | T2 | |
| SILICONE MASK-INFANT | T2 | QL(1 UNIT/365 DAYS) |
| SILICONE MASK-PEDIATRIC | T2 | |
| SPACE CHAMBER | T2 | QL(1 SPACER/365 DAYS) |
| SPACE CHAMBER-LARGE MASK | T2 | QL(1 SPACER/365 DAYS) |
| SPACE CHAMBER-MEDIUM MASK | T2 | QL(1 SPACER/365 DAYS) |
| SPACE CHAMBER-SMALL MASK | T2 | QL(1 SPACER/365 DAYS) |
| VORTEX ADULT MASK | T3 | |
| VORTEX HOLDING CHAMBER | T2 | QL(1 SPACER/365 DAYS) |
| VORTEX VHC FROG MASK | T2 | QL(1 SPACER/365 DAYS) |
| VORTEX VHC LADYBUG MASK | T2 | QL(1 SPACER/365 DAYS) |
| VORTEX VHC PEDIATRIC MASK | T2 | QL(1 SPACER/365 DAYS) |
| **MUSCLE RELAXANTS (Pain Relief And Inflammatory Disease)** | | |
| **SKELETAL MUSCLE RELAX.-TOP. IRRITANT COUNTER-IRRIT** | | |
| COMFORT PAC-CYCLOBENZAPRINE | T3 | |
| COMFORT PAC-TIZANIDINE | T3 | |
| **SKELETAL MUSCLE RELAXANTS** | | |
| *baclofen 10 mg tablet* | T1 | HD |
| *baclofen 10 mg/5 ml solution* | T1 | HD |
| *baclofen 20 mg tablet* | T1 | HD |
| *baclofen 5 mg tablet* | T1 | HD |
| *baclofen 5 mg/5 ml solution* | T1 | HD |
| *carisoprodol* (Soma) | T1 | |
| *carisoprodol/aspirin* | T1 | |
| *chlorzoxazone 500 mg tablet* | T1 | |
| *cyclobenzaprine hcl* | T1 | |
| *cyclobenzaprine hcl* (Fexmid) | T1 | |
| DANTRIUM (*dantrolene sodium*) | T3 | |
| *dantrolene sodium* | T1 | |
| *dantrolene sodium* (Dantrium) | T1 | |

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# List of Prescription Medications

| MUSCLE RELAXANTS (Pain Relief And Inflammatory Disease) *(cont)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **SKELETAL MUSCLE RELAXANTS** *(cont.)* | | |
| FEXMID (*cyclobenzaprine hcl*) | T3 | |
| *metaxalone 400 mg tablet* | T1 | |
| *metaxalone 800 mg tablet* | T1 | |
| *methocarbamol* | T1 | |
| *methocarbamol 1,000 mg tablet* | T1 | |
| *methocarbamol 500 mg tablet* | T1 | |
| *methocarbamol 750 mg tablet* | T1 | |
| *orphenadrine citrate* | T1 | |
| *tizanidine hcl 2 mg tablet* | T1 | |
| *tizanidine hcl 4 mg tablet* (Zanaflex) | T1 | |
| ZANAFLEX | T3 | |
| ZANAFLEX (*tizanidine hcl*) | T3 | |
| **PRE-NATAL VITAMINS (Nutritional/Dietary)** | | |
| **PRENATAL VITAMIN PREPARATIONS** | | |
| BAL-CARE DHA ESSENTIAL | T3 | |
| CITRANATAL 90 DHA | T3 | |
| CITRANATAL ASSURE | T3 | |
| CITRANATAL DHA | T3 | |
| CITRANATAL HARMONY | T3 | |
| CITRANATAL RX | T3 | |
| DERMACINRX PRETRATE | T3 | |
| DUET DHA BALANCED | T3 | |
| KOSHER PRENATAL PLUS IRON | T3 | |
| MARNATAL-F | T3 | |
| *mynatal capsule* | T3 | |
| *mynatal ultracaplet* | T1 | |
| NATACHEW | T3 | |
| NEONATAL COMPLETE | T3 | |
| NEONATAL PLUS | T3 | |
| NEONATAL-DHA | T3 | |
| NESTABS | T2 | |
| NESTABS ABC | T2 | |
| NESTABS DHA | T2 | |

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# List of Prescription Medications

| PRE-NATAL VITAMINS (Nutritional/Dietary) *(cont)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PRENATAL VITAMIN PREPARATIONS** *(cont.)* | | |
| OB COMPLETE ONE | T2 | |
| OB COMPLETE PETITE | T2 | |
| OB COMPLETE PREMIER | T2 | |
| OB COMPLETE WITH DHA | T2 | |
| OBSTETRIX EC | T3 | |
| OBTREX DHA | T3 | |
| *pnv 11/iron fum/folic acid/om3* | T1 | |
| *pnv 119/iron fum/folic acid* | T1 | |
| *pnv 66/iron/folic/docusate/dha* | T1 | |
| *pnv 69/iron/folic/docusate/dha* | T1 | |
| *pnv 80/iron fum/folic/dss/dha* | T1 | |
| *pnv no.118/iron fumarate/fa* | T1 | |
| *pnv no.154/iron fum/folic acid* | T1 | |
| *pnv no.52/iron/fa/omega-3/dha* | T1 | |
| *pnv,calcium 72/iron,carb/folic* | T1 | |
| *pnv,calcium 72/iron/folic acid* | T1 | |
| *pnv19/iron bg,s.p/folic ac/om3* | T1 | |
| *pnv81/iron ps,edta/folic/omeg3* | T1 | |
| PRENATA | T3 | |
| *prenatal 105/iron/folic ac/dha* | T1 | |
| *prenatal 12/iron/folic/dss/om3* | T1 | |
| PRENATAL 19 | T1 | |
| *prenatal 53/iron/folic ac/omg3* | T1 | |
| *prenatal 54/iron/folic ac/omg3* | T1 | |
| *prenatal 71/iron/folic ac/dha* | T1 | |
| *prenatal 93/iron/folate 9/dha* | T1 | |
| *prenatal no.42/folic acid (*Vitamedmd Redichew Rx*)* | T3 | |
| PRENATAL PLUS VITAMIN-MINERAL | T2 | |
| PRENATAL PLUS-DHA | T1 | |
| *prenatal vit 27,calc/iron/fa* | T1 | |
| *prenatal vit 55/iron/folic/om3* | T1 | |
| *prenatal vit,cal 73/iron/folic* | T3 | |
| *prenatal vit,cal 76/iron/folic* | T3 | |

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# List of Prescription Medications

| PRE-NATAL VITAMINS (Nutritional/Dietary) *(cont)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PRENATAL VITAMIN PREPARATIONS** *(cont.)* | | |
| *prenatal vit/iron fum/folic ac* | T1 | |
| *prenatal vits 86/iron/folic ac* | T1 | |
| *prenatal,calc 40/iron/folate 1* | T1 | |
| PRENATE ENHANCE | T3 | |
| PRENATE RESTORE | T3 | |
| PRIMACARE | T3 | |
| PROVIDA OB | T3 | |
| SELECT-OB | T3 | |
| SELECT-OB (*prenatal vit 128/iron/folic ac*) | T3 | |
| SELECT-OB + DHA | T3 | |
| THRIVITE RX | T1 | |
| TRICARE | T3 | |
| TRISTART DHA | T3 | |
| VITAFOL FE PLUS | T3 | |
| VITAFOL NANO | T3 | |
| VITAFOL ULTRA | T3 | |
| VITAFOL-OB | T1 | |
| VITAFOL-OB+DHA | T3 | |
| VITAFOL-ONE | T3 | |
| VITAMEDMD ONE RX | T3 | |
| VITAMEDMD REDICHEW RX (*prenatal no.42/folic acid*) | T3 | |
| VITAPEARL | T3 | |
| **PRENATAL VITAMINS WITH LOW OR NO IRON** | | |
| CITRANATAL B-CALM | T3 | |
| DUET DHA 400 | T3 | |
| PRENATE DHA | T3 | |
| PRENATE ELITE | T3 | |
| PRENATE MINI | T3 | |
| PRENATE PIXIE | T3 | |
| PRENATE STAR | T3 | |
| R-NATAL OB | T1 | |
| VITAFOL GUMMIES | T3 | |

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# List of Prescription Medications

| PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)[10] | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ALPHA-2 RECEPTOR ANTAGONIST ANTI-DEPRESSANTS** | | |
| *mirtazapine* | T1 | HD |
| *mirtazapine* (Remeron) | T1 | HD |
| **ANTI-ANXIETY - BENZODIAZEPINES** | | |
| *alprazolam* | T1 | |
| *alprazolam* (Xanax Xr) | T1 | |
| *alprazolam* (Xanax) | T1 | |
| *chlordiazepoxide hcl* | T1 | |
| *clorazepate dipotassium* | T1 | |
| *diazepam 10 mg tablet* (Valium) | T1 | |
| *diazepam 2 mg tablet* (Valium) | T1 | |
| *diazepam 25 mg/5 ml oral conc* | T1 | |
| *diazepam 5 mg tablet* (Valium) | T1 | |
| *diazepam 5 mg/ml oral conc* | T1 | |
| *diazepam 5 mg/5 ml solution* | T1 | |
| *diazepam 5 mg/ml oral conc* | T1 | |
| *lorazepam* | T1 | |
| *lorazepam* (Ativan) | T1 | |
| *oxazepam* | T1 | |
| TRANXENE T-TAB (*clorazepate dipotassium*) | T3 | |
| **ANTI-ANXIETY DRUGS** | | |
| *buspirone hcl* | T1 | HD |
| *meprobamate* | T1 | |
| **ANTIDEPRESSANT - POSTPARTUM DEPRESSION (PPD)** | | |
| ZURZUVAE 20 MG CAPSULE | T3 | PA QL(28 CAPS/270 DAYS) SP HD |
| ZURZUVAE 25 MG CAPSULE | T3 | PA QL(28 CAPS/270 DAYS) SP HD |
| ZURZUVAE 30 MG CAPSULE | T3 | PA QL(14 CAPS/270 DAYS) SP HD |
| **MAOIS -NON-SELECTIVE, IRREVERSIBLE ANTI-DEPRESSANTS** | | |
| MARPLAN | T3 | QL(12 TABS/DAY) |
| *phenelzine sulfate* (Nardil) | T1 | |
| *tranylcypromine sulfate* | T1 | |
| **MONOAMINE OXIDASE (MAO) INHIBITOR ANTI-DEPRESSANTS** | | |
| EMSAM 12 MG/24 HOURS PATCH | T3 | QL(1 PATCH/DAY) |
| EMSAM 6 MG/24 HOURS PATCH | T3 | QL(2 PATCHES/DAY) |
| EMSAM 9 MG/24 HOURS PATCH | T3 | QL(1 PATCH/DAY) |

