Blue Cross Blue Shield Blue Care Network of Michigan

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Your 2027 Blue Cross Blue Shield of Michigan and Blue Care Network Essential Select Drug List

PPO

Blue Cross® Premier PPO

HMO

Blue Cross® Local HMO

Blue Cross® Preferred HMO

Blue Cross® Select HMO

Call the number on the back of your member ID card to:

- Find a participating retail pharmacy by ZIP code
- Look up lower-cost medication alternatives
- Compare medication pricing and options

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Blue Cross Blue Shield of Michigan and Blue Care Network Essential Select Drug List

Blue Cross Blue Shield of Michigan and Blue Care Network's *Essential Select Drug List* is a useful reference and educational tool for prescribers, pharmacists and members.

We regularly update this list with medications approved by the U.S. Food and Drug Administration and reviewed by our Pharmacy and Therapeutics Committee. The list represents the clinical judgment of Michigan doctors, pharmacists and other experts in the diagnosis and treatment of disease and the promotion of health. New drugs must be reviewed by the committee prior to being considered for coverage. The committee selects medications based on safety, clinical effectiveness and opportunity for savings.

This drug list is updated monthly. Refer to our **Drug List Updates** document for recent changes or updates that may not yet be reflected on our drug lists.

About this drug list

Use this list to find information about your drug coverage and medication options. It's divided by chapter into major drug classes or indications for use. Products approved for more than one use may be included in more than one chapter. Within each chapter, drugs are identified according to their tier placement. Refer to the "Reading your drug list" section below for details.

We encourage doctors to prescribe preferred medications whenever possible. Blue Cross and BCN respect the judgment of dispensing pharmacists and expects them to contact the prescribing healthcare professional when a drug or dose may not be appropriate for a member. We also encourage pharmacists to contact the prescriber to suggest an alternative when a prescription is written for a nonpreferred or excluded drug.

Coverage and applicable out-of-pocket costs for drugs on this list are based on your drug plan. Not all drugs included in the list are covered by each member's plan. Drugs that aren't listed may not be covered.

Some medications excluded by your pharmacy benefits may be covered under your medical benefits. These are medications that are generally administered in a doctor's office under the supervision of appropriate healthcare personnel and aren't normally dispensed for self-administration.

Nonformulary (not covered) drugs

Our goals are to provide you with safe, high-quality prescription drug therapies and keep your medical costs low. To accomplish this, we don't cover some high-cost drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, but at a fraction of the cost. If you have a question about a drug that isn't covered and doesn't appear on this list, call the Customer Service number on the back of your Blue Cross or BCN member ID card.

Several drugs and drug categories are excluded from coverage under this drug list and aren't shown. These include:

- Brand-name drugs when there's a generic equivalent available
- Prescription drugs for which there is an over-the-counter equivalent in both strength and dosage form (unless considered preventive by the United States Preventive Services Task Force)
- Over-the-counter medications (unless considered preventive by the U.S. Preventive Services Task Force)
- Lifestyle drugs (such as drugs to treat erectile dysfunction or weight loss)
- Prenatal vitamins
- Drugs used to treat heartburn and acid reflux (except select generic versions)
- Drugs that treat coughs and colds, including most antihistamines
- Drugs used for experimental purposes
- Drugs prescribed for cosmetic purposes
- Drugs used to treat infertility
- Products covered as a medical benefit (for example, injectable drugs and vaccines that are usually administered in a doctor's office)
  - Note: Most Blue Cross and BCN members can get multiple common vaccines at network retail pharmacies. Restrictions may apply.
- Compounded products, with some exceptions

- Replacement prescriptions resulting from loss, theft or mishandling
- Drugs not approved by the FDA

Specialty drugs

For more information on specialty drugs, see the **Specialty Drug Program Pharmacy Benefit Member Guide**. Specialty drugs are limited to a 30-day supply. Select specialty drugs are managed by the **15-Day Specialty Drug Limitation Program**. Drugs included on this list are limited to a 15-day supply for all fills. Members pay half their usual out-of-pocket cost for a 15-day supply. For more details, visit **bcbsm.com/pharmacy**.

Preventive drug coverage

Under the Affordable Care Act, also known as national health care reform, most health care plans must cover certain preventive services and prescription drugs with no out-of-pocket costs. These drugs will have a “PV1,” PV2” or “PV3” listing in the“Notes” column of the drug list.

For a complete list of preventive drugs and coverage requirements, refer to our **Preventive Drug Coverage** list or visit **bcbsm.com/pharmacy**. For information specific to your prescription drug benefits, check your Blue Cross or BCN benefits at a glance drug summary.

New generics

When a generic version of a brand-name drug becomes available, the generic version is generally added to the generic tier of the drug list. After the generic drug is added, the original, brand-name version won’t be covered. If prior authorization is approved, members must pay the difference between the cost of the brand-name drug and its generic equivalent, in addition to the applicable brand-name copay.

Brand-for-generic substitution

Select brand-name drugs may be covered at a generic copay, and the generic drug **won’t** be covered. These brand-name drugs will be shown without the generic drug and will be listed with a generic copay.

Prescription coverage

For details about your prescription drug benefits, please call the Customer Service number on the back of your Blue Cross or BCN member ID card. If you have online access, log in to your account at **bcbsm.com** or our mobile app. You can also find general information about Blue Cross and BCN prescription drug coverage at **bcbsm.com/pharmacy**.

Vaccines

Select vaccines are covered at pharmacies without out-of-pocket costs for most members whose pharmacies participate with Blue Cross and BCN and are certified to administer vaccines.

Reading your drug list

This drug list gives you options so you and your doctor can decide your best course of treatment. In this drug list, brand-name medication names are shown in UPPERCASE (for example, CLOBEX). Generic medication names are shown in lowercase (for example, clobetasol).

Tier information

Using lower tier or preferred medications can help you lower your out-of-pocket cost. Note: If you have a high-deductible health plan, the tier cost levels will apply once you meet your deductible. For tiering information specific to your drug benefit, check your Blue Cross or BCN benefits at a glance drug summary.

Select drugs in the generic, preferred brand or nonpreferred brand tiers may also be covered with no out-of-pocket costs when healthcare reform requirements are met. These drugs will have a “PV1,” PV2” or “PV3” listing in the “Notes”column of the drug list.

<table>
<tr><th>Drug tiers</th><th>4-tier plan</th><th>5-tier plan</th></tr>
<tr><td>1</td><td colspan="2">This tier includes mostly nonspecialty generic drugs and select nonspecialty brand-name drugs and select specialty generic drugs. Members pay the lowest out-of-pocket cost in this tier. Offering these drugs at the lowest out-of-pocket costs makes them more accessible to members and helps ensure they take them as prescribed.</td></tr>
<tr><td>2</td><td colspan="2">This tier includes mostly nonspecialty brand-name drugs and select specialty brand-name drugs. Members pay a higher out-of-pocket cost compared to Tier 1. Tier 1 alternatives may be available, offering more cost-effective therapies. Drugs in Tier 2 are preferred over drugs in Tier 3. Members pay a lower out-of-pocket cost compared to Tier 3.</td></tr>
<tr><td>3</td><td colspan="2">This tier includes mostly nonspecialty brand-name drugs and select high cost nonpreferred generic drugs for which there’s more cost-effective, generic alternatives or preferred brand-name drugs available. Members pay a higher out-of-pocket cost compared to Tier 2.</td></tr>
<tr><td>4</td><td rowspan="2">This tier includes mostly specialty drugs that are used to treat difficult health conditions. It also includes select, high-cost, non-specialty, generic and brand-name drugs and select very high-cost nonspecialty brand-name drugs. Members pay the highest out-of-pocket cost for Tier 4 drugs. Drugs in this tier are limited to a 30-day supply.</td><td>This tier includes mostly specialty drugs that are used to treat difficult health conditions. It also includes select, high-cost, nonspecialty, generic and brand-name drugs. Members pay a higher out-of-pocket cost compared to Tier 3. These drugs are generally more cost-effective than Tier 5 drugs. Drugs in this tier are limited to a 30-day supply.</td></tr>
<tr><td>5</td><td>This tier includes mostly high-cost specialty brand-name drugs that are used to treat difficult health conditions. It also includes very high-cost non-specialty brand-name drugs. Members pay highest out-of-pocket cost for Tier 5 drugs. Drugs in this tier are limited to a 30-day supply.</td></tr>
<tr><td>Not covered</td><td colspan="2">This tier includes nonformulary high-cost, FDA-approved, prescription-only drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, but at a fraction of the cost. Nonformulary drugs aren’t covered.</td></tr>
<tr><td>Covered $0</td><td colspan="2">This tier includes select products that are covered with no out-of-pocket costs.</td></tr>
<tr><td>Preventive</td><td colspan="2">This tier includes drugs that are covered with no out-of-pocket costs when Affordable Care Act requirements are met. When ACA requirements aren’t met, the drug isn’t covered.</td></tr>
</table>

Drug list information

In this drug list, some medications are noted with letters next to them to indicate which ones may have coverage requirements or limits. Your drug plan determines how these medications may be paid for.

AL	**Age limit —** Age restrictions apply.
ABA	**Authorized brand alternative —** Approved brand medication marketed by either the brand company or another company without the brand name on its label. Authorized brand alternatives are drugs that are considered brand-name drugs and don't have generic equivalents. These drugs are the same as the brand-name drugs but aren't true generic drugs. The respective brand out-of-pocket cost will apply for these medications. Some authorized brand alternatives may not be covered.
OVM	**Oncology Value Management —** Prior authorization for antineoplastics and oncology supportive care drugs is required through the Oncology Value Management program, which is administered by OncoHealth. Your doctor is required to submit more information to determine coverage**.**
PA	**Prior authorization —** Your doctor is required to give more information to determine coverage.
PV1	**Preventive 1 —** Covered with no out-of-pocket cost when ACA requirements are met. When ACA requirements aren't met, the drug isn't covered.
PV2	**Preventive 2 —** Covered with no out-of-pocket cost when ACA requirements are met. When ACA requirements aren't met, coverage and applicable out-of-pocket costs apply, based on each member's benefit design.
PV3	**Preventive 3 —** Covered with no out-of-pocket cost when ACA requirements are met. When ACA requirements aren't met, coverage and applicable out-of-pocket costs apply, based on each member's benefit design. Additional coverage requirements may apply.
QL	**Quantity limit —** The quantity of medication dispensed at one time is limited.
SP	**Specialty medication —** Specialty medications treat complex health conditions and may require special handling or administration.
ST	**Step therapy —** Requires you try one or more preferred drugs before a higher-cost medication can be covered.
15DS	**15-day supply —** Limits the amount of certain specialty drugs to a 15-day supply to help reduce out-of-pocket costs and waste.

OncoHealth is an independent company providing cancer support services to certain Blue Cross Blue Shield of Michigan and Blue Care Network members.

How to fill a prescription

The type of drug you take determines which pharmacy you may use.

- **Specialty drugs**
  - Local retail pharmacy
    - Walgreens is our preferred specialty pharmacy. Find a location at **walgreens.com/pharmacy/**.*
    - You can use any retail pharmacy in your applicable network.
  - Limited-distribution specialty drugs
    - Pharmacy options vary based on the drug. Refer to the **Specialty Drug Program Pharmacy Benefit Member Guide**, and search for the drug you take.
  - Home delivery
    - Walgreens Specialty Pharmacy**
    - Website: **WalgreensSpecialtyRx.com***
    - Phone: 1-866-515-1355
- **All other drugs**
  - Local retail pharmacy — More than 2,300 retail pharmacies in Michigan and 65,000 retail pharmacies outside of Michigan accept your member ID card.
  - Mail order
    - Optum Home Delivery***
    - Phone: 1-855-811-2223

If you have questions about which mail-order vendor to use, call the Customer Service phone number on the back of your Blue Cross or BCN member ID card or visit **bcbsm.com/pharmacy**.

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** Walgreens Specialty Pharmacy®, a separate company, provides specialty pharmacy services to Blue Cross and BCN members.

*** Optum Rx® is an independent company providing home delivery pharmacy and other pharmacy benefit management services to Blue Cross Blue Shield of Michigan and Blue Care Network.

How prior authorization, step therapy and quantity limits work

Prior authorization

Prior authorization may be necessary for coverage of certain medications. In these cases, the member must meet clinical criteria or additional information must be provided before coverage is approved. Clinical criteria are based on current medical information and approved by our Pharmacy and Therapeutics Committee.

Step therapy

Drugs subject to step therapy may require previous treatment with one or more preferred drugs before coverage is approved.

For a current list of drugs requiring prior authorization or step therapy, see the **Prior authorization and step therapy coverage criteria** and refer to the column labeled “Essential Select Drug List.”

Quantity limits

For certain medications, Blue Cross and BCN limits the quantity that can be dispensed per fill. Blue Cross and BCN sets quantity limits based on clinical appropriateness and manufacturer-recommended dosing for select drugs.

For a current list of drugs that have limits on the quantity that can be dispensed per fill, see the **Quantity Limit Program**, and refer to the column labeled “Essential Select Drug List.”

How to request authorization

Consult your prescription drug benefit packet for information on how to get prior authorization or request reviews for coverage of drugs that aren't included in your plan. You can also call the Customer Service number on the back of your Blue Cross or BCN member ID card for more information.

To request coverage of a drug:

- Fill out the **Coverage Request Form** online at **bcbsm.com**.

- Send to**:** Pharmacy Services — Mail Code 512C
  Blue Cross Blue Shield of Michigan
  600 E. Lafayette Blvd.
  Detroit, MI 48226-2998

Doctors can request authorization for you. We notify the doctor of approved requests and process the claim accordingly. If a request isn't approved, we'll notify you and the doctor in writing. The notification includes the reason for the denial, an explanation of your appeal rights and the appeals process.

Doctors can request authorization one of four ways:

- **Electronic prior authorization:** Doctors can use their electronic health record or CoverMyMeds® to submit electronic prior authorization requests for commercial pharmacy members.
- **Call:** 1-800-437-3803
- **Fax:** 1-866-601-4425
- **Send to:** Pharmacy Services — Mail Code 512C
  Blue Cross Blue Shield of Michigan
  600 E. Lafayette Blvd.
  Detroit, MI 48226-2998

Note: Prior authorization for antineoplastics and oncology supportive care drugs is required through the Oncology Value Management program, which is administered by OncoHealth.

- **Electronic prior authorization:** Submit requests through the OncoHealth OneUM™ portal, which you can access by logging in to our provider portal (availity.com*), clicking *Payer Spaces* and then clicking the Blue Cross and BCN logo. This takes you to the Blue Cross and BCN payer space where you'll click the *OncoHealth Provider Portal* tile.
- **Call:** 1-888-916-2616
- **Fax:** 1-800-264-6128
- **Write:**
  OncoHealth
  7000 Central Parkway, Ste 1750
  Atlanta, GA 30328

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This document is current at the time of publication and subject to change. Go to bcbsm.com/pharmacy and click on *Drug lists* for the most up-to-date information about this drug list.

This content was developed to comply with applicable federal and state regulations. To learn more about your plan, go to **bcbsm.com** and type “How health insurance works” in the search field.

Send us your feedback:

Please send your comments and suggestions about this list to:

Drug Information Services — Mail Code 512C
Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd.
Detroit, MI 48226-2998

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Drug Name	Drug Tier	Notes
Analgesics		
JOURNAVX	Not covered	QL
Nonsteroidal Anti-inflammatory Drugs		
aspirin 81 oral tablet delayed release	Preventive	PV1
aspirin adult low dose	Preventive	PV1
aspirin adult low strength	Preventive	PV1
aspirin childrens	Preventive	PV1
aspirin ec adult low dose	Preventive	PV1
aspirin ec low dose	Preventive	PV1
aspirin ec low strength	Preventive	PV1
aspirin low dose	Preventive	PV1
aspirin oral tablet delayed release 81 mg	Preventive	PV1
aspirin regimen	Preventive	PV1
celecoxib oral	1	
COMBOGESIC ORAL	Not covered	
COXANTO	Not covered	QL
DICLOFENAC PATCH 1.3%	Not covered	ABA; QL
diclofenac potassium oral capsule	Not covered	QL
diclofenac potassium oral tablet 25 mg	Not covered	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external solution 1.5 %	1	
diclofenac sodium external solution 2 %	Not covered	QL
diclofenac sodium oral	1	
diclofenac-misoprostol	Not covered	
diflunisal oral	1	
DOLOBID	Not covered	
ELYXYB	Not covered	
etodolac	1	
etodolac er	1	
fenoprofen calcium oral capsule 200 mg, 400 mg	Not covered	QL
fenoprofen calcium oral capsule 300 mg	Not covered	
fenopron	Not covered	
FLECTOR	Not covered	QL
flurbiprofen oral	1	

Drug Name	Drug Tier	Notes
ft aspirin adult low dose	Preventive	PV1
ft aspirin low dose	Preventive	PV1
ft aspirin oral tablet chewable	Preventive	PV1
goodsense aspirin low dose	Preventive	PV1
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 300 mg	Not covered	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	Not covered	QL
indomethacin er	1	
indomethacin oral capsule	1	
indomethacin oral suspension	Not covered	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	Not covered	QL
indomethacin rectal suppository 50 mg	1	QL
ketoprofen er	1	
ketoprofen oral capsule 25 mg	1	PA; QL
ketoprofen oral capsule 50 mg	1	
ketoprofen oral capsule 75 mg	Not covered	
ketorolac tromethamine injection solution 15 mg/ml	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral	1	QL
LICART	Not covered	QL
meclofenamate sodium oral	1	
mefenamic acid oral	1	
meloxicam oral capsule	Not covered	QL
MELOXICAM ORAL SUSPENSION	Not covered	ABA
meloxicam oral tablet	1	
mm aspirin	Preventive	PV1
nabumetone oral	1	
naproxen dr	1	
naproxen oral	1	
naproxen sodium er	Not covered	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen-esomeprazole mg	Not covered	QL
OXAPROZIN ORAL CAPSULE	Not covered	ABA; QL