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# List of Prescription Medications

| PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)[10] *(cont)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIs)** | | |
| *bupropion hcl 100 mg tablet* | T1 | QL(4 TABS/DAY) HD |
| *bupropion hcl 75 mg tablet* | T1 | QL(6 TABS/DAY) HD |
| *bupropion hcl sr 100 mg tablet* (Wellbutrin Sr) | T1 | QL(4 TABS/DAY) HD |
| *bupropion hcl sr 150 mg tablet* (Wellbutrin Sr) | T1 | QL(2 TABS/DAY) HD |
| *bupropion hcl sr 200 mg tablet* (Wellbutrin Sr) | T1 | QL(2 TABS/DAY) HD |
| *bupropion hcl xl 150 mg tablet* (Wellbutrin Xl) | T1 | QL(3 TABS/DAY) HD |
| *bupropion hcl xl 300 mg tablet* (Wellbutrin Xl) | T1 | QL(1 TAB/DAY) HD |
| **SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIAs)** | | |
| NUPLAZID | T3 | PA SP HD |
| **SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIs)** | | |
| *citalopram hbr 10 mg tablet (*Celexa*)* | T1 | QL(6 TABS/DAY) HD |
| *citalopram hbr 10 mg/5 ml soln* | T1 | QL(30 MLS/DAY) HD |
| *citalopram hbr 20 mg tablet* (Celexa) | T1 | QL(3 TABS/DAY) HD |
| *citalopram hbr 20 mg/10 ml sol* | T1 | QL(30 MLS/DAY) HD |
| *citalopram hbr 40 mg tablet* (Celexa) | T1 | QL(1 TAB/DAY) HD |
| *escitalopram 10 mg tablet* (Lexapro) | T1 | QL(2 TABS/DAY) HD |
| *escitalopram 10 mg/10 ml cup* | T1 | QL(20 MLS/DAY) HD |
| *escitalopram 20 mg tablet* (Lexapro) | T1 | QL(1 TAB/DAY) HD |
| *escitalopram 5 mg tablet* (Lexapro) | T1 | QL(4 TABS/DAY) HD |
| *escitalopram oxalate 5 mg/5 ml* | T1 | QL(20 MLS/DAY) HD |
| *fluoxetine 20 mg/5 ml soln cup* | T1 | QL(20 MLS/DAY) HD |
| *fluoxetine 20 mg/5 ml solution* | T1 | QL(20 MLS/DAY) HD |
| *fluoxetine hcl* | T1 | QL(4 CAPS/28 DAYS) HD |
| *fluoxetine 20 mg/5 ml soln cup* | T1 | QL(8 CAPS/DAY) HD |
| *fluoxetine hcl 10 mg capsule* (Prozac) | T1 | HD |
| *fluoxetine hcl 10 mg tablet* | T1 | QL(4 CAPS/DAY) HD |
| *fluoxetine hcl 20 mg capsule* (Prozac) | T1 | HD |
| *fluoxetine hcl 20 mg tablet* | T1 | QL(2 CAPS/DAY) HD |
| *fluoxetine hcl 40 mg capsule* (Prozac) | T1 | QL(1 TAB/DAY) HD |
| *fluoxetine hcl 60 mg tablet* | T1 | QL(3 CAPS/DAY) HD |
| *fluvoxamine er 100 mg capsule* | T1 | QL(2 CAPS/DAY) HD |
| *fluvoxamine er 150 mg capsule* | T1 | QL(3 TABS/DAY) HD |
| *fluvoxamine maleate 100 mg tab* | T1 | QL (3 tabs/day) HD |

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| PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)[10] *(cont)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIs)** *(cont)* | | |
| *fluvoxamine maleate 25 mg tab* | T1 | QL(12 TABS/DAY) HD |
| *fluvoxamine maleate 50 mg tab* | T1 | QL(6 TABS/DAY) HD |
| *paroxetine cr 12.5 mg tablet* | T1 | QL(1 TAB/DAY) HD |
| *paroxetine cr 25 mg tablet* | T1 | QL(3 TABS/DAY) HD |
| *paroxetine cr 37.5 mg tablet* | T1 | QL(2 TABS/DAY) HD |
| *paroxetine er 12.5 mg tablet* | T1 | QL(1 TAB/DAY) HD |
| *paroxetine er 25 mg tablet* | T1 | QL(3 TABS/DAY) HD |
| *paroxetine er 37.5 mg tablet* | T1 | QL(2 TABS/DAY) HD |
| *paroxetine hcl 10 mg tablet* (Paxil) | T1 | QL(6 TABS/DAY) HD |
| *paroxetine hcl 10 mg/5 ml susp* | T1 | QL(30 MLS/DAY) HD |
| *paroxetine hcl 20 mg tablet* (Paxil) | T1 | QL(3 TABS/DAY) HD |
| *paroxetine hcl 30 mg tablet* (Paxil) | T1 | QL(2 TABS/DAY) HD |
| *paroxetine hcl 40 mg tablet* (Paxil) | T1 | QL(1 TAB/DAY) HD |
| *sertraline 150 mg capsule* | T1 | QL(1 CAP/DAY) HD |
| *sertraline 20 mg/ml oral conc* (Zoloft) | T1 | QL(10 MLS/DAY) HD |
| *sertraline 200 mg capsule* | T1 | QL(1 CAP/DAY) HD |
| *sertraline hcl 100 mg tablet* (Zoloft) | T1 | QL(2 TABS/DAY) HD |
| *sertraline hcl 25 mg tablet* (Zoloft) | T1 | QL(8 TABS/DAY) HD |
| *sertraline hcl 50 mg tablet* (Zoloft) | T1 | QL(4 TABS/DAY) HD |
| **SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIs)** | | |
| *nefazodone hcl* | T1 | HD |
| *trazodone hcl* | T1 | HD |
| **SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIs)** | | |
| *desvenlafaxine succnt er 100mg* (Pristiq) | T1 | QL(4 TABS/DAY) HD |
| *desvenlafaxine succnt er 25 mg* (Pristiq) | T1 | QL(16 TABS/DAY) HD |
| *desvenlafaxine succnt er 50 mg* (Pristiq) | T1 | QL(1 TAB/DAY) HD |
| *duloxetine hcl dr 20 mg cap* (Cymbalta) | T1 | QL(6 CAPS/DAY) HD |
| *duloxetine hcl dr 30 mg cap* (Cymbalta) | T1 | QL(4 CAPS/DAY) HD |
| *duloxetine hcl dr 40 mg cap* | T1 | QL(3 CAPS/DAY) HD |
| *duloxetine hcl dr 60 mg cap* (Cymbalta) | T1 | QL(2 CAPS/DAY) HD |
| *venlafaxine hcl 100 mg tablet* | T1 | QL(3 TABS/DAY) HD |
| *venlafaxine hcl 25 mg tablet* | T1 | QL(15 TABS/DAY) HD |
| *venlafaxine hcl 37.5 mg tablet* | T1 | QL(10 TABS/DAY) HD |
| *venlafaxine hcl 50 mg tablet* | T1 | QL(7 TABS/DAY) HD |

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| PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)[10] *(cont)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIs)** *(cont)* | | |
| *venlafaxine hcl 75 mg tablet* | T1 | QL(5 TABS/DAY) HD |
| *venlafaxine hcl er 150 mg cap* (Effexor Xr) | T1 | QL(2 CAPS/DAY) HD |
| *venlafaxine hcl er 150 mg tab* | T1 | QL(2 TABS/DAY) HD |
| *venlafaxine hcl er 225 mg tab* | T1 | QL(1 TAB/DAY) HD |
| *venlafaxine hcl er 37.5 mg cap* (Effexor Xr) | T1 | QL(8 CAPS/DAY) HD |
| *venlafaxine hcl er 37.5 mg tab* | T1 | QL(8 TABS/DAY) HD |
| *venlafaxine hcl er 75 mg cap* (Effexor Xr) | T1 | QL(4 CAPS/DAY) HD |
| *venlafaxine hcl er 75 mg tab* | T1 | QL(4 TABS/DAY) HD |
| **SSRI AND 5HTIA PARTIAL AGONIST ANTI-DEPRESSANTS** | | |
| *vilazodone hcl 10 mg tablet* (Viibryd) | T1 | QL(1 TAB/DAY) HD |
| vilazodone hcl 20 mg tablet (Viibryd) | T1 | QL(1 TAB/DAY) HD |
| vilazodone hcl 40 mg tablet (Viibryd) | T1 | HD |
| **SSRI, SEROTONIN RECEPTOR MODULATOR ANTI-DEPRESSANTS** | | |
| TRINTELLIX 10 MG TABLET | T2 | QL(1 TAB/DAY) |
| TRINTELLIX 20 MG TABLET | T2 | |
| TRINTELLIX 5 MG TABLET | T2 | QL(1 TAB/DAY) |
| **TRICYCLIC ANTI-DEPRESSANT-BENZODIAZEPINE COMBINATNS** | | |
| *amitriptyline/chlordiazepoxide* | T1 | HD |
| **TRICYCLIC ANTI-DEPRESSANT-PHENOTHIAZINE COMBINATNS** | | |
| *perphenazine/amitriptyline hcl* | T1 | HD |
| **TRICYCLIC ANTI-DEPRESSANTS, REL.NON-SEL.REUPT-INHIB** | | |
| *amitriptyline hcl* | T1 | HD |
| *amoxapine* | T1 | HD |
| *clomipramine hcl* (Anafranil) | T1 | HD |
| *desipramine hcl* | T1 | HD |
| *doxepin 10 mg capsule* | T1 | HD |
| *doxepin 10 mg/ml oral conc* | T1 | HD |
| *doxepin 100 mg capsule* | T1 | HD |
| *doxepin 150 mg capsule* | T1 | HD |
| *doxepin 25 mg capsule* | T1 | HD |
| *doxepin 50 mg capsule* | T1 | HD |
| *doxepin 75 mg capsule* | T1 | HD |
| *imipramine hcl* | T1 | HD |

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# List of Prescription Medications

| PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)[10] *(cont)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TRICYCLIC ANTI-DEPRESSANTS, REL.NON-SEL.REUPT-INHIB** *(con't)* | | |
| *imipramine pamoate* | T1 | HD |
| *nortriptyline hcl* | T1 | HD |
| *nortriptyline hcl* (Pamelor) | T1 | HD |
| *protriptyline hcl* | T1 | HD |
| *trimipramine maleate* | T1 | HD |
| **PSYCHOTHERAPEUTIC DRUGS (Attention Deficit Hyperactivity Disorder)[10]** | | |
| **ADRENERGICS, AROMATIC, NON-CATECHOLAMINE** | | |
| *lisdexamfetamine 10 mg capsule* (Vyvanse) | T1 | PA QL(1 CAP/DAY) |
| *lisdexamfetamine 10 mg tb chew* (Vyvanse) | T1 | PA QL(1 TAB/DAY) |
| *lisdexamfetamine 20 mg capsule* (Vyvanse) | T1 | PA QL(1 CAP/DAY) |
| *lisdexamfetamine 20 mg tb chew* (Vyvanse) | T1 | PA QL(1 TAB/DAY) |
| *lisdexamfetamine 30 mg capsule* (Vyvanse) | T1 | PA QL(1 CAP/DAY) |
| *lisdexamfetamine 30 mg tb chew* (Vyvanse) | T1 | PA QL(1 TAB/DAY) |
| *lisdexamfetamine 40 mg capsule* (Vyvanse) | T1 | PA QL(1 CAP/DAY) |
| *lisdexamfetamine 40 mg tb chew* (Vyvanse) | T1 | PA QL(1 TAB/DAY) |
| *lisdexamfetamine 50 mg capsule* (Vyvanse) | T1 | PA QL(1 CAP/DAY) |
| *lisdexamfetamine 50 mg tb chew* (Vyvanse) | T1 | PA QL(1 TAB/DAY) |
| *lisdexamfetamine 60 mg capsule* (Vyvanse) | T1 | PA QL(1 CAP/DAY) |
| *lisdexamfetamine 60 mg tb chew* (Vyvanse) | T1 | PA QL(1 TAB/DAY) |
| *lisdexamfetamine 70 mg capsule* (Vyvanse) | T1 | PA QL(1 CAP/DAY) |
| **TX FOR ADHD - SELECTIVE ALPHA-2 RECEPTOR AGONIST** | | |
| *clonidine hcl er 0.1 mg tablet* (Kapvay) | T1 | |
| *guanfacine hcl* (Intuniv) | T1 | HD |
| **TX FOR ATTENTION DEFICIT-HYPERACT (ADHD)/NARCOLEPSY** | | |
| DAYTRANA (*methylphenidate*) | T3 | PA QL(1 PATCH/DAY) |
| *dexmethylphenidate hcl* (Focalin Xr) | T1 | PA QL(1 CAP/DAY) |
| *dexmethylphenidate hcl* (Focalin) | T1 | PA |
| FOCALIN (*dexmethylphenidate hcl*) | T3 | PA |
| METHYLIN (*methylphenidate hcl*) | T3 | PA |
| *methylphenidate (Daytrana)* | T1 | PA QL(1 PATCH/DAY) |
| *methylphenidate er 10 mg cap* (Aptensio Xr) | T1 | PA QL(1 CAP/DAY) |
| *methylphenidate er 10 mg tab* | T1 | PA QL(2 TABS/DAY) |
| *methylphenidate er 15 mg cap* (Aptensio Xr) | T1 | PA QL(1 CAP/DAY) |

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# List of Prescription Medications

| PSYCHOTHERAPEUTIC DRUGS (Attention Deficit Hyperactivity Disorder)[10] *(cont)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TX FOR ATTENTION DEFICIT-HYPERACT (ADHD)/NARCOLEPSY** *(con't)* | | |
| *methylphenidate er 18 mg tab* (Concerta) | T1 | PA QL(1 TAB/DAY) |
| *methylphenidate er 18 mg tab* (Relexxii) | T1 | PA QL(1 TAB/DAY) |
| *methylphenidate er 20 mg cap* (Aptensio Xr) | T1 | PA QL(1 CAP/DAY) |
| *methylphenidate er 20 mg tab* | T1 | PA QL(3 TABS/DAY) |
| *methylphenidate er 27 mg tab* (Concerta) | T1 | PA QL(1 TAB/DAY) |
| *methylphenidate er 27 mg tab* (Relexxii) | T1 | PA QL(1 TAB/DAY) |
| *methylphenidate er 30 mg cap* (Aptensio Xr) | T1 | PA QL(1 CAP/DAY) |
| *methylphenidate er 36 mg tab* (Concerta) | T1 | PA QL(2 TABS/DAY) |
| *methylphenidate er 36 mg tab* (Relexxii) | T1 | PA QL(2 TABS/DAY) |
| *methylphenidate er 40 mg cap* (Aptensio Xr) | T1 | PA QL(1 CAP/DAY) |
| *methylphenidate er 50 mg cap* (Aptensio Xr) | T1 | PA QL(1 CAP/DAY) |
| *methylphenidate er 54 mg tab* (Concerta) | T1 | PA QL(1 TAB/DAY) |
| *methylphenidate er 54 mg tab* (Relexxii) | T1 | PA QL(1 TAB/DAY) |
| *methylphenidate er 60 mg cap* (Aptensio Xr) | T1 | PA QL(1 CAP/DAY) |
| *methylphenidate er 72 mg tab* | T1 | PA QL(1 TAB/DAY) |
| *methylphenidate er(la) 10mg cp* (Ritalin La) | T1 | PA QL(1 CAP/DAY) |
| *methylphenidate er(la) 20mg cp* (Ritalin La) | T1 | PA QL(1 CAP/DAY) |
| *methylphenidate er(la) 30mg cp* (Ritalin La) | T1 | PA QL(2 CAPS/DAY) |
| *methylphenidate er(la) 40mg cp* (Ritalin La) | T1 | PA QL(1 CAP/DAY) |
| *methylphenidate er(la) 60mg cp* | T1 | PA QL(1 CAP/DAY) |
| *methylphenidate hcl* | T1 | PA |
| *methylphenidate hcl* (Metadate Cd) | T1 | PA QL(1 CAP/DAY) |
| *methylphenidate hcl* (Methylin) | T1 | PA |
| *methylphenidate hcl* (Ritalin) | T1 | PA |
| QUILLIVANT XR | T3 | PA QL (12ML/DAY) |
| RITALIN (*methylphenidate hcl*) | T3 | PA |
| **TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE** | | |
| *atomoxetine hcl 10 mg capsule* (Strattera) | T1 | HD |
| *atomoxetine hcl 100 mg capsule* (Strattera) | T1 | HD |
| *atomoxetine hcl 18 mg capsule* (Strattera) | T1 | HD |
| *atomoxetine hcl 25 mg capsule* (Strattera) | T1 | HD |
| *atomoxetine hcl 40 mg capsule* (Strattera) | T1 | QL(1 CAP/DAY) HD |
| *atomoxetine hcl 60 mg capsule* (Strattera) | T1 | HD |
| *atomoxetine hcl 80 mg capsule* (Strattera) | T1 | HD |

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# List of Prescription Medications

| PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)[10] | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-PSYCH, DOPAMINE ANTAG., DIPHENYLBUTYLPIPERIDINES** | | |
| *pimozide* | T1 | |
| **ANTI-PSYCHOTIC,ATYPICAL,DOPAMINE,SEROTONIN ANTAGNST** | | |
| *asenapine maleate* (Saphris) | T1 | |
| CAPLYTA | T3 | ST QL(1 CAP/DAY) |
| *clozapine* | T1 | |
| *clozapine* (Clozaril) | T1 | |
| *lurasidone hcl 120 mg tablet* | T1 | |
| *lurasidone hcl 20 mg tablet* | T1 | |
| *lurasidone hcl 40 mg tablet* | T1 | QL(1 TAB/DAY) |
| *lurasidone hcl 60 mg tablet* | T1 | QL(1 TAB/DAY) |
| *lurasidone hcl 80 mg tablet* | T1 | |
| *olanzapine* | T1 | |
| *olanzapine* (Zyprexa Zydis) | T1 | |
| *olanzapine* (Zyprexa) | T1 | |
| *paliperidone er 1.5 mg tablet* | T1 | |
| *paliperidone er 1.5 mg tablet* (Invega) | T1 | QL(1 TAB/DAY) |
| *paliperidone er 3 mg tablet* (Invega) | T1 | |
| *paliperidone er 6 mg tablet* (Invega) | T1 | |
| *paliperidone er 9 mg tablet* (Invega) | T1 | |
| *quetiapine fumarate* (Seroquel Xr) | T1 | |
| *quetiapine fumarate 100 mg tab (*Seroquel*)* | T1 | |
| *quetiapine fumarate 200 mg tab (*Seroquel*)* | T1 | |
| *quetiapine fumarate 25 mg tab (*Seroquel*)* | T1 | |
| *quetiapine fumarate 300 mg tab (*Seroquel*)* | T1 | |
| *quetiapine fumarate 400 mg tab (*Seroquel*)* | T1 | |
| *quetiapine fumarate 50 mg tab (*Seroquel*)* | T1 | |
| *risperidone* | T1 | |
| *risperidone* (Risperdal) | T3 | ST |
| SAPHRIS (*asenapine maleate*) | T3 | ST |
| SECUADO | T3 | ST |
| SEROQUEL (*quetiapine fumarate*) | T3 | ST |

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# List of Prescription Medications

| PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)[10] *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-PSYCHOTIC-ATYPICAL, D3/D2 PARTIAL AG-5HT MIXED** *(con't)* | | |
| SEROQUEL XR (*quetiapine fumarate er*) | T3 | ST |
| SEROQUEL XR (*quetiapine fumarate*) | T3 | ST |
| *ziprasidone hcl* (Geodon) | T1 | |
| **ANTI-PSYCHOTIC-ATYPICAL, D3/D2 PARTIAL AG-5HT MIXED** | | |
| VRAYLAR 1.5 MG CAPSULE | T3 | ST QL(1 CAP/DAY) |
| VRAYLAR 3 MG CAPSULE | T3 | ST QL(1 CAP/DAY) |
| VRAYLAR 4.5 MG CAPSULE | T3 | ST |
| VRAYLAR 6 MG CAPSULE | T3 | ST |
| **ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED** | | |
| *aripiprazole* | T1 | |
| *aripiprazole 1 mg/ml solution* | T1 | |
| *aripiprazole 10 mg tablet* (Abilify) | T1 | |
| *aripiprazole 15 mg tablet* (Abilify) | T1 | |
| *aripiprazole 2 mg tablet* (Abilify) | T1 | |
| *aripiprazole 20 mg tablet* (Abilify) | T1 | |
| *aripiprazole 30 mg tablet* (Abilify) | T1 | |
| *aripiprazole 5 mg tablet* (Abilify) | T1 | QL(1 TAB/DAY) |
| REXULTI 0.25 MG TABLET | T2 | ST QL(1 TAB/DAY) |
| REXULTI 0.5 MG TABLET | T2 | ST QL(1 TAB/DAY) |
| REXULTI 1 MG TABLET | T2 | ST QL(1 TAB/DAY) |
| REXULTI 2 MG TABLET | T2 | ST QL(1 TAB/DAY) |
| REXULTI 3 MG TABLET | T2 | ST |
| REXULTI 4 MG TABLET | T2 | ST |
| **ANTI-PSYCHOTICS, DOPAMINE AND SEROTONIN ANTAGONISTS** | | |
| *loxapine succinate* | T1 | |
| **ANTI-PSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES** | | |
| *thiothixene* | T1 | |
| **ANTI-PSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES** | | |
| *haloperidol* | T1 | |
| *haloperidol lactate* | T1 | |
| **ANTI-PSYCHOTICS, DOPAMINE ANTAGONST, DIHYDROINDOLONES** | | |
| *molindone hcl* | T1 | |