Drug Name	Drug Tier	Notes
oxaprozin oral tablet	1	
piroxicam oral	1	
RELAFEN DS	Not covered	
salsalate oral	1	
SPRIX	Not covered	QL
sulindac oral	1	
TOLECTIN 600	Not covered	
TOLECTIN DS	Not covered	
tolmetin sodium	Not covered	
VYSCOXA	Not covered	
ZYBIC	Not covered	
Opioid Analgesics, Long-acting		
BELBUCA	Not covered	QL
buprenorphine	1	QL
CONZIP	Not covered	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	Not covered	QL
hydrocodone bitartrate er oral capsule extended release 12 hour	1	PA; QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	Not covered	QL
hydromorphone hcl er	Not covered	QL
levorphanol tartrate oral	Not covered	QL
methadone hcl intensol	1	
methadone hcl oral concentrate	1	
methadone hcl oral solution	1	
methadone hcl oral tablet	1	
morphine sulfate er beads	Not covered	QL
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	Not covered	QL
morphine sulfate er oral tablet extended release	1	QL
NUCYNTA ER	3	PA; QL
OXYCONTIN	Not covered	QL
oxymorphone hcl er	1	PA; QL

Drug Name	Drug Tier	Notes
TAPENTADOL HCL ER	3	PA; ABA; QL
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Not covered	ABA
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	
tramadol hcl er	1	
TRAMADOL HCL ORAL SOLUTION	Not covered	ABA; QL
XTAMPZA ER	2	PA; QL
xyvona	Not covered	QL
Opioid Analgesics, Short-acting		
acetaminophen-codeine	1	
ALLZITAL	Not covered	
apap-caff-dihydrocodeine	1	
ascomp-codeine	1	
bac (butalbital-acetamin-caff)	1	
butalbital-acetaminophen oral capsule	Not covered	
butalbital-acetaminophen oral tablet 50-300 mg	Not covered	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	1	
butalbital-apap-caffeine oral capsule	Not covered	
BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION	Not covered	
butalbital-apap-caffeine oral tablet	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	
codeine sulfate	1	
endocet	1	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet	1	
hydrocodone-ibuprofen	1	
hydromorphone hcl oral liquid 1 mg/ml	1	
hydromorphone hcl oral tablet	1	
hydromorphone hcl rectal	1	
meperidine hcl oral solution	1	

Drug Name	Drug Tier	Notes
meperidine hcl oral tablet	Not covered	
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	
morphine sulfate oral	1	
morphine sulfate rectal	1	
nalbuphine hcl injection	1	
NALOCET	Not covered	
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG, 30 MG, 5 MG	Not covered	ABA
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	Not covered	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	Not covered	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
oxymorphone hcl	1	QL
pentazocine-naloxone hcl	1	
PROLATE	Not covered	
ROXYBOND	Not covered	
TAPENTADOL HCL ORAL SOLUTION	Not covered	
tapentadol hcl oral tablet	1	PA; QL
TENCON	Not covered	
tramadol hcl oral tablet 100 mg, 50 mg	1	
tramadol hcl oral tablet 25 mg, 75 mg	Not covered	
tramadol-acetaminophen	1	
Anesthetics		
Local Anesthetics		
COCAINE HCL NASAL	Not covered	
glydo	1	
lidocaine external ointment 5 %	Not covered	
lidocaine external patch 5 %	Not covered	
lidocaine hcl external solution	1	

Drug Name	Drug Tier	Notes
lidocaine hcl mouth/throat	1	
lidocaine hcl urethral/mucosal external gel	Not covered	
lidocaine hcl urethral/mucosal external prefilled syringe	1	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	1	
LIDOSPRA	Not covered	
NUMBRINO	Not covered	
PLIAGLIS	Not covered	
SALICOR	Not covered	
ZTLIDO	Not covered	QL
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium	1	
disulfiram oral	1	
naltrexone hcl oral	1	
Opioid Dependence Treatments		
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl	1	QL
lofexidine hcl	Not covered	QL
ZUBSOLV	Not covered	QL
Opioid Reversal Agents		
ft naloxone hcl	1	QL
KLOXXADO	2	QL
naloxone hcl injection	1	
naloxone hcl nasal	1	QL
NARCAN	Not covered	QL
OPVEE	2	QL
REXTOVY	2	QL
REZENOPY	Not covered	QL
RIVIVE	2	QL
ZURNAI	Not covered	QL
Smoking Cessation Agents		
bupropion hcl er (smoking det)	1	PV2; QL; AL (Min 18 Years)
ft nicotine	Preventive	PV1; QL; AL (Min 18 Years)

Drug Name	Drug Tier	Notes
ft nicotine mini	Preventive	PV1; QL; AL (Min 18 Years)
goodsense nicotine mouth/throat gum	Preventive	PV1; QL; AL (Min 18 Years)
goodsense nicotine mouth/throat lozenge 4 mg	Preventive	PV1; QL; AL (Min 18 Years)
goodsense nicotine policrilex	Preventive	PV1; QL; AL (Min 18 Years)
habitrol	Preventive	PV1; QL; AL (Min 18 Years)
nicotine mini	Preventive	PV1; QL; AL (Min 18 Years)
nicotine polacrilex mini	Preventive	PV1; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 1	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 2	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 3	Preventive	PV1; QL; AL (Min 18 Years)
nicotine transdermal kit	Preventive	PV1; QL; AL (Min 18 Years)
nicotine transdermal patch 24 hour 21 mg/24hr	Preventive	PV1; QL; AL (Min 18 Years)
NICOTROL NS	3	PV2; QL; AL (Min 18 Years)
varenicline tartrate	1	PV2; QL; AL (Min 18 Years)
varenicline tartrate (starter)	1	PV2; QL; AL (Min 18 Years)
varenicline tartrate(continue)	1	PV2; QL; AL (Min 18 Years)
Antibacterials		
Aminoglycosides		
ARIKAYCE	4	PA; SP; QL
gentamicin sulfate external	1	
HUMATIN	Not covered	
neomycin sulfate oral	1	
Antibacterials, Other		
BLUJEPA	Not covered	QL
CLEOCIN VAGINAL SUPPOSITORY	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
fosfomycin tromethamine	1	
LIKMEZ	3	QL
linezolid oral	1	
methenamine hippurate	1	
METHENAMINE MANDELATE ORAL SOLUTION	Not covered	

Drug Name	Drug Tier	Notes
metronidazole oral capsule	Not covered	
metronidazole oral tablet 125 mg	Not covered	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	1	
mupirocin cream	Not covered	
mupirocin ointment	1	
NEO-SYNALAR	Not covered	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	Not covered	ABA
NUVESSA	Not covered	
ORLYNVAH	Not covered	QL
silver sulfadiazine external	1	
SIVEXTRO ORAL	Not covered	QL
SOLOSEC	Not covered	QL
ssd	1	
SULFAMYLON	3	
tinidazole oral	1	QL
trimethoprim oral	1	
vancomycin hcl oral capsule	1	
vancomycin hcl oral solution reconstituted	1	QL
VANDAZOLE	3	
XACIATO	Not covered	
XEPI	Not covered	QL
XIFAXAN ORAL TABLET 200 MG	3	QL
XIFAXAN ORAL TABLET 550 MG	5	PA; QL
Beta-lactam, Cephalosporins		
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
cefdinir	1	
cefixime oral capsule	1	
cefixime oral suspension reconstituted	1	
CEFIXIME ORAL TABLET	Not covered	

Drug Name	Drug Tier	Notes
cefpodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
Beta-lactam, Penicillins		
amoxicillin	1	
amoxicillin trihydrate oral	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	1	
ampicillin	1	
AUGMENTIN	Not covered	
dicloxacillin sodium	1	
penicillin v potassium	1	
PIVYA	Not covered	QL
Macrolides		
azithromycin oral	1	
clarithromycin er	1	
clarithromycin oral	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	Not covered	QL
E.E.S. 400	Not covered	
erythromycin base oral	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
erythromycin oral	1	
fidaxomicin	4	QL
Quinolones		
BAXDELA ORAL	Not covered	
CIPRO ORAL SUSPENSION RECONSTITUTED	Not covered	
ciprofloxacin hcl oral	1	
levofloxacin oral	1	
moxifloxacin hcl oral	1	
ofloxacin oral	1	
Sulfonamides		
sulfadiazine oral	1	

Drug Name	Drug Tier	Notes
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
Tetracyclines		
demeclocycline hcl	1	
DORYX MPC	Not covered	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral capsule 75 mg	Not covered	
doxycycline hyclate oral tablet 100 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet 150 mg	Not covered	QL
doxycycline hyclate oral tablet 50 mg	Not covered	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	Not covered	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	Not covered	ABA
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg	1	ST
doxycycline monohydrate oral capsule 75 mg	Not covered	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
minocycline hcl er	Not covered	
minocycline hcl oral	1	
NUZYRA ORAL	5	QL
SEYSARA	Not covered	
tetracycline hcl oral capsule	1	
TETRACYCLINE HCL ORAL TABLET	Not covered	
Anticonvulsants		
Anticonvulsants, Other		
brivaracetam oral	3	PA; QL
ELEPSIA XR	Not covered	QL
EPIDIOLEX	5	PA; SP; QL
FINTEPLA	5	PA; SP; QL
levetiracetam er	1	