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# List of Prescription Medications

| PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)[10] *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-PSYCHOTICS, PHENOTHIAZINES** | | |
| *chlorpromazine hcl* | T1 | |
| *fluphenazine hcl* | T1 | |
| *perphenazine* | T1 | |
| *thioridazine hcl* | T1 | |
| *trifluoperazine hcl* | T1 | |
| **SSRI-ANTI-PSYCH, ATYPICAL, DOPAMINE, SEROTONIN ANTAG** | | |
| *olanzapine/fluoxetine hcl* | T1 | |
| **PSYCHOTHERAPEUTIC DRUGS (Seizure Disorders)** | | |
| **NEUROACTIVE STEROID GABA-A RECEPTOR MODULATOR** | | |
| ZTALMY | T3 | PA QL(36 MLS/DAY) SP |
| **PSYCHOTHERAPEUTIC DRUGS (Sleep Disorders/Sedatives)** | | |
| **NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS** | | |
| *armodafinil* (Nuvigil) | T1 | PA |
| *modafinil* (Provigil) | T1 | PA |
| SUNOSI | T2 | PA QL(1 TAB/DAY) |
| **SEDATIVE/HYPNOTICS (Sleep Disorders/Sedatives)** | | |
| **ANTI-NARCOLEPSY, ANTI-CATAPLEXY, SEDATIVE-TYPE AGENT** | | |
| LUMRYZ | T3 | PA QL(1 PACK/DAY) SP HD |
| LUMRYZ STARTER PACK | T3 | PA QL SP HD |
| SODIUM OXYBATE 0.5 G/ML SOLN | T3 | PA QL(18 MLS/DAY) SP HD |
| XYWAV | T3 | PA QL(18 MLS/DAY) SP HD |
| **BARBITURATES** | | |
| *phenobarbital* | T1 | |
| **HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS** | | |
| HETLIOZ LQ | T3 | PA SP HD |
| *ramelteon* (Rozerem) | T1 | QL (1 tab/day) |
| *tasimelteon* (Hetlioz) | T1 | PA SP |
| **SEDATIVE-HYPNOTICS - BENZODIAZEPINES** | | |
| DORAL | T3 | |
| *estazolam* | T1 | |
| *flurazepam hcl* | T1 | |
| HALCION *(triazolam)* | T3 | |

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# List of Prescription Medications

| SEDATIVE/HYPNOTICS (Sleep Disorders/Sedatives) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **SEDATIVE-HYPNOTICS - BENZODIAZEPINES** *(con't)* | | |
| *midazolam hcl* | T1 | |
| QUAZEPAM | T1 | |
| *temazepam* (Restoril) | T1 | |
| *triazolam* | T1 | |
| *triazolam* (Halcion) | T1 | |
| **SEDATIVE-HYPNOTICS, NON-BARBITURATE** | | |
| DAYVIGO | T2 | ST QL(1 TAB/DAY) |
| *doxepin hcl 3 mg tablet* (Silenor) | T1 | QL(1 TAB/DAY) |
| *doxepin hcl 6 mg tablet* (Silenor) | T1 | |
| *eszopiclone* (Lunesta) | T1 | |
| *zaleplon* | T1 | |
| *zolpidem tart 1.75 mg tab sl* | T1 | |
| *zolpidem tart 3.5 mg tablet sl* | T1 | |
| *zolpidem tart er 12.5 mg tab* (Ambien Cr) | T1 | |
| *zolpidem tart er 6.25 mg tab* (Ambien Cr) | T1 | QL(1 TAB/DAY) |
| *zolpidem tartrate 10 mg tablet* (Ambien) | T1 | |
| *zolpidem tartrate 5 mg tablet* (Ambien) | T1 | |
| **SKIN PREPS (Miscellaneous)** | | |
| **ANTISEPTICS,GENERAL** | | |
| *alcohol antiseptic pads* | T1 | |
| ALCOHOL PREP PADS | T1 | |
| ALCOHOL SWAB | T1 | |
| ALCOHOL SWABS | T1 | |
| ALCOHOL WIPES | T1 | |
| CARETOUCH ALCOHOL PREP PAD | T1 | |
| CURITY ALCOHOL PREPS | T1 | |
| DROPSAFE PREP PADS | T1 | |
| EASY COMFORT ALCOHOL PAD | T1 | |
| EASY TOUCH ALCOHOL PREP PADS | T1 | |
| INCONTROL ALCOHOL PADS | T1 | |
| PRO COMFORT ALCOHOL PADS | T1 | |
| PURE COMFORT ALCOHOL PAD | T1 | |
| SINGLE USE SWAB | T1 | |

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# List of Prescription Medications

| SKIN PREPS (Miscellaneous) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTISEPTICS,GENERAL** *(con't)* | | |
| SURE COMFORT ALCOHOL | T1 | |
| SURE-PREP ALCOHOL PREP PADS | T1 | |
| TRUE COMFORT ALCOHOL PADS | T1 | |
| TRUE COMFORT PRO ALCOHOL PADS | T1 | |
| ULTILET ALCOHOL SWAB | T1 | |
| WEBCOL | T1 | |
| **IRRIGANTS** | | |
| *acetic acid* | T1 | |
| *neomycin sulf/polymyxin b sulf* | T1 | |
| PHYSIOLYTE (*physiological irrig soln no.1*) | T3 | |
| PHYSIOSOL (*physiological irrig soln no.1*) | T3 | |
| *ringer's solution* | T1 | |
| *ringer's solution, lactated* | T1 | |
| *sod, pot chlor/mag/sod, pot phos* | T3 | |
| *sodium chloride 0.9% irrig* | T1 | |
| *sodium chloride 0.9% irrig.* | T1 | |
| SODIUM CHLORIDE 0.9% IRRIG. | T3 | |
| *sodium chloride 0.9% prcss sol* | T1 | |
| *sodium chloride irrig solution* | T1 | |
| SORBITOL | T1 | |
| SORBITOL-MANNITOL | T1 | |
| *water for irrigation, sterile* | T1 | |
| **OXIDIZING AGENTS** | | |
| *hydrogen peroxide* | T1 | |
| **SKIN PREPS (Pain Relief And Inflammatory Disease)** | | |
| **ANTI-PSORIATIC AGENTS, SYSTEMIC** | | |
| *acitretin* | T1 | |
| BIMZELX | T3 | PA QL(2 MLS/28 DAYS) SP HD |
| BIMZELX AUTOINJECTOR | T3 | PA QL(2 MLS/28 DAYS) SP HD |
| COSENTYX (2 SYRINGES) | T3 | PA QL(2 MLS/28 DAYS) SP HD |
| COSENTYX 150 MG/ML SYRINGE | T3 | PA QL(1 ML/28 DAYS) SP HD |
| COSENTYX 75 MG/0.5 ML SYRINGE | T3 | PA QL(0.5 MLS/28 DAYS) SP HD |
| COSENTYX SENSOREADY (2 PENS) | T3 | PA QL(2 MLS/28 DAYS) SP HD |

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# List of Prescription Medications

| SKIN PREPS (Pain Relief And Inflammatory Disease) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-PSORIATIC AGENTS, SYSTEMIC** *(cont.)* | | |
| COSENTYX SENSOREADY PEN | T3 | PA QL(1 ML/28 DAYS) SP HD |
| COSENTYX UNOREADY PEN | T3 | PA QL(2 MLS/28 DAYS) SP HD |
| *methoxsalen* | T1 | |
| SKYRIZI | T2 | PA QL(150 MG/84 DAYS) SP HD |
| SKYRIZI PEN | T2 | PA QL(150 MG/84 DAYS) SP HD |
| SOTYKTU | T2 | PA QL(1 TAB/DAY) SP HD |
| SPEVIGO | T3 | PA QL(2 MLS/28 DAYS) SP HD |
| TALTZ AUTOINJECTOR | T2 | PA QL(1 AUTO-INJECTOR/28 DAYS) SP HD |
| TALTZ AUTOINJECTOR (2 PACK) | T2 | PA QL(1 AUTO-INJECTOR/28 DAYS) SP HD |
| TALTZ AUTOINJECTOR (3 PACK) | T2 | PA QL(1 AUTO-INJECTOR/28 DAYS) SP HD |
| TALTZ SYRINGE | T2 | PA QL(1 SYRINGE/28 DAYS) SP HD |
| **TOPICAL ANTI-INFLAMMATORY, NSAIDS** | | |
| *diclofenac sodium 1% gel* | T1 | QL(1000 GMS/30 DAYS) HD |
| **SKIN PREPS (Skin Conditions)** | | |
| **ACNE AGENTS, SYSTEMIC** | | |
| ABSORICA *(isotretinoin)* | T3 | |
| *isotretinoin* (Absorica) | T1 | |
| **ACNE AGENTS, TOPICAL** | | |
| ACZONE 7.5% GEL PUMP (*dapsone*) | T3 | |
| *adapalene/benzoyl peroxide* | T1 | |
| *adapalene/benzoyl peroxide* (Epiduo Forte) | T1 | |
| *clindamycin phos/benzoyl perox* | T1 | |
| *clindamycin phos/benzoyl perox* (Acanya) | T1 | |
| *clindamycin/tretinoin* (Veltin) | T1 | |
| *clindamycin/tretinoin* (Ziana) | T1 | |
| *clindamycin-benzoyl perox 1-5%* | T1 | |
| *clindamycin-bnz perox 1-5% pmp* | T1 | |
| *dapsone 5% gel* (Aczone) | T1 | |
| *dapsone 7.5% gel pump* (Aczone) | T1 | |
| KLARON (*sulfacetamide sodium*) | T3 | |
| *neuac gel* | T1 | |
| ONEXTON *(clindamycin phos/benzoyl perox)* | T3 | |
| *sulfacetamide sodium* (Klaron) | T1 | |
| TWYNEO | T3 | |

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# List of Prescription Medications

| SKIN PREPS (Skin Conditions) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-PERSPIRANTS** | | |
| DRYSOL | T3 | |
| **ANTI-PSORIATICS AGENTS** | | |
| *anthralin* | T1 | |
| *calcipotriene 0.005% cream* | T1 | |
| CALCIPOTRIENE 0.005% FOAM | T3 | |
| *calcipotriene 0.005% ointment* | T1 | |
| *calcipotriene 0.005% solution* | T1 | |
| *calcitriol 3 mcg/g ointment* (Vectical) | T1 | QL(800 GMS/30 DAYS) |
| *tazarotene 0.05% cream* (Tazorac) | T1 | |
| *tazarotene 0.05% gel* (Tazorac) | T1 | |
| *tazarotene 0.1% cream* (Tazorac) | T1 | |
| *tazarotene 0.1% gel* (Tazorac) | T1 | |
| TAZORAC (*tazarotene*) | T3 | |
| **ANTI-SEPTICS,GENERAL** | | |
| *alcohol antiseptic pads* | T1 | |
| ALCOHOL PREP PADS | T1 | |
| ALCOHOL SWAB | T1 | |
| ALCOHOL SWABS | T1 | |
| ALCOHOL WIPES | T1 | |
| CARETOUCH ALCOHOL PREP PAD | T1 | |
| CURITY ALCOHOL PREPS | T1 | |
| DROPSAFE PREP PADS | T1 | |
| EASY COMFORT ALCOHOL PAD | T1 | |
| EASY TOUCH ALCOHOL PREP PADS | T1 | |
| INCONTROL ALCOHOL PADS | T1 | |
| PRO COMFORT ALCOHOL PADS | T1 | |
| PURE COMFORT ALCOHOL PAD | T1 | |
| SINGLE USE SWAB | T1 | |
| SURE COMFORT ALCOHOL | T1 | |
| SURE-PREP ALCOHOL PREP PADS | T1 | |
| TRUE COMFORT ALCOHOL PADS | T1 | |
| TRUE COMFORT PRO ALCOHOL PADS | T1 | |
| ULTILET ALCOHOL SWAB | T1 | |
| WEBCOL | T1 | |

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|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-SEPTICS,MISCELLANEOUS** | | |
| GUAIACOL | T1 | |
| **EMOLLIENTS** | | |
| *ammonium lactate* | T1 | |
| HPR PLUS-MB HYDROGEL | T1 | |
| XCLAIR | T3 | |
| **IMMUNOMODULATORS** | | |
| *imiquimod 5% cream packet* | T1 | |
| **IRRITANTS/COUNTER-IRRITANTS** | | |
| *methyl salicylate* | T1 | |
| **JANUS KINASE (JAK) INHIBITORS** | | |
| CIBINQO | T2 | PA QL(30 TABS/30 DAYS) SP |
| **KERATOLYTICS** | | |
| *benzepro 6% foaming cloths* | T1 | |
| BENZEPRO 7% CREAMY WASH (*benzoyl peroxide microspheres*) | T3 | |
| *benzoyl peroxide* | T1 | |
| *benzoyl peroxide* (Pacnex) | T1 | |
| ENZOCLEAR | T3 | |
| INOVA | T3 | |
| PACNEX (*benzoyl peroxide*) | T3 | |
| *podofilox* | T1 | |
| *podofilox* (Condylox) | T1 | |
| PR BENZOYL PEROXIDE (*benzoyl peroxide microspheres*) | T3 | |
| *silver nitrate* | T1 | |
| **PROTECTIVES** | | |
| PHARMABASE BARRIER (*zinc oxide*) | T3 | |
| *zinc oxide* | T1 | |
| ZINC OXIDE | T1 | |
| **ROSACEA AGENTS, TOPICAL** | | |
| *azelaic acid (*Finacea*)* | T1 | |
| *ivermectin 1% cream (*Soolantra*)* | T1 | |
| *metronidazole* | T1 | |
| *metronidazole* (Metrocream) | T1 | |
| *metronidazole 0.75% cream* (Metrocream) | T1 | |

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# List of Prescription Medications

| SKIN PREPS (Skin Conditions) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ROSACEA AGENTS, TOPICAL** *(cont.)* | | |
| *metronidazole 0.75% lotion* | T1 | |
| *metronidazole top 1% gel pump* | T1 | |
| *metronidazole topical 0.75% gl* | T1 | |
| *metronidazole topical 1% gel* (Metrogel) | T1 | |
| SOOLANTRA (ivermectin) | T3 | |
| **TISSUE/WOUND ADHESIVES** | | |
| ARTISS | T3 | |
| TISSEEL VHSD | T3 | |
| **TOP. ANTI-INFLAM., PHOSPHODIESTERASE-4 (PDE4) INHIB** | | |
| EUCRISA | T2 | ST |
| ZORYVE 0.15% CREAM | T2 | ST QL(60 GMS/30 DAYS) |
| **TOPICAL AGENTS, MISCELLANEOUS** | | |
| MEDIHONEY | T3 | |
| *trichloroacetic acid* | T3 | |
| TRICHLOROACETIC ACID | T3 | |
| TRICHLOROACETIC ACID (*trichloroacetic acid*) | T3 | |
| **TOPICAL ANTIBIOTIC PLEUROMUTILIN DERIVATIVES** | | |
| ALTABAX | T3 | |
| **TOPICAL ANTI-INFLAMMATORY STEROIDAL** | | |
| ALA-SCALP (*hydrocortisone*) | T3 | ST |
| *alclometasone dipropionate* | T1 | |
| *amcinonide 0.1% cream* | T1 | |
| AQUA GLYCOLIC HC | T3 | |
| *betamethasone dipropionate* | T1 | |
| *betamethasone valerate* | T1 | |
| *betamethasone/propylene glyc* | T1 | |
| *betamethasone/propylene glyc* (Diprolene) | T1 | |
| BRYHALI | T3 | ST |
| CAPEX SHAMPOO | T3 | ST |
| *clobetasol 0.05% cream* | T1 | |
| *clobetasol 0.05% gel* | T1 | |
| *clobetasol 0.05% ointment* (Temovate) | T1 | |
| *clobetasol 0.05% shampoo* (Clobex) | T1 | |

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# List of Prescription Medications

| SKIN PREPS (Skin Conditions) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TOPICAL ANTI-INFLAMMATORY STEROIDAL** *(cont.)* | | |
| *clobetasol 0.05% solution* | T1 | |
| *clobetasol 0.05% topical lotn* | T1 | |
| *clobetasol prop 0.05% foam* (Olux) | T1 | |
| *clobetasol prop 0.05% spray* (Clobex) | T1 | |
| *clobetasol propionate/emoll* | T1 | |
| *clocortolone pivalate* (Cloderm) | T1 | |
| CLODAN 0.05% KIT | T3 | ST |
| *clodan 0.05% shampoo* (Clobex) | T1 | |
| CLODERM | T3 | ST |
| CLODERM (*clocortolone pivalate*) | T3 | ST |
| DERMA-SMOOTHE-FS (*fluocinolone acetonide*) | T3 | ST |
| DERMA-SMOOTHE-FS (*fluocinolone/shower cap*) | T3 | ST |
| *desonide* | T1 | |
| *desonide* (Tridesilon) | T1 | |
| *desoximetasone* (Topicort) | T1 | |
| DIPROLENE (*betamethasone diprop augmented*) | T3 | ST |
| *fluocinolone acetonide* | T1 | |
| *fluocinolone acetonide* (Derma-smoothe-fs) | T1 | |
| *fluocinolone acetonide* (Synalar) | T1 | |
| *fluocinolone/shower cap* (Derma-smoothe-fs) | T1 | |
| *fluocinonide* | T1 | |
| *fluocinonide* (Vanos) | T1 | |
| *fluocinonide/emollient base* | T1 | |
| *fluticasone prop 0.005% oint* | T1 | |
| *fluticasone prop 0.05% cream* | T1 | |
| *fluticasone prop 0.05% lotion* | T1 | |
| *fluticasone propionate* | T1 | |
| *halcinonide 0.1% solution* | T1 | |
| *halobetasol propionate* | T1 | |
| *hydrocortisone* | T1 | |
| *hydrocortisone* (Ala-scalp) | T1 | |
| *hydrocortisone* (Anusol-Hc) | T1 | |
| *hydrocortisone acetate* | T1 | |

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# List of Prescription Medications

| SKIN PREPS (Skin Conditions) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TOPICAL ANTI-INFLAMMATORY STEROIDAL** *(cont.)* | | |
| *hydrocortisone buty 0.1% cream* | T1 | |
| *hydrocortisone butyr 0.1% oint* | T1 | |
| *hydrocortisone butyr 0.1% soln* | T1 | |
| *hydrocortisone valerate* | T1 | |
| *mometasone furoate* | T1 | |
| NUCORT | T3 | ST |
| *prednicarbate* | T1 | |
| SCALACORT DK | T3 | ST |
| SYNALAR | T3 | ST |
| SYNALAR (*fluocinolone acetonide*) | T3 | ST |
| SYNALAR TS | T3 | ST |
| TEMOVATE (*clobetasol propionate*) | T3 | ST |
| TEXACORT | T3 | ST |
| TOPICORT (*desoximetasone*) | T3 | ST |
| *triamcinolone 0.025% cream* | T1 | |
| *triamcinolone 0.025% lotion* | T1 | |
| *triamcinolone 0.025% oint* | T1 | |
| *triamcinolone 0.1% cream* | T1 | |
| *triamcinolone 0.1% lotion* | T1 | |
| *triamcinolone 0.1% ointment* | T1 | |
| *triamcinolone 0.5% cream* | T1 | |
| *triamcinolone 0.5% ointment* | T1 | |
| *triamcinolone acetonide* | T1 | |
| **TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC** | | |
| EPIFOAM | T2 | |
| *hydrocortisone/pramoxine* | T1 | |
| *lidocaine/hydrocortisone ac* | T1 | |
| PRAMOSONE | T3 | |
| **TOPICAL JANUS KINASE (JAK) INHIBITORS** | | |
| OPZELURA | T3 | PA |
| **TOPICAL PREPARATIONS, ANTIBACTERIALS** | | |
| *iodine/potassium iodide* | T1 | |
| *iodine/sodium iodide* | T1 | |

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# List of Prescription Medications

| SKIN PREPS (Skin Conditions) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TOPICAL PREPARATIONS, ANTIBACTERIALS** *(cont.)* | | |
| IODOFLEX | T3 | |
| IODOSORB | T3 | |
| *silver nitrate* | T1 | |
| **TOPICAL VIT D ANALOG/ANTI-INFLAMMATORY STEROID** | | |
| *calcipotriene/betamethasone* (Taclonex) | T1 | |
| **TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES** | | |
| SANTYL | T3 | QL(60 GMS/30 DAYS) |
| **VITAMIN A DERIVATIVES** | | |
| *adapalene 0.1% cream* (Differin) | T1 | PA |
| ADAPALENE 0.1% LOTION | T1 | PA |
| *adapalene 0.1% solution* | T1 | PA |
| *adapalene 0.3% gel* | T1 | PA |
| *adapalene 0.3% gel pump* (Differin) | T1 | PA |
| RETIN-A MICRO PUMP 0.08% GEL (*tretinoin microspheres*) | T3 | PA |
| *tretinoin 0.01% gel* (Retin-A) | T1 | |
| *tretinoin 0.025% cream* (Retin-A) | T1 | PA |
| *tretinoin 0.025% gel* (Retin-A) | T1 | |
| *tretinoin 0.05% cream* (Retin-A) | T1 | PA |
| *tretinoin 0.05% gel* (Atralin) | T1 | PA |
| *tretinoin 0.1% cream* (Retin-A) | T1 | PA |
| *tretinoin microspheres* (Retin-A Micro Pump) | T1 | PA |
| *tretinoin microspheres* (Retin-A Micro) | T1 | PA |
| **SMOKING DETERRENTS (Smoking Cessation)[9]** | | |
| **SMOKING DETERRENT AGENTS (GANGLIONIC STIM, OTHERS)** | | |
| NICOTROL | T3 | PPACA |
| NICOTROL NS | T3 | PPACA |
| **SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST** | | |
| APO-VARENICLINE 0.5 MG TABLET | T3 | |
| APO-VARENICLINE 1 MG TABLET | T3 | |
| CHANTIX | T3 | PA |
| *varenicline 0.5mg & 1 mg tablet* | T1 | PPACA |
| *varenicline 1 mg cont month bx* | T1 | PPACA |
| *varenicline starting month box* | T1 | PPACA |