Drug Name	Drug Tier	Notes
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE	Not covered	ABA; QL
roweepra	1	
SPRITAM	Not covered	QL
Calcium Channel Modifying Agents		
ethosuximide oral	1	
methsuximide	1	
ZONISADE	3	PA; QL
zonisamide oral	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral suspension 2.5 mg/ml	1	QL
clobazam oral tablet	1	QL
DIACOMIT	5	PA; SP; QL
diazepam rectal	1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral capsule 200 mg	Not covered	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	Not covered	
NAYZILAM	4	QL
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
primidone oral	1	
RELGAABI ORAL CAPSULE 200 MG	Not covered	
SYMPAZAN	Not covered	QL
tiagabine hcl	1	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO 10 MG DOSE	4	QL
VALTOCO 15 MG DOSE	4	QL
VALTOCO 20 MG DOSE	4	QL
VALTOCO 5 MG DOSE	4	QL
vigabatrin	4	PA; SP; QL

Drug Name	Drug Tier	Notes
VIGAFYDE	Not covered	SP; QL
XCOPRI	5	PA; QL
ZTALMY	4	PA; SP; QL
Glutamate Reducing Agents		
felbamate	1	
LAMICTAL XR ORAL KIT	Not covered	
lamotrigine er	1	
lamotrigine odt	1	
lamotrigine oral	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
perampanel	3	QL
SUBVENITE ORAL SUSPENSION	Not covered	
subvenite oral tablet	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
topiramate er oral capsule er 24 hour sprinkle	1	PA; QL
topiramate er oral capsule extended release 24 hour	Not covered	QL
topiramate oral capsule sprinkle	1	
topiramate oral solution 25 mg/ml	1	PA; QL
topiramate oral tablet	1	
Sodium Channel Agents		
carbamazepine er	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
DILANTIN ORAL CAPSULE 30 MG	2	
eslicarbazepine acetate	Not covered	QL
lacosamide oral solution 10 mg/ml	1	
lacosamide oral tablet	1	QL
MOTPOLY XR	Not covered	QL
oxcarbazepine	1	
oxcarbazepine er	Not covered	QL

Drug Name	Drug Tier	Notes
phenytek	1	
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
rufinamide oral suspension	1	
rufinamide oral tablet	1	PA; QL
Antidementia Agents		
Antidementia Agents, Other		
memantine hcl-donepezil hcl er	Not covered	QL
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	Not covered	QL
Cholinesterase Inhibitors		
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	Not covered	QL
donepezil hcl oral tablet dispersible	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
rivastigmine	1	
rivastigmine tartrate	1	
ZUNVEYL	Not covered	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er	1	QL
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	1	QL
Antidepressants		
Antidepressants, Other		
APLENZIN	Not covered	
AUVELITY	Not covered	QL
AUVELITY TITRATION PACK	Not covered	QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	

Drug Name	Drug Tier	Notes
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	Not covered	ABA; QL
bupropion hcl oral	1	
chlordiazepoxide-amitriptyline	1	
EXXUA	Not covered	QL
EXXUA TITRATION PACK	Not covered	QL
mirtazapine oral	1	
olanzapine-fluoxetine hcl	1	
perphenazine-amitriptyline	1	
ZURZUVAE	Not covered	QL
Monoamine Oxidase Inhibitors		
EMSAM	5	PA; QL
MARPLAN	Not covered	
phenelzine sulfate oral	1	
tranylcypromine sulfate	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide oral capsule	Not covered	QL
citalopram hydrobromide oral solution 10 mg/5ml	1	
citalopram hydrobromide oral tablet	1	
DESVENLAFAXINE ER	Not covered	
desvenlafaxine succinate er	1	
DRIZALMA SPRINKLE	Not covered	QL
duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg	Not covered	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
duloxetine hcl oral capsule delayed release particles 40 mg	Not covered	
ESCITALOPRAM OXALATE ORAL CAPSULE	Not covered	
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	
FETZIMA	Not covered	QL
FETZIMA TITRATION	Not covered	QL
fluoxetine hcl (pmdd)	1	
fluoxetine hcl oral	1	

Drug Name	Drug Tier	Notes
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
nefazodone hcl	1	
paroxetine hcl	1	
paroxetine hcl er	1	
paroxetine mesylate	Not covered	QL
RALDESY	Not covered	
sertraline hcl oral capsule	Not covered	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
VENLAFAXINE BESYLATE ER	Not covered	QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	Not covered	
vilazodone hcl	1	
Tricyclics		
amitriptyline hcl oral	1	
amoxapine	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
imipramine hcl oral	1	
imipramine pamoate	1	
nortriptyline hcl oral	1	
protriptyline hcl	1	
trimipramine maleate oral	1	
Antiemetics		
Antiemetics, Other		
BONJESTA	Not covered	QL
doxylamine-pyridoxine	Not covered	QL
GIMOTI	Not covered	QL

Drug Name	Drug Tier	Notes
meclizine hcl oral	Not covered	
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Not covered	
scopolamine	1	
trimethobenzamide hcl oral	1	
Emetogenic Therapy Adjuncts		
AKYNZEO	3	PA; OVM
ANZEMET ORAL TABLET 50 MG	Not covered	
aprepitant	3	QL
dronabinol oral capsule	1	
DRONABINOL ORAL SOLUTION	Not covered	ABA
EMEND ORAL	Not covered	QL
granisetron hcl oral	1	QL
NEREUS	Not covered	QL
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet 24 mg	Not covered	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL
ondansetron odt oral tablet dispersible 16 mg	Not covered	QL
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	QL
SANCUSO	Not covered	
SYNDROS	Not covered	
VARUBI (180 MG DOSE)	3	PA; OVM
Antifungals		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole external	1	

Drug Name	Drug Tier	Notes
clotrimazole mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA ORAL	4	QL
econazole nitrate external cream	1	
ECONAZOLE NITRATE EXTERNAL FOAM	Not covered	ABA; QL
ECOZA	Not covered	QL
ERTACZO	Not covered	
EXELDERM	Not covered	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
griseofulvin ultramicrosize oral tablet 165 mg	Not covered	
GYNAZOLE-1	3	
itraconazole oral	1	
JUBLIA	Not covered	QL
ketoconazole external	1	
ketoconazole oral	1	
ketodan	1	
klayesta	1	
LULICONAZOLE	3	PA; ABA; QL
LUZU	Not covered	QL
miconazole 3 vaginal suppository	1	
MICONAZOLE-ZINC OXIDE-PETROLAT	Not covered	ABA; QL
naftifine hcl external cream	1	QL
naftifine hcl external gel	Not covered	QL
NOXAFIL	Not covered	QL
nyamyc external powder 100000 unit/gm	1	
nystatin external	1	
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
ORAVIG	Not covered	QL
oxiconazole nitrate	1	PA; QL

Drug Name	Drug Tier	Notes
OXISTAT	Not covered	QL
posaconazole oral	4	QL
SULCONAZOLE NITRATE	3	ABA
tavaborole	Not covered	QL
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	Not covered	
VIVJOA	Not covered	QL
voriconazole intravenous solution	Not covered	
voriconazole oral	1	
VUSION	Not covered	QL
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	Not covered	
colchicine oral capsule	Not covered	
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	1	QL
GLOPERBA	Not covered	QL
probenecid	1	
Antimigraine Agents		
diclofenac potassium(migraine)	Not covered	QL
SYMBRAVO	Not covered	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY	Not covered	QL
EMGALITY	2	PA; QL
NURTEC	2	PA; QL
QULIPTA	2	PA; QL
UBRELVY	2	PA; QL
ZAVZPRET	Not covered	QL
Ergot Alkaloids		
BREKIYA	Not covered	QL
dihydroergotamine mesylate injection	1	QL

Drug Name	Drug Tier	Notes
dihydroergotamine mesylate nasal	Not covered	QL
ERGOMAR	Not covered	QL
ergotamine-caffeine	1	QL
MIGERGOT	Not covered	QL
TRUDHESA	Not covered	QL
Serotonin (5-HT) Receptor Agonists		
almotriptan malate	Not covered	QL
eletriptan hydrobromide	1	QL
frovatriptan succinate	1	ST; QL
IMITREX STATDOSE REFILL	Not covered	QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	Not covered	QL
naratriptan hcl	1	QL
ONZETRA XSAIL	Not covered	QL
REYVOW ORAL TABLET 100 MG, 50 MG	Not covered	QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution	1	QL
sumatriptan succinate subcutaneous solution auto-injector	Not covered	QL
sumatriptan-naproxen sodium	Not covered	QL
TOSYMRA	Not covered	QL
ZEMBRACE SYMTOUCH	Not covered	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	Not covered	ABA; QL
zolmitriptan nasal solution 5 mg	Not covered	QL
zolmitriptan oral	1	QL
ZOMIG NASAL SOLUTION 2.5 MG	Not covered	QL
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er oral tablet extended release	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet 30 mg	Not covered	
pyridostigmine bromide oral tablet 60 mg	1	