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# List of Prescription Medications

| SMOKING DETERRENTS (Smoking Cessation)[9] *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **SMOKING DETERRENTS, OTHER** | | |
| *bupropion hcl sr 150 mg tablet* | T1 | PPACA |
| **THYROID PREPS (Hormonal Agents)** | | |
| **ANTI-THYROID PREPARATIONS** | | |
| *methimazole* | T1 | HD |
| *propylthiouracil* | T1 | HD |
| **THYROID HORMONES** | | |
| *adthyza 120 mg tablet* | T1 | HD |
| *adthyza 15 mg tablet* | T1 | HD |
| *adthyza 30 mg tablet* | T1 | HD |
| *adthyza 60 mg tablet* | T1 | HD |
| *adthyza 90 mg tablet* | T1 | HD |
| LEVOTHYROXINE 100 MCG CAPSULE | T3 | HD |
| *levothyroxine 100 mcg tablet* (Synthroid) | T1 | HD |
| LEVOTHYROXINE 112 MCG CAPSULE | T3 | HD |
| *levothyroxine 112 mcg tablet* (Synthroid) | T1 | HD |
| LEVOTHYROXINE 125 MCG CAPSULE | T3 | HD |
| *levothyroxine 125 mcg tablet* (Synthroid) | T1 | HD |
| LEVOTHYROXINE 13 MCG CAPSULE | T3 | HD |
| LEVOTHYROXINE 137 MCG CAPSULE | T3 | HD |
| *levothyroxine 137 mcg tablet* (Synthroid) | T1 | HD |
| LEVOTHYROXINE 150 MCG CAPSULE | T3 | HD |
| *levothyroxine 150 mcg tablet* (Synthroid) | T1 | HD |
| LEVOTHYROXINE 175 MCG CAPSULE | T3 | HD |
| *levothyroxine 175 mcg tablet* (Synthroid) | T1 | HD |
| LEVOTHYROXINE 200 MCG CAPSULE | T3 | HD |
| *levothyroxine 200 mcg tablet* (Synthroid) | T1 | HD |
| LEVOTHYROXINE 25 MCG CAPSULE | T3 | HD |
| *levothyroxine 25 mcg tablet* (Synthroid) | T1 | HD |
| *levothyroxine 300 mcg tablet* (Synthroid) | T1 | HD |
| LEVOTHYROXINE 50 MCG CAPSULE | T3 | HD |
| *levothyroxine 50 mcg tablet* (Synthroid) | T1 | HD |
| LEVOTHYROXINE 75 MCG CAPSULE | T3 | HD |
| *levothyroxine 75 mcg tablet* (Synthroid) | T1 | HD |

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# List of Prescription Medications

| THYROID PREPS (Hormonal Agents) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **THYROID HORMONES** *(cont.)* | | |
| LEVOTHYROXINE 88 MCG CAPSULE | T3 | HD |
| *levothyroxine 88 mcg tablet* (Synthroid) | T1 | HD |
| *levothyroxine sodium* (Synthroid) | T1 | HD |
| *liothyronine sodium* (Cytomel) | T1 | HD |
| *thyroid,pork* | T1 | HD |
| **UNCLASSIFIED DRUG PRODUCTS (AIDS/HIV)** | | |
| **CYTOCHROME P450 INHIBITORS** | | |
| TYBOST | T3 | SP |
| **UNCLASSIFIED DRUG PRODUCTS (Asthma/COPD/Respiratory)** | | |
| **CYSTIC FIBROSIS - INHALED OSMOTIC AGENTS** | | |
| BRONCHITOL | T3 | PA SP HD |
| **CYSTIC FIBROSIS-CFTR POTENTIATOR-CORRECTOR COMBIN.** | | |
| TRIKAFTA 100-50-75 MG/150 MG | T3 | PA QL(3 TABS/DAY) SP HD |
| TRIKAFTA 100-50-75 MG/75MG PKT | T3 | PA QL(2 UNITS/DAY) SP HD |
| TRIKAFTA 50-25-37.5 MG/75 MG | T3 | PA QL(3 TABS/DAY) SP HD |
| TRIKAFTA 80-40-60MG/59.5MG PKT | T3 | PA QL(2 UNITS/DAY) SP HD |
| **LUNG SURFACTANTS** | | |
| CUROSURF | T3 | |
| INFASURF | T3 | |
| SURVANTA | T3 | |
| **MUCOLYTICS** | | |
| PULMOZYME | T3 | PA SP HD |
| **PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS** | | |
| OFEV | T2 | PA SP HD |
| **SYSTEMIC ENZYME INHIBITORS** | | |
| JOENJA | T3 | PA QL(2 TABS/DAY) SP |
| VIJOICE 50 MG GRANULE PACKET | T3 | PA QL(1 TAB/DAY) SP |
| VIJOICE 50 MG TABLET | T3 | PA QL(1 TAB/DAY) SP |
| VIJOICE 125 MG TABLET | T3 | PA QL(1 TAB/DAY) SP |
| VIJOICE 250 MG DAILY DOSE PACK | T3 | PA QL(2 TABS/DAY) SP |
| ZOKINVY | T3 | PA QL(4 CAPS/DAY) SP |
| **THYMIC STROMAL LYMPHOPOIETIN (TSLP) INHIBITORS** | | |
| TEZSPIRE 210 MG/1.91 ML PEN | T2 | PA QL(1 PEN/28 DAYS) SP HD |
| TEZSPIRE 210 MG/1.91 ML SYRING | T2 | PA SP HD |

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|---|---|---|
| **UNCLASSIFIED DRUG PRODUCTS (Blood Modifiers/Bleeding Disorders)** | | |
| **SPLEEN TYROSINE KINASE INHIBITORS** | | |
| TAVALISSE | T2 | PA SP |
| **UNCLASSIFIED DRUG PRODUCTS (Blood Pressure/Heart Medications)** | | |
| **BRADYKININ B2 RECEPTOR ANTAGONISTS** | | |
| *icatibant acetate* (Firazyr) | T1 | PA SP HD |
| **PLASMA KALLIKREIN INHIBITORS** | | |
| ORLADEYO | T3 | PA QL(1 CAP/DAY) SP |
| **UNCLASSIFIED DRUG PRODUCTS (Cancer)** | | |
| **CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS** | | |
| *leucovorin calcium* | T1 | CSL |
| *mesna* (Mesnex) | T1 | SP CSL |
| MESNEX (*mesna*) | T3 | SP CSL |
| VISTOGARD | T3 | SP CSL |
| **UNCLASSIFIED DRUG PRODUCTS (Dental Products)** | | |
| **DENTAL AIDS AND PREPARATIONS** | | |
| *chlorhexidine gluconate* (Peridex) | T1 | |
| PERIDEX (*chlorhexidine gluconate*) | T3 | |
| *triamcinolone 0.1% paste* | T1 | |
| *triamcinolone acetonide* | T1 | |
| **PERIODONTAL COLLAGENASE INHIBITORS** | | |
| *doxycycline hyclate 20 mg tab* | T1 | |
| **UNCLASSIFIED DRUG PRODUCTS (Erectile Dysfunction)** | | |
| **DRUGS TO TREAT ERECTILE DYSFUNCTION (ED)** | | |
| *avanafil* (Stendra) | T1 | QL(8 TABS/30 DAYS) |
| CAVERJECT | T3 | PA QL(6 INJECTIONS/30 DAYS) |
| CIALIS 10 MG TABLET (*tadalafil*) | T3 | ST QL(8 TABS/30 DAYS) |
| CIALIS 20 MG TABLET (*tadalafil*) | T3 | ST QL(8 TABS/30 DAYS) |
| CIALIS 5 MG TABLET (*tadalafil*) | T3 | ST QL(1 TAB/DAY) |
| EDEX | T3 | PA QL(6 INJECTIONS/30 DAYS) |
| IFE-BIMIX 30/1 | T2 | |
| MUSE | T3 | PA QL(6 SUPPS/30 DAYS) |
| *sildenafil 100 mg tablet* (Viagra) | T1 | QL(8 TABS/30 DAYS) HD |
| *sildenafil 25 mg tablet* (Viagra) | T1 | QL(8 TABS/30 DAYS) HD |

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# List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Erectile Dysfunction) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DRUGS TO TREAT ERECTILE DYSFUNCTION (ED)** *(cont.)* | | |
| *sildenafil 50 mg tablet* (Viagra) | T1 | QL(8 TABS/30 DAYS) HD |
| STENDRA *(avanafil)* | T3 | ST QL(8 TABS/30 DAYS) |
| *tadalafil 2.5 mg tablet* | T1 | QL(1 TAB/DAY) HD |
| *tadalafil 10 mg tablet* (Cialis) | T1 | QL(8 TABS/30 DAYS) HD |
| *tadalafil 20 mg tablet* (Cialis) | T1 | QL(1 TAB/DAY) HD |
| *tadalafil 5 mg tablet* (Cialis) | T1 | QL(8 TABS/30 DAYS) HD |
| *vardenafil hcl* | T1 | QL(8 TABS/30 DAYS) |
| VIAGRA (*sildenafil citrate*) | T3 | ST QL(8 TABS/30 DAYS) |
| **UNCLASSIFIED DRUG PRODUCTS (Gastrointestinal/Heartburn)** | | |
| **ORAL MUCOSITIS/STOMATITIS AGENTS** | | |
| GELCLAIR | T3 | |
| ORAMAGICRX | T3 | |
| **PPAR AGONIST** | | |
| IQIRVO | T2 | PA SP HD |
| **SALIVA STIMULANT AGENTS** | | |
| NUMOISYN | T3 | |
| **THYROID HORMONE RECEPTOR (THR) AGONIST** | | |
| REZDIFFRA | T3 | PA QL(1 TAB/DAY) SP HD |
| **GROWTH HORMONE RECEPTOR ANTAGONISTS** | | |
| SOMAVERT | T2 | PA SP HD |
| **UNCLASSIFIED DRUG PRODUCTS (Hormonal Agents)** | | |
| **HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE** | | |
| *doxercalciferol* | T1 | |
| *paricalcitol* | T1 | SP HD |
| *paricalcitol* (Zemplar) | T1 | SP HD |
| RAYALDEE | T3 | |
| ZEMPLAR (*paricalcitol*) | T3 | SP HD |
| **UNCLASSIFIED DRUG PRODUCTS (Miscellaneous)** | | |
| **ABORTIFACIENT-PROGESTERONE RECEPTOR ANTAGONISTS** | | |
| MIFEPREX | T3 | |
| *mifepristone 200 mg tablet* | T1 | |
| **AGENTS TO TX PERIODIC PARALYSIS - CARBON ANHYD INH** | | |
| *dichlorphenamide* (Keveyis) | T1 | PA SP HD |

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# List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **AMMONIA INHIBITORS** | | |
| CARBAGLU (*carglumic acid*) | T3 | SP HD |
| *carglumic acid* (Carbaglu) | T1 | SP HD |
| **ANTI-ALCOHOLIC PREPARATIONS** | | |
| *acamprosate calcium* | T1 | |
| *disulfiram* | T1 | |
| **ANTI-FIBROTIC THERAPY - PYRIDONE ANALOGS** | | |
| *pirfenidone 267 mg capsule* | T1 | PA SP HD |
| *pirfenidone 267 mg tablet* (Esbriet) | T1 | PA SP HD |
| *pirfenidone 801 mg tablet* (Esbriet) | T1 | PA SP HD |
| **CI ESTERASE INHIBITORS** | | |
| HAEGARDA | T3 | PA SP HD |
| **CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER** | | |
| *cinacalcet hcl* (Sensipar) | T1 | SP |
| **CRYOPRESERVATIVE AGENTS** | | |
| *dimethyl sulfoxide* | T1 | |
| **GENERAL INHALATION AGENTS** | | |
| HYPER-SAL | T3 | |
| *nebusal 3% vial* | T1 | |
| NEBUSAL 6% VIAL | T3 | |
| *sodium chloride 0.9% inhal vl* | T1 | |
| *sodium chloride 10% vial* | T1 | |
| *sodium chloride 3% vial* | T1 | |
| *sodium chloride 7% vial* | T1 | |
| *sodium chloride for inhalation* | T1 | |
| **GLUCOSYLCERAMIDE SYNTHASE (GCS) INHIBITOR** | | |
| CERDELGA | T2 | PA SP HD |
| *miglustat* (Zavesca) | T1 | PA SP HD |
| OPFOLDA | T3 | PA QL(8 CAPS/30 DAYS) SP HD |
| **HYDROXYPHENYL-PYRUVATE DIOXYGENASE(HPPD) INHIBITOR** | | |
| *nitisinone* (Orfadin) | T1 | PA SP HD |
| NITYR | T2 | PA SP |
| ORFADIN | T3 | PA SP |
| ORFADIN (*nitisinone*) | T3 | PA SP |

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| UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) TX AGENTS** | | |
| ADDYI | T3 | PA QL(1 TAB/DAY) |
| VYLEESI | T3 | PA QL(8 AUTO-INJS/30 DAYS) SP |
| **MENOPAUSAL SYMPTOMS SUPPRESSANT - SSRIs** | | |
| *paroxetine mesylate* | T1 | QL(1 CAP/DAY) HD |
| **METABOLIC DISEASE ENZYME REPLACE, HYPOPHOSPHATASIA** | | |
| STRENSIQ | T2 | PA SP |
| **METALLIC POISON, AGENTS TO TREAT** | | |
| CHEMET | T3 | |
| *deferasirox* (Exjade) | T1 | SP HD |
| *deferasirox* (Jadenu Sprinkle) | T1 | SP HD |
| *deferasirox* (Jadenu) | T1 | SP HD |
| *deferiprone* (Ferriprox (3 Times A Day)) | T1 | PA SP HD |
| *deferiprone* (Ferriprox) | T1 | PA SP |
| EXJADE (*deferasirox*) | T3 | PA SP HD |
| FERRIPROX (2 TIMES A DAY) | T3 | PA SP |
| FERRIPROX 100 MG/ML SOLUTION | T3 | PA SP |
| GALZIN | T3 | SP |
| RADIOGARDASE | T3 | |
| *trientine hcl 250 mg capsule* (Syprine) | T1 | PA SP HD |
| TRIENTINE HCL 500 MG CAPSULE | T3 | PA SP HD |
| **NATRIURETIC PEPTIDES** | | |
| VOXZOGO | T3 | PA SP HD |
| **NEONATAL FC RECEPTOR (FCRN) INHIBITORS** | | |
| VYVGART HYTRULO | T3 | PA SP HD |
| **OINTMENT/CREAM BASES** | | |
| RADIAGEL | T1 | |
| **PHARMACOLOGICAL CHAPERONE-ALPHA-GALACTOSID.A STABZ** | | |
| GALAFOLD | T3 | PA SP HD |
| **PKU TX AGENT-COFACTOR OF PHENYLALANINE HYDROXYLASE** | | |
| *javygtor 100 mg powder packet* (Kuvan) | T1 | PA SP |
| *javygtor 100 mg tablet* (Kuvan) | T1 | PA SP HD |
| *javygtor 500 mg powder packet* (Kuvan) | T1 | PA SP |
| *sapropterin dihydrochloride* (Kuvan) | T1 | PA SP HD |

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| UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PROTEIN STABILIZERS** | | |
| ATTRUBY | T3 | PA QL(4 TABS/DAY) SP |
| VYNDAMAX | T3 | PA QL(1 CAP/DAY) SP HD |
| VYNDAQEL | T3 | PA QL(4 CAPS/DAY) SP |
| **RETINOIC ACID RECEPTOR (RAR) AGONISTS** | | |
| SOHONOS | T3 | PA SP |
| **SOLVENTS** | | |
| *cvs isopropyl alcohol 91%* | T1 | |
| CVS ISOPROPYL ALCOHOL 91% | T1 | |
| *cvs isopropyl rub alcohol 70%* | T1 | |
| CVS ISOPROPYL RUB ALCOHOL 70% | T3 | |
| *eql isopropyl alcohol 91%* | T1 | |
| *eql isopropyl rub alcohol 70%* | T1 | |
| FT ISOPROPYL ALCOHOL 91% | T1 | |
| FT ISOPROPYL RUB ALCOHOL 70% | T3 | |
| GNP ISOPROPYL ALCOHOL 70% | T3 | |
| GNP ISOPROPYL ALCOHOL 91% | T1 | |
| *gnp isopropyl alcohol 99%* | T1 | |
| GS ISOPROPYL ALCOHOL 70% | T3 | |
| GS ISOPROPYL ALCOHOL 91% | T1 | |
| *hm isopropyl alcohol 70%* | T1 | |
| *hm isopropyl alcohol 91%* | T1 | |
| INSTACLEAN | T1 | |
| ISOPROPANOL | T1 | |
| *isopropyl 70% alcohol* | T1 | |
| *isopropyl alcohol* | T1 | |
| *isopropyl alcohol 70%* | T1 | |
| ISOPROPYL ALCOHOL 70% | T3 | |
| *isopropyl alcohol 91%* | T1 | |
| *isopropyl alcohol 99%* | T1 | |
| *isopropyl rubbing alcohol 70%* | T1 | |
| ISOPROPYL RUBBING ALCOHOL 70% | T3 | |
| ISOPROPYL RUBBING ALCOHOL 91% | T1 | |
| *kro isopropyl alcohol 91%* | T1 | |

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| UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **SOLVENTS** *(cont.)* | | |
| MURI-LUBE MINERAL OIL | T1 | |
| *polyethylene glycol* | T1 | |
| *ra isopropyl alcohol 70%* | T1 | |
| *ra isopropyl alcohol 91%* | T1 | |
| *sm isopropyl alcohol 70%* | T1 | |
| *swan isopropyl alcohol 70%* | T1 | |
| **TREATMENT OF HYPERPHAGIA IN PRADER-WILLI SYNDROME** | | |
| VYKAT XR | T3 | PA SP |
| **METABOLIC DEFICIENCY AGENTS** | | |
| *betaine* (Cystadane) | T1 | SP |
| CULTURELLE IBS COMPLETE SUPPRT | T3 | |
| CYSTADANE *(betaine)* | T3 | SP |
| *levocarnitine* (Carnitor Sf) | T1 | |
| *levocarnitine* (Carnitor) | T1 | |
| *levocarnitine (with sugar)* (Carnitor) | T1 | |
| **UNCLASSIFIED DRUG PRODUCTS (Osteoporosis Products)** | | |
| **BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE** | | |
| *teriparatide (*Bonsity*)* | T1 | PA QL(0.09 MLS/DAY) SP HD |
| *teriparatide (*Forteo*)* | T1 | PA QL(0.09 MLS/DAY) SP HD |
| **BONE RESORPTION INHIBITOR AND VITAMIN D COMBS.** | | |
| FOSAMAX PLUS D | T2 | ST HD |
| **BONE RESORPTION INHIBITORS** | | |
| *alendronate sodium* | T1 | HD |
| *alendronate sodium* (Fosamax) | T1 | HD |
| ATELVIA (*risedronate sodium dr*) | T3 | ST HD |
| BINOSTO | T3 | ST HD |
| FOSAMAX (*alendronate sodium*) | T3 | ST HD |
| *ibandronate sodium* | T1 | HD |
| *raloxifene hcl* (Evista) | T1 | HD PPACA |
| *risedronate sodium* | T1 | HD |
| *risedronate sodium* (Actonel) | T1 | HD |
| *risedronate sodium* (Atelvia) | T1 | HD |

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# List of Prescription Medications

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **UNCLASSIFIED DRUG PRODUCTS (Pain Relief And Inflammatory Disease)** | | |
| **ANTI-INFLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST** | | |
| ARCALYST | T3 | PA SP |
| **FIBROMYALGIA AGENTS, SEROTONIN-NOREPINEPH RU INHIB** | | |
| SAVELLA | T3 | |
| **IMMUNOMODULATOR, B-LYMPHOCYTE STIM (BLYS)-SPEC INHIB** | | |
| BENLYSTA | T3 | PA SP HD |
| **UNCLASSIFIED DRUG PRODUCTS (Skin Conditions)** | | |
| **INTERLEUKIN-13 (IL-13) INHIBITORS, MAB** | | |
| ADBRY | T2 | PA SP HD |
| ADBRY AUTOINJECTOR | T2 | PA SP HD |
| EBGLYSS PEN | T2 | PA SP |
| EBGLYSS SYRINGE | T2 | PA SP |
| **JANUS KINASE (JAK) INHIBITORS** | | |
| LEQSELVI | T3 | PA QL(2 TABS/DAY) SP HD |
| LITFULO | T3 | PA QL(1 CAP/DAY) SP HD |
| **WOUND HEALING AGENTS, LOCAL** | | |
| FILSUVEZ | T3 | PA SP |
| **UNCLASSIFIED DRUG PRODUCTS (Substance Abuse)** | | |
| **OPIOID WITHDRAWAL THER, ALPHA-2 ADRENERGIC AGONIST** | | |
| *lofexidine hcl* (Lucemyra) | T1 | QL(192 TABS/30 DAYS) |
| LUCEMYRA (*lofexidine hcl*) | T2 | QL(192 TABS/30 DAYS) |
| **OPIOID WITHDRAWAL THERAPY AGENTS, OPIOID-TYPE** | | |
| *buprenorphine hcl* | T1 | |
| *buprenorphine hcl/naloxone hcl* | T1 | |
| *buprenorphine hcl/naloxone hcl* (Suboxone) | T1 | |
| SUBOXONE (*buprenorphine hcl/naloxone hcl*) | T3 | |
| ZUBSOLV | T2 | |
| **UNCLASSIFIED DRUG PRODUCTS (Transplant Medications)** | | |
| **RHO KINASE INHIBITOR** | | |
| REZUROCK | T3 | PA SP |
| **UNCLASSIFIED DRUG PRODUCTS (Urinary Tract Conditions)** | | |
| **BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS** | | |
| *alfuzosin hcl* (Uroxatral) | T1 | HD |
| *dutasteride* (Avodart) | T1 | HD |