Drug Name	Drug Tier	Notes
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	1	
rifabutin	1	
Antituberculars		
cycloserine oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
PRETOMANID	2	QL
pyrazinamide oral	1	
rifampin oral	1	
rifapentine	Not covered	
SIRTURO	2	PA; QL
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	1	
CYCLOPHOSPHAMIDE ORAL TABLET	Not covered	ABA
LEUKERAN	3	
lomustine	1	
MATULANE	4	SP
MYLERAN	3	
temozolomide	4	SP
VALCHLOR	5	PA; SP; OVM
Antiandrogens		
abiraterone acetate oral tablet 500 mg	Not covered	SP
abiraterone acetate tablet 250 mg oral (Civica)	4	SP
abiraterone acetate tablet 250 mg oral	Not covered	SP
abirtega	4	SP
bicalutamide	1	
ERLEADA	5	PA; SP; OVM
EULEXIN	5	PA; 15DS; SP; OVM
nilutamide	1	PA; OVM
NUBEQA	5	PA; 15DS; SP; OVM
ORGOVYX	5	PA; SP; OVM

Drug Name	Drug Tier	Notes
XTANDI	4	PA; 15DS; SP; OVM
YONSA	Not covered	SP
Antiangiogenic Agents		
lenalidomide	4	SP; QL
pomalidomide	4	PA; SP; OVM
THALOMID	4	SP
Antiestrogens/Modifiers		
CLIGAVYX	Not covered	
fulvestrant	1	
INLURIYO	4	PA; 15DS; SP; OVM
ORSERDU	5	PA; 15DS; SP; OVM
SOLTAMOX	Not covered	
tamoxifen citrate oral	1	PV3; QL
toremifene citrate	1	
VEPPANU	Not covered	SP
Antimetabolites		
capecitabine	4	SP
DROXIA	5	PA
hydroxyurea oral	1	
mercaptopurine oral suspension	4	SP
mercaptopurine oral tablet	1	
SIKLOS	Not covered	
TABLOID	5	
XROMI	Not covered	QL
Antineoplastics, Other		
AKEEGA	Not covered	15DS; SP
BESREMI	4	PA; 15DS; SP; OVM
BESREMI PEN	4	PA; 15DS; SP; OVM
COPIKTRA	4	PA; SP; OVM
diclofenac sodium external gel 3 %	1	PA; QL
FLUOROURACIL EXTERNAL CREAM 0.5 %	Not covered	ABA; QL
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
INREBIC	5	PA; 15DS; SP; OVM
KISQALI (200 MG DOSE)	4	PA; SP; OVM
KISQALI (400 MG DOSE)	4	PA; SP; OVM

Drug Name	Drug Tier	Notes
KISQALI (600 MG DOSE)	4	PA; SP; OVM
KLISYRI (250 MG)	3	PA; QL
KLISYRI (350 MG)	3	PA; QL
KOMZIFTI	4	PA; 15DS; SP; OVM
KRAZATI	4	PA; 15DS; SP; OVM
lederle leucovorin	1	PA; QL
leucovorin calcium oral	1	PA; QL
LIFYORLI (125 MG DOSE)	5	PA; SP; OVM
LIFYORLI (150 MG DOSE)	5	PA; SP; OVM
LONSURF	4	PA; SP; OVM
LUMAKRAS	4	PA; 15DS; SP; OVM
MODEYSO	4	PA; 15DS; SP; OVM
NINLARO	4	PA; SP; OVM
OJJAARA	5	PA; SP; OVM
ONUREG	4	PA; SP; OVM
PIQRAY	4	PA; SP; OVM
REVUFORJ	4	PA; 15DS; SP; OVM
ROMIDEPSIN INTRAVENOUS SOLUTION	Not covered	
TOLAK	Not covered	QL
VERZENIO	4	PA; 15DS; SP; OVM
VONJO	4	PA; SP; OVM
WELIREG	4	PA; 15DS; SP; OVM
XPOVIO (100 MG ONCE WEEKLY)	4	PA; SP; OVM
XPOVIO (40 MG ONCE WEEKLY)	4	PA; SP; OVM
XPOVIO (40 MG TWICE WEEKLY)	4	PA; SP; OVM
XPOVIO (60 MG ONCE WEEKLY)	4	PA; SP; OVM
XPOVIO (60 MG TWICE WEEKLY)	4	PA; SP; OVM
XPOVIO (80 MG ONCE WEEKLY)	4	PA; SP; OVM
XPOVIO (80 MG TWICE WEEKLY)	4	PA; SP; OVM
ZOLINZA	4	PA; 15DS; SP; OVM
Aromatase Inhibitors, 3rd Generation		
anastrozole oral	1	PV3; QL
exemestane	1	PV3; QL
letrozole oral	1	
Enzyme Inhibitors		
BALVERSA	4	PA; 15DS; SP; OVM

Drug Name	Drug Tier	Notes
etoposide oral	1	
HYCAMTIN ORAL	4	SP
LYTGOBI (12 MG DAILY DOSE)	4	PA; 15DS; SP; OVM
LYTGOBI (16 MG DAILY DOSE)	4	PA; 15DS; SP; OVM
LYTGOBI (20 MG DAILY DOSE)	4	PA; 15DS; SP; OVM
OJEMDA ORAL SUSPENSION RECONSTITUTED	4	PA; 15DS; SP; OVM
OJEMDA ORAL TABLET	4	PA; SP; OVM
PEMAZYRE	4	PA; SP; OVM
RUBRACA	Not covered	SP
TALZENNA	5	PA; 15DS; SP; OVM
VORANIGO	4	PA; 15DS; SP; OVM
ZEJULA	4	PA; SP; OVM
Molecular Target Inhibitors		
ALECENSA	4	PA; SP; OVM
ALUNBRIG	4	PA; SP; OVM
AUGTYRO	5	PA; 15DS; SP; OVM
AVMAPKI FAKZYNJA CO-PACK	4	PA; SP; OVM
AYVAKIT	4	PA; 15DS; SP; OVM
BOSULIF ORAL CAPSULE	4	PA; SP; OVM
bosutinib	4	PA; 15DS; SP; OVM
BRAFTOVI	4	PA; SP; OVM
BRUKINSA	5	PA; 15DS; SP; OVM
CABOMETYX	4	PA; 15DS; SP; OVM
CALQUENCE	4	PA; 15DS; SP; OVM
CAPRELSA	4	PA; 15DS; SP; OVM
CAVHANZA	Not covered	SP
COMETRIQ	4	PA; SP; OVM
COTELLIC	4	PA; SP; OVM
DANZITEN	Not covered	SP
dasatinib	4	PA; 15DS; SP; OVM
DAURISMO	4	PA; 15DS; SP; OVM
ENSACOVE	4	PA; SP; OVM
ERIVEDGE	4	PA; 15DS; SP; OVM
erlotinib hcl	4	PA; 15DS; SP; OVM

Drug Name	Drug Tier	Notes
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; 15DS; SP; OVM
everolimus oral tablet soluble	4	PA; 15DS; SP; OVM
FOTIVDA	4	PA; SP; OVM
FRUZAQLA	5	PA; SP; OVM
GAVRETO	4	PA; 15DS; SP; OVM
gefitinib	4	PA; SP; OVM
GILOTRIF	4	PA; SP; OVM
GOMEKLI	5	PA; SP; OVM
HERNEXEOS	4	PA; SP; OVM
HYRNUO	4	PA; SP; OVM
IBRANCE	4	PA; SP; OVM
IBTROZI	5	PA; 15DS; SP; OVM
ICLUSIG	4	PA; 15DS; SP; OVM
IDHIFA	4	PA; SP; OVM
imatinib mesylate oral	4	SP
IMBRUVICA ORAL CAPSULE	4	PA; 15DS; SP; OVM
IMBRUVICA ORAL SUSPENSION	4	PA; SP; OVM
IMBRUVICA ORAL TABLET 140 MG, 280 MG	Not covered	SP
IMBRUVICA ORAL TABLET 420 MG	4	PA; SP; OVM
IMKELDI	Not covered	SP
INLYTA	4	PA; 15DS; SP; OVM
INQOVI	4	PA; SP; OVM
ITOVEBI	4	PA; 15DS; SP; OVM
JAKAFI	4	PA; 15DS; SP; OVM
JAKAFI XR	Not covered	SP
JAYPIRCA	4	PA; 15DS; SP; OVM
KOSELUGO	4	PA; SP; OVM
lapatinib ditosylate	4	PA; SP; OVM
LAZCLUZE	4	PA; 15DS; SP; OVM
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	4	PA; 15DS; SP; OVM
LORBRENA	4	PA; 15DS; SP; OVM
LYNPARZA	4	PA; SP; OVM
MEKINIST	4	PA; SP; OVM

Drug Name	Drug Tier	Notes
MEKTOVI	4	PA; SP; OVM
NERLYNX	4	PA; 15DS; SP; OVM
NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG, 50 MG	Not covered	SP
nilotinib hcl	4	PA; 15DS; SP; OVM
ODOMZO	4	PA; 15DS; SP; OVM
OGSIVEO	4	PA; 15DS; SP; OVM
pazopanib hcl	4	PA; 15DS; SP; OVM
PHYRAGO	Not covered	15DS; SP
QINLOCK	4	PA; SP; OVM
RETEVMO	4	PA; 15DS; SP; OVM
REZLIDHIA	4	PA; 15DS; SP; OVM
ROMVIMZA	4	PA; SP; OVM
ROZLYTREK ORAL CAPSULE	4	PA; 15DS; SP; OVM
ROZLYTREK ORAL PACKET	5	PA; SP; OVM
RYDAPT	4	PA; SP; OVM
SCEMBLIX	4	PA; SP; OVM
sorafenib tosylate	4	PA; 15DS; SP; OVM
STIVARGA	4	PA; SP; OVM
sunitinib malate	4	PA; 15DS; SP; OVM
TABRECTA	4	PA; 15DS; SP; OVM
TAFINLAR	4	PA; SP; OVM
TAGRISSO	4	PA; 15DS; SP; OVM
TEPMETKO	4	PA; 15DS; SP; OVM
TIBSOVO	4	PA; 15DS; SP; OVM
torpenz	4	PA; 15DS; SP; OVM
TRUQAP	4	PA; SP; OVM
TUKYSA	4	PA; SP; OVM
TURALIO	4	PA; SP; OVM
VANFLYTA	4	PA; 15DS; SP; OVM
VENCLEXTA	4	PA; SP; OVM
VENCLEXTA STARTING PACK	4	PA; SP; OVM
VIJOICE ORAL PACKET	4	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	4	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	Not covered	SP; QL

Drug Name	Drug Tier	Notes
VITRAKVI ORAL CAPSULE	4	PA; 15DS; SP; OVM
VITRAKVI ORAL SOLUTION	4	PA; SP; OVM
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA; 15DS; SP; OVM
XALKORI	Not covered	SP
XOSPATA	4	PA; SP; OVM
yulithira	4	PA; 15DS; SP; OVM
ZELBORAF	4	PA; 15DS; SP; OVM
ZYDELIG	4	PA; SP; OVM
ZYKADIA	Not covered	SP
Retinoids		
bexarotene external	4	PA; SP; OVM
bexarotene oral	4	PA; 15DS; SP; OVM
PANRETIN	Not covered	
tretinoin oral	1	
Treatment Adjuncts		
mesna oral	1	
Antiparasitics		
Anthelmintics		
albendazole oral	1	QL
BILTRICIDE	Not covered	
EMVERM	Not covered	QL
ivermectin oral tablet 3 mg	1	QL
ivermectin oral tablet 6 mg	Not covered	QL
praziquantel oral	1	
Antiprotozoals		
ARAKODA	Not covered	QL
atovaquone	1	
atovaquone-proguanil hcl	1	
BENZNIDAZOLE	2	QL
chloroquine phosphate oral	1	
COARTEM	2	QL
hydroxychloroquine sulfate oral	1	
IMPAVIDO	2	QL
KRINTAFEL	Not covered	QL
LAMPIT	Not covered	QL

Drug Name	Drug Tier	Notes
mefloquine hcl	1	
nitazoxanide oral	1	QL
pentamidine isethionate inhalation	1	
primaquine phosphate	1	
pyrimethamine oral	4	PA; SP
quinine sulfate	1	
SOVUNA	Not covered	
Pediculicides/Scabicides		
CROTAN	Not covered	
EURAX	Not covered	
malathion	1	
permethrin external	1	
PRURADIK	4	
spinosad	1	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral	1	
trihexyphenidyl hcl	1	
Antiparkinson Agents, Other		
amantadine hcl oral capsule	1	
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet	1	
carbidopa-levodopa-entacapone	1	
entacapone	1	
GOCOVRI	Not covered	QL
NOURIANZ	Not covered	SP; QL
ONGENTYS	3	QL
TASMAR	Not covered	
tolcapone	Not covered	
Dopamine Agonists		
apomorphine hcl subcutaneous	Not covered	SP; QL
bromocriptine mesylate oral	1	
INBRIJA	Not covered	SP; QL
NEUPRO	Not covered	QL
ONAPGO	Not covered	SP; QL
pramipexole dihydrochloride	1	

Drug Name	Drug Tier	Notes
pramipexole dihydrochloride er	Not covered	QL
ropinirole hcl	1	
ropinirole hcl er	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	1	
carbidopa-levodopa	1	
CARBIDOPA-LEVODOPA ER ORAL CAPSULE EXTENDED RELEASE	Not covered	ABA; QL
carbidopa-levodopa er oral tablet extended release	1	
CREXONT	Not covered	QL
DHIVY	Not covered	QL
DUOPA	Not covered	SP; QL
RYTARY	Not covered	QL
VYALEV	Not covered	SP; QL
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral	1	
selegiline hcl oral	1	
XADAGO	Not covered	QL
ZELAPAR	Not covered	QL
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl oral tablet	1	
fluphenazine decanoate injection	1	
fluphenazine hcl oral	1	
haloperidol decanoate intramuscular	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral	1	
loxapine succinate	1	
molindone hcl	1	QL
pimozide	1	
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
2nd Generation/Atypical		
ABILIFY ASIMTUFII	Not covered	QL

Drug Name	Drug Tier	Notes
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Not covered	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	
aripiprazole oral solution	3	
aripiprazole oral tablet	1	
aripiprazole oral tablet dispersible	3	
ARISTADA	Not covered	QL
ARISTADA INITIO	Not covered	
asenapine maleate	1	QL
BYSANTI	Not covered	QL
BYSANTI TITRATION PACK A	Not covered	QL
BYSANTI TITRATION PACK B	Not covered	QL
BYSANTI TITRATION PACK C	Not covered	QL
CAPLYTA	Not covered	QL
ERZOFRI	Not covered	QL
FANAPT	Not covered	
FANAPT TITRATION PACK A	Not covered	
FANAPT TITRATION PACK B	Not covered	
FANAPT TITRATION PACK C	Not covered	
INVEGA HAFYERA	Not covered	QL
INVEGA SUSTENNA	2	
INVEGA TRINZA	Not covered	QL
lurasidone hcl	1	
LYBALVI	Not covered	QL
NUPLAZID	Not covered	QL
olanzapine oral	1	
OPIPZA	Not covered	QL
paliperidone er	1	QL
PERSERIS	Not covered	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	QL
REXULTI	Not covered	QL
risperidone microspheres er	1	
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet	1	

Drug Name	Drug Tier	Notes
risperidone oral tablet dispersible	1	
RYKINDO	Not covered	QL
SECUADO	Not covered	QL
UZEDY	Not covered	QL
VRAYLAR	3	ST; QL
ziprasidone hcl	1	
ZYPREXA RELPREVV	Not covered	
Antipsychotics, Other		
COBENFY	Not covered	QL
COBENFY STARTER PACK	Not covered	QL
Treatment-Resistant		
clozapine	1	
VERSACLOZ	Not covered	
Antivirals		
LAGEVRIO	2	QL; AL (Min 18 Years)
PAXLOVID (150/100)	2	QL; AL (Min 12 Years)
PAXLOVID (300/100 & 150/100)	2	QL; AL (Min 12 Years)
PAXLOVID (300/100)	2	QL; AL (Min 12 Years)
XOCOVA	2	QL
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY	4	PA; SP; QL
PREVYMIS ORAL	5	QL
valganciclovir hcl	1	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	4	SP
BARACLUDE ORAL SOLUTION	4	SP
entecavir	4	SP
lamivudine oral tablet 100 mg	1	
VEMLIDY	Not covered	SP; QL
Anti-hepatitis C (HCV) Agents		
EPCLUSA	Not covered	SP; QL
HARVONI	Not covered	SP; QL
LEDIPASVIR-SOFOSBUVIR	Not covered	ABA; SP; QL
MAVYRET	2	PA; SP; QL
PEGASYS	4	SP; QL
ribavirin oral	4	SP

Drug Name	Drug Tier	Notes
SOFOSBUVIR-VELPATASVIR	Not covered	ABA; SP; QL
SOVALDI	Not covered	SP; QL
VOSEVI	2	PA; SP; QL
Anti-hepatitis D (HDV) Agents		
HEPCLUDEX	5	PA; SP; QL
Antiherpetic Agents		
acyclovir external cream	Not covered	
acyclovir external ointment	1	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
famciclovir oral	1	
penciclovir	Not covered	
valacyclovir hcl oral	1	
XERESE	Not covered	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	4	QL
BIXLENVO	Not covered	
DOVATO	2	QL
GENVOYA	4	QL
ISENTRESS	3	
ISENTRESS HD	3	
JULUCA	2	QL
STRIBILD	Not covered	QL
TIVICAY	4	
TIVICAY PD	4	QL
TYBOST ORAL TABLET 150 MG	Not covered	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO	3	QL
EDURANT PED	3	QL
efavirenz	1	
efavirenz-emtricitab-tenofo df	1	
efavirenz-lamivudine-tenofovir	1	QL
emtricitab-rilpivir-tenofov df	1	QL
etravirine	1	

Drug Name	Drug Tier	Notes
INTELENCE ORAL TABLET 25 MG	Not covered	
nevirapine	1	
nevirapine er	1	
PIFELTRO	3	QL
rilpivirine hcl	3	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate	1	
abacavir sulfate-lamivudine	1	
CIMDUO	Not covered	QL
DESCOVY ORAL TABLET 120-15 MG	4	QL
DESCOVY ORAL TABLET 200-25 MG	4	PV2; QL
emtricitabine	1	
emtricitabine-tenofovir df	1	QL
EMTRIVA ORAL SOLUTION	Not covered	
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine	1	
ODEFSEY	2	QL
tenofovir disoproxil fumarate	1	
TRIUMEQ	2	QL
TRIUMEQ PD	2	QL
VIREAD ORAL POWDER	Not covered	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Not covered	
zidovudine	1	
Anti-HIV Agents, Other		
IDVYNSO	Not covered	QL
maraviroc	1	
RUKOBIA	4	QL
SELZENTRY ORAL SOLUTION 20 MG/ML	Not covered	
SUNLENCA ORAL	4	SP; QL
YEZTUGO ORAL	5	SP; QL
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	Not covered	
atazanavir sulfate	1	

Drug Name	Drug Tier	Notes
darunavir	1	
EVOTAZ	3	QL
fosamprenavir calcium	1	
KALETRA ORAL SOLUTION	3	
lopinavir-ritonavir	Not covered	
NORVIR ORAL PACKET	Not covered	
PREZCOBIX	2	QL
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
REYATAZ ORAL PACKET	Not covered	
ritonavir	1	
SYMTUZA	2	QL
VIRACEPT	Not covered	
Anti-influenza Agents		
oseltamivir phosphate oral	1	QL
RELENZA DISKHALER	Not covered	QL
rimantadine hcl	1	
XOFLUZA (40 MG DOSE)	Not covered	QL
XOFLUZA (80 MG DOSE)	Not covered	QL
Anxiolytics		
Anxiolytics, Other		
BUCAPSOL	Not covered	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
buspirone hcl oral tablet 12.5 mg, 2.5 mg	Not covered	
HYDROXYZINE HCL INTRAMUSCULAR	Not covered	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
meprobamate	1	
Benzodiazepines		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
chlordiazepoxide hcl	1	

Drug Name	Drug Tier	Notes
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible	1	
clorazepate dipotassium	1	
diazepam intensol	1	
diazepam oral	1	
estazolam	1	QL
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
LOREEV XR	Not covered	QL
midazolam hcl oral	Not covered	
oxazepam	1	
quazepam	Not covered	QL
Bipolar Agents		
Mood Stabilizers		
divalproex sodium er	1	
divalproex sodium oral	1	
EQUETRO	Not covered	
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Glucose Monitoring		
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	Covered $0	QL
ACCU-CHEK AVIVA PLUS TEST STRIPS	2	QL
ACCU-CHEK GUIDE	Covered $0	QL
ACCU-CHEK GUIDE KIT W/DEVICE	Covered $0	QL
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	2	QL
ADVANTAGE SAFETY LANCETS 28G	2	QL
ADVOCATE SAFETY LANCETS 21G	2	QL
ADVOCATE SAFETY LANCETS 23G	2	QL
ADVOCATE SAFETY LANCETS 28G	2	QL
CARESENS LANCETS 30G	2	QL
CEQUR SIMPL EXT WEAR INSERTER	2	QL
CEQUR SIMPLICITY 1U EXTND WEAR	2	QL
CEQUR SIMPLICITY 2U 10PK	2	QL

Drug Name	Drug Tier	Notes
CEQUR SIMPLICITY 2U EXTND WEAR	2	QL
CEQUR SIMPLICITY INSERTER	2	QL
CHOSEN LANCETS 30G	2	QL
CHOSEN SAFETY LANCETS 28G	2	QL
CLEVER CHOICE COMFORT EZ	2	QL
COMFORT TOUCH TWIST LANCET 30G	2	QL
CONTOUR NEXT EZ KIT W/DEVICE	Covered $0	QL
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	Covered $0	QL
CONTOUR NEXT ONE KIT W/DEVICE	Covered $0	QL
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR PLUS TEST STRIP	2	QL
CONTOUR TEST STRIPS	2	QL
DEXCOM G6 RECEIVER	2	PA; QL
DEXCOM G6 SENSOR	2	PA; QL
DEXCOM G6 TRANSMITTER	2	PA; QL
DEXCOM G7 15 DAY SENSOR	2	PA; QL
DEXCOM G7 RECEIVER	2	PA; QL
DEXCOM G7 SENSOR	2	PA; QL
DROPSAFE ACTI-LANCE 23G	2	QL
DROPSAFE MEDLANCE LANCET 30G	2	QL
FONDCIRCLE SINGLE USE LANCETS	2	QL
FREESTYLE LIBRE 14 DAY READER	Not covered	QL
FREESTYLE LIBRE 14 DAY SENSOR	Not covered	QL
FREESTYLE LIBRE 2 PLUS SENSOR	Not covered	QL
FREESTYLE LIBRE 2 READER	Not covered	QL
FREESTYLE LIBRE 2 SENSOR	Not covered	QL
FREESTYLE LIBRE 3 PLUS SENSOR	Not covered	QL
FREESTYLE LIBRE 3 READER	Not covered	QL
FREESTYLE LIBRE 3 SENSOR	Not covered	QL
GOJJI STERILE LANCETS	2	QL
LANCETS	2	QL
LANCETS 28G THIN	2	QL
LANCETS SUPER THIN	2	QL
MICROLET NEXT LANCETS	2	QL
MOBI CONNECT TWIST LANCETS	2	QL

Drug Name	Drug Tier	Notes
MOBILE LANCETS 30G	2	QL
ONETOUCH DELICA SAFETY LANCING	2	QL
PERFECT POINT SAFETY LANCETS	2	QL
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE	Covered $0	PA; QL
PRODIGY NO CODING BLOOD GLUC IN VITRO	2	PA; QL
PRODIGY VOICE BLOOD GLUCOSE	Covered $0	PA; QL
PURE COMFORT SAFETY LANCET 30G	2	QL
SENSILANCE SAFETY LANCETS 21G	2	QL
SENSILANCE SAFETY LANCETS 26G	2	QL
SENSILANCE SAFETY LANCETS 28G	2	QL
TECHLITE LANCETS 26G	2	QL
ULTRA-CARE SAFETY LANCETS 30G	2	QL
VERIFINE SAFE LANCET MINI 21G	2	QL
VERIFINE SAFE LANCET MINI 23G	2	QL
VERIFINE SAFE LANCET MINI 28G	2	QL
VERIFINE SAFE LANCET MINI 30G	2	QL
VIVAGUARD LANCETS 30G	2	QL
VIVAGUARD SAFETY LANCETS 28G	2	QL
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	1	
ALOGLIPTIN BENZOATE	Not covered	ABA; QL
ALOGLIPTIN-METFORMIN HCL	Not covered	ABA; QL
ALOGLIPTIN-PIOGLITAZONE	Not covered	ABA; QL
BEXAGLIFLOZIN	Not covered	ABA; QL
BRENZAVVY	Not covered	QL
BRYNOVIN	Not covered	QL
CYCLOSET	Not covered	QL
dapagliflozin	1	QL
dapagliflozin-metformin hcl er	1	QL
DAPAGLIFLOZIN-SAXAGLIPTIN	Not covered	QL
EXENATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML, 5 MCG/0.02ML	Not covered	QL
glimepiride	1	

Drug Name	Drug Tier	Notes
glipizide er	1	
glipizide ir	1	
glipizide-metformin hcl	1	
glyburide	1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide-metformin	1	
GLYXAMBI	2	QL
INVOKAMET	Not covered	QL
INVOKAMET XR	Not covered	QL
INVOKANA	Not covered	QL
JARDIANCE	Not covered	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
liraglutide	1	ST; QL
metformin hcl er	1	
metformin hcl er (mod)	Not covered	
metformin hcl er (osm)	Not covered	
metformin hcl oral solution	Not covered	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg, 750 mg	Not covered	
miglitol	Not covered	
MOUNJARO	2	ST; QL
nateglinide	1	
OZEMPIC	2	ST; QL
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	Not covered	
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
RYBELSUS	2	ST; QL
saxagliptin hcl	Not covered	QL
saxagliptin-metformin er	Not covered	
SEGLUROMET	Not covered	QL
sitaglip phos-metformin hcl er	1	QL
SITAGLIPT BASE-METFORM HCL ER	Not covered	ABA; QL

Drug Name	Drug Tier	Notes
SITAGLIPTIN	Not covered	ABA; QL
SITAGLIPTIN BASE-METFORMIN HCL	Not covered	ABA
sitagliptin phos-metformin hcl	1	QL
sitagliptin phosphate	1	QL
SOLIQUA	2	QL
STEGLATRO	Not covered	QL
STEGLUJAN	Not covered	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	ST; QL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	2	QL
XULTOPHY	2	QL
ZITUVIMET	Not covered	
ZITUVIMET XR	Not covered	QL
ZITUVIO	Not covered	QL
Glycemic Agents		
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
diazoxide oral	1	
glucagon emergency kit injection solution reconstituted 1 mg	1	
GLUCAGON EMERGENCY KIT	Not covered	
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS	2	QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML	Not covered	QL
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML	Not covered	QL
Insulins		
ADMELOG	Not covered	
ADMELOG SOLOSTAR	Not covered	
AFREZZA	Not covered	

Drug Name	Drug Tier	Notes
APIDRA SOLOSTAR	Not covered	
APIDRA VIAL	Not covered	
AWIQLI FLEXTOUCH	Not covered	
BASAGLAR KWIKPEN	Not covered	
FIASP	2	
FIASP FLEXTOUCH	2	
FIASP PENFILL	2	
FIASP PUMPCART	2	
HUMALOG	Not covered	
HUMALOG KWIKPEN	Not covered	
HUMALOG MIX 50/50 KWIKPEN	Not covered	
HUMALOG MIX 75/25 KWIKPEN	Not covered	
HUMALOG MIX 75/25 VIAL	Not covered	
HUMALOG U-100 JUNIOR KWIKPEN	Not covered	
HUMULIN 70/30 KWIKPEN	Not covered	
HUMULIN 70/30 VIAL	Not covered	
HUMULIN N KWIKPEN	Not covered	
HUMULIN N VIAL	Not covered	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R VIAL	Not covered	
INSULIN GLARGINE MAX SOLOSTAR	Not covered	ABA
INSULIN GLARGINE SOLOSTAR	Not covered	ABA
INSULIN GLARGINE-YFGN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Civica)	2	
INSULIN GLARGINE-YFGN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Not covered	ABA
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	Not covered	ABA
INSULIN LISPRO	Not covered	ABA
INSULIN LISPRO (1 UNIT DIAL)	Not covered	ABA
INSULIN LISPRO JUNIOR KWIKPEN	3	ABA
INSULIN LISPRO PROT & LISPRO	Not covered	ABA
KIRSTY	Not covered	
LANGLARA	Not covered	
LANTUS SOLOSTAR	Not covered	
LANTUS U-100 VIAL	Not covered	
LYUMJEV KWIKPEN	Not covered	

Drug Name	Drug Tier	Notes
LYUMJEV VIAL	Not covered	
MERILOG	Not covered	
MERILOG SOLOSTAR	Not covered	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 RELION	Not covered	
NOVOLIN 70/30 VIAL	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N RELION	Not covered	
NOVOLIN N VIAL	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	Not covered	
NOVOLIN R RELION	Not covered	
NOVOLIN R VIAL	2	
NOVOLOG 70/30 FLEXPEN RELION	Not covered	
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	Not covered	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 RELION	Not covered	
NOVOLOG MIX 70/30 VIAL	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	Not covered	
NOVOLOG U-100 VIAL	2	
REZVOGLAR KWIKPEN	Not covered	
SEMGLEE (YFGN)	Not covered	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Blood Products and Modifiers		
EMPAVELI	4	PA; SP; QL
FABHALTA	Not covered	SP; QL
VOYDEYA	Not covered	SP; QL
Anticoagulants		
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS (1.5 MG PACK)	2	QL

Drug Name	Drug Tier	Notes
ELIQUIS (2 MG PACK)	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	1	
fondaparinux sodium	Not covered	
FRAGMIN	Not covered	
heparin sodium (porcine)	1	
heparin sodium (porcine) +rfid	1	
heparin sodium (porcine) pf	1	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
PRADAXA ORAL PACKET	Not covered	QL
rivaroxaban	1	QL
SAVAYSA	Not covered	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
ZONTIVITY	Not covered	QL
Blood Formation Modifiers		
ALVAIZ	Not covered	SP; QL
anagrelide hcl	1	
AQVESME	4	PA; SP; QL
ARANESP (ALBUMIN FREE)	Not covered	SP
ARMLUPEG	Not covered	SP
DOPTELET	4	PA; SP; QL
DOPTELET SPRINKLE	4	PA; SP; QL
eltrombopag olamine oral packet	4	PA; SP
eltrombopag olamine oral tablet 12.5 mg	4	PA; SP
eltrombopag olamine oral tablet 25 mg, 50 mg, 75 mg	4	PA; SP
EPOGEN	Not covered	SP
FILKRI	Not covered	SP
FULPHILA	Not covered	SP
FYLNETRA	Not covered	SP
GRANIX	Not covered	SP
LEUKINE	5	SP
MIRCERA	Not covered	SP; QL

Drug Name	Drug Tier	Notes
MULPLETA	Not covered	SP; QL
NEULASTA	4	SP; QL
NEULASTA ONPRO	4	SP; QL
NEUPOGEN	Not covered	SP
NIVESTYM	4	SP; QL
NYPOZI	Not covered	SP; QL
NYVEPRIA	Not covered	SP
PROCRIT	Not covered	SP
PYRUKYND	4	PA; SP; QL
PYRUKYND TAPER PACK	4	PA; SP; QL
RELEUKO	Not covered	SP; QL
RETACRIT	4	SP
ROLVEDON	Not covered	SP
STIMUFEND	Not covered	SP
TAVALISSE	Not covered	SP; QL
UDENYCA	Not covered	SP
VAFSEO	Not covered	SP; QL
WAYRILZ	Not covered	SP; QL
XOLREMDI	4	PA; SP; QL
ZARXIO	4	SP
ZIEXTENZO	4	SP; QL
Hemostasis Agents		
ADVATE	4	PA
ADYNOVATE	Not covered	
AFSTYLA	Not covered	
ALHEMO	Not covered	QL
ALPHANATE	Not covered	
ALPHANINE SD	Not covered	
ALPROLIX	Not covered	
ALTUVIIIO	Not covered	
aminocaproic acid oral	1	
BENEFIX	Not covered	
COAGADEX	Not covered	
CORIFACT	Not covered	
ELOCTATE	Not covered	
ESPEROCT	Not covered	

Drug Name	Drug Tier	Notes
FEIBA	Not covered	
HEMLIBRA	4	PA; QL
HEMOFIL M	Not covered	
HUMATE-P	Not covered	
HYMPAVZI	Not covered	QL
IDELVION	Not covered	
IXINITY	Not covered	
JIVI	Not covered	
KOATE	Not covered	
KOATE-DVI	Not covered	
KOVALTRY	Not covered	
NOVOEIGHT	Not covered	
NOVOSEVEN RT	Not covered	
NUWIQ	Not covered	
OBIZUR	Not covered	
PROFILNINE	Not covered	
QFITLIA	Not covered	QL
REBINYN	Not covered	
RECOMBINATE	Not covered	
RIXUBIS	Not covered	
SEVENFACT	Not covered	
tranexamic acid oral	1	QL
TRETTEN	Not covered	
VONVENDI	Not covered	
WILATE	Not covered	
XYNTHA	Not covered	
XYNTHA SOLOFUSE	Not covered	
Platelet Modifying Agents		
aspirin-dipyridamole er	1	
CABLIVI	4	PA; SP; QL
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
prasugrel hcl	1	QL
ticagrelor	1	QL
YOSPRALA	Not covered	

Drug Name	Drug Tier	Notes
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
Cardiovascular Agents, Other		
BAXFENDY	Not covered	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	1	
CLONIDINE ER	Not covered	ABA
clonidine hcl oral 0.1 mg, 0.2 mg, 0.3 mg	1	
guanfacine hcl	1	
JAVADIN	Not covered	
methyldopa	1	
midodrine hcl	1	
NEXICLON XR	Not covered	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate oral	1	
phenoxybenzamine hcl oral	1	PA; QL
prazosin hcl oral	1	
Angiotensin II Receptor Antagonists		
ARBLI	Not covered	QL
azilsartan medoxomil	Not covered	QL
candesartan cilexetil	1	
irbesartan	1	
losartan potassium oral	1	
olmesartan medoxomil oral	1	
telmisartan	1	
valsartan oral solution	Not covered	
valsartan oral tablet	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral	1	
captopril oral	1	
enalapril maleate oral solution	Not covered	
enalapril maleate oral tablet	1	
fosinopril sodium	1	
lisinopril oral	1	

Drug Name	Drug Tier	Notes
moexipril hcl	1	
perindopril erbumine	1	
QBRELIS	Not covered	QL
quinapril hcl	1	
ramipril	1	
trandolapril	1	
Antiarrhythmics		
amiodarone hcl oral	1	
disopyramide phosphate	1	
dofetilide	1	
flecainide acetate	1	
mexiletine hcl oral	1	
MULTAQ	2	QL
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	2	
propafenone hcl	1	
propafenone hcl er	1	
quinidine gluconate er	1	
quinidine sulfate	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
SOTYLIZE	Not covered	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	1	
atenolol oral	1	
betaxolol hcl oral	Not covered	
bisoprolol fumarate oral	1	
carvedilol	1	
carvedilol