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| UNCLASSIFIED DRUG PRODUCTS (Urinary Tract Conditions) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS** *(con't.)* | | |
| *finasteride* (Proscar) | T1 | HD |
| *silodosin 4 mg capsule* (Rapaflo) | T1 | QL (1 cap/day) HD |
| *silodosin 8 mg capsule* (Rapaflo) | T1 | HD |
| *tamsulosin hcl* | T1 | HD |
| **BPH 5-ALPHA-REDUCTASE INHIB-ALPHAI-ADRENOCEP ANTAG** | | |
| *dutasteride/tamsulosin hcl* (Jalyn) | T1 | HD |
| **CYSTINE-DEPLETING AGENTS, NEPHROPATHIC CYSTINOSIS** | | |
| CYSTAGON | T2 | SP |
| **ENDOTHELIN RECEPTOR ANTAGONISTS** | | |
| VANRAFIA | T2 | PA QL(1 TAB/DAY) SP |
| **KIDNEY STONE AGENTS** | | |
| *tiopronin* (Thiola Ec) | T1 | SP |
| *tiopronin 100 mg tablet* (Thiola) | T1 | SP |
| *tiopronin dr 100 mg tablet* (Thiola Ec) | T1 | SP HD |
| *tiopronin dr 300 mg tablet* (Thiola Ec) | T1 | SP HD |
| **OVERACTIVE BLADDER AGENTS, BETA-3 ADRENERGIC RECEP** | | |
| *mirabegron er 25 mg tablet* (Myrbetriq) | T1 | QL(1 TAB/DAY) HD |
| *mirabegron er 50 mg tablet* (Myrbetriq) | T1 | HD |
| **URINARY TRACT ANTI-SPASMODIC, M(3) SELECTIVE ANTAG.** | | |
| *darifenacin er 15 mg tablet* | T1 | HD |
| *darifenacin er 7.5 mg tablet* | T1 | QL(1 TAB/DAY) HD |
| *solifenacin 10 mg tablet* (Vesicare) | T1 | HD |
| *solifenacin 5 mg tablet* (Vesicare) | T1 | QL(1 TAB/DAY) HD |
| **URINARY TRACT ANTI-SPASMODIC/ANTI-INCONTINENCE AGENT** | | |
| *fesoterodine er 4 mg tablet* (Toviaz) | T1 | QL(1 TAB/DAY) HD |
| *fesoterodine er 8 mg tablet* (Toviaz) | T1 | HD |
| *flavoxate hcl* | T1 | HD |
| *oxybutynin 5 mg tablet* | T1 | HD |
| *oxybutynin 5 mg/5 ml soln cup* | T1 | HD |
| *oxybutynin 5 mg/5 ml solution* | T1 | HD |
| *oxybutynin 5 mg/5 ml syrup* | T1 | HD |
| *tolterodine tart er 2 mg cap* (Detrol La) | T1 | QL(1 CAP/DAY) HD |

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| UNCLASSIFIED DRUG PRODUCTS (Urinary Tract Conditions) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **URINARY TRACT ANTI-SPASMODIC/ANTI-INCONTINENCE AGENT** *(con't.)* | | |
| *tolterodine tart er 4 mg cap* (Detrol La) | T1 | HD |
| *tolterodine tartrate* (Detrol) | T1 | HD |
| *trospium chloride* | T1 | HD |
| **UNCLASSIFIED DRUG PRODUCTS (Weight Management)** | | |
| **APPETITE STIM. FOR ANOREXIA, CACHEXIA, WASTING SYND.** | | |
| *megestrol 400 mg/10 ml cup* | T1 | |
| *megestrol 625 mg/5 ml susp* | T1 | |
| *megestrol acet 40 mg/ml susp* | T1 | |
| *megestrol acet 400 mg/10 ml* | T1 | |
| **VITAMINS (Nutritional/Dietary)** | | |
| **ANTIOXIDANT MULTIVITAMIN COMBINATIONS** | | |
| MACUVEX | T2 | |
| MACUZIN | T2 | |
| **FOLIC ACID PREPARATIONS** | | |
| ENLYTE | T2 | |
| *folic acid* | T1 | |
| **GERIATRIC VITAMIN PREPARATIONS** | | |
| REQ49+ | T2 | |
| **MULTIVITAMIN PREPARATIONS** | | |
| ANIMI-3 | T2 | |
| BACMIN | T2 | |
| CORVITE | T2 | |
| DIALYVITE 800 WITH IRON | T2 | |
| *folic/mvi ther-min/lycop/lut* | T1 | |
| FORTAVIT | T2 | |
| *multivit no.18/iron no.1/folic* (Tandem Plus) | T1 | |
| *multivit-mins no.7/folic acid* | T1 | |
| NIVA-PLUS (*multivit-min 60/iron fum/folic*) | T1 | |
| *om-3/dha/epa/b12/fa/b6/phytost* | T1 | |
| PROTECT IRON | T2 | |
| STROVITE FORTE (*multivit,iron,min 5/folic acid*) | T2 | |
| STROVITE ONE | T2 | |
| TANDEM PLUS (*multivit no.18/iron no.1/folic*) | T3 | |
| UDAMIN SP | T2 | |

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| VITAMINS (Nutritional/Dietary) *(cont.)* | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PEDIATRIC VITAMIN PREPARATIONS** | | |
| FLORIVA | T2 | PPACA |
| *ped mvit a,c,d3 no.21/fluoride* | T1 | PPACA |
| *pedi multivit no.12 w-fluoride* | T2 | PPACA |
| POLY-VI-FLOR | T2 | PPACA |
| QUFLORA FE | T2 | |
| QUFLORA PED 0.25 MG CHEW TAB | T2 | |
| QUFLORA PED 0.25 MG/ML DROP | T2 | PPACA |
| QUFLORA PED 0.5 MG CHEW TAB | T2 | |
| QUFLORA PED 0.5 MG/ML DROP | T2 | PPACA |
| QUFLORA PED 1 MG CHEW TAB | T2 | PPACA |
| TRI-VI-FLOR | T2 | PPACA |
| **VITAMIN B PREPARATIONS** | | |
| *b comp no3/folic/c/biotin/zinc* | T1 | HD |
| *b complex 11/folic/c/biot/zinc* | T1 | HD |
| *cyanocobalamin/folic ac/vit b6* | T1 | HD |
| *cyanocobalamin/folic ac/vit b6* (Niva-Fol) | T1 | HD |
| DIALYVITE 3000 | T2 | HD |
| DIALYVITE 5000 | T2 | HD |
| DIALYVITE SUPREME D | T2 | HD |
| *folic acid/vit b complex and c* | T1 | HD |
| *folic acid/vit b complex and c* | T2 | HD |
| *folic acid/vit bcomp,c/cu/zinc* | T1 | HD |
| METHAVER | T2 | HD |
| NEPHRON FA | T3 | HD |
| NIVA-FOL (*cyanocobalamin/folic ac/vit b6*) | T1 | HD |
| VITAL-D RX | T2 | HD |
| VITA-RESPA | T2 | HD |
| **VITAMIN BI2 PREPARATIONS** | | |
| *cyanocobalamin (vitamin b-12)* | T1 | |
| *cyanocobalamin (vitamin b-12)* (Nascobal) | T1 | |
| **VITAMIN D PREPARATIONS** | | |
| *calcitriol 0.25 mcg capsule* | T1 | |
| *calcitriol 0.5 mcg capsule* | T1 | |

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|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN D PREPARATIONS** *(con't.)* | | |
| *calcitriol 1 mcg/ml solution* | T1 | |
| *ergocalciferol (vitamin d2)* | T1 | HD |
| **VITAMIN K PREPARATIONS** | | |
| MEPHYTON (*phytonadione (vit k1)*) | T3 | |
| *phytonadione (vit k1)* (Mephyton) | T1 | |
| **PEDIATRIC VITAMIN PREPARATIONS** | | |
| POLY-VI-FLOR | T2 | PPACA |
| POLY-VI-FLOR WITH IRON | T2 | PPACA |

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

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

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

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

## Exclusions and limitations for coverage

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

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:[11]

- Over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines.
- Prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative.
- Doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna Healthcare.
- Implantable contraceptive devices covered under the Plan's medical benefit.
- Medications that are not medically necessary.
- Experimental or investigational medications, including U.S. Food and Drug Administration (FDA)-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication.
- Medications that are not approved by the FDA.
- Prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered.
- Medications used for fertility,[12] sexual dysfunction, cosmetic purposes, weight loss, smoking cessation,[12] or athletic enhancement.
- Prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products.
- Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
- Replacement of prescription medications and related supplies due to loss or theft.
- Medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals.
- Prescriptions more than one year from the date of issue.
- Coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- More than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- Prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

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

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## Symbols



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

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


1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
2. Smoking cessation medications are not usually covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Content current as of 11/01/21. fda.gov/drugs/generic-drugs/generic-drug-facts.
5. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. fda.gov/drugs/biosimilars/biosimilars-basics-patients.
6. **Not all plans offer Express Scripts Pharmacy and Accredo as covered pharmacy options.** Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network. Cigna Healthcare, Evernorth Health Services, Express Scripts and Accredo are all part of The Cigna Group. This means we have an ownership interest in Express Scripts Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network (as your plan allows).
7. Your plan pays the cost for standard shipping.
8. Express Scripts Pharmacy can automatically refill certain medications. Log in to the myCigna App or myCigna.com, or call 800.835.3784, to sign up. You can sign up to get emails and/or texts from Express Scripts Pharmacy. To get text messages, you'll have to sign up for the Express Scripts texting service. You can do this online or when you call 800.835.3784 to refill your prescription. Once you sign up, just reply to their welcome text to get started. Standard text messaging rates apply.
9. You can only refill certain specialty medications by text. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, just reply to their welcome text to get started. Standard text messaging rates apply.
10. **For insured plans that must follow Delaware's state insurance laws:** Brand-name antidepressants, smoking cessation, attention deficit hyperactivity disorder (ADHD) and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plans covers these medications, log in to the myCigna App or myCigna.com, or call the number on your ID card.
11. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
12. **For plans that must follow state insurance laws, such as Delaware:** Your plan may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the myCigna App or myCigna.com, or check your plan materials.

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

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

# Discrimination is against the law

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

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

**Cigna Healthcare:**

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

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

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

ACAGrievance@CignaHealthcare.com

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

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

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

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

## Proficiency of Language Assistance Services

**English –** ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-244-6224 (TTY: Dial 711) or speak to your provider.

**Spanish –** ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

**Chinese –** 注意：如果您讲中文，我们提供免费的语言援助服务。适当的辅助设备和服务也可以免费提供，以提供无障碍格式的信息。请拨打 1-800-244-6224（TTY：拨打 711）或与您的服务提供者联系。

**Vietnamese –** XIN LƯU Ý: Nếu bạn nói tiếng Viet, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn).

**Korean** – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시거나 제공자에게 문의하십 시오.

**Tagalog –** PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

**Russian –** ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

**Arabic -** تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم 1-800-244-6224 (TTY: 711 اطلب) أو تحدث إلى مقدم الخدمة الخاص بك.

**French Creole –** ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòma ki aksesib yo disponib tou gratis. Rele 1-800-244-6224 (TTY: Rele 711) oswa pale ak founisè ou a.

**French –** ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

**Portuguese –** ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

**Polish –** UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

**Japanese –** 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセス可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224（TTY: 711 にダイヤル）に電話するか、提供者に話してください。

**Italian –** ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero
1-800-244-6224 (TTY: comporre il 711) o parla con il tuo fornitore.

**German –** Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

**Persian (Farsi) -** توجه: همچنین، وسایل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت می‌کند، اگر به فارسی تماس بگیرید یا با (شماره 711 را بگیرید :TTY) ارائه اطلاعات در قالبهای قابل دسترس به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224 ارائه‌دهنده خود صحبت کنید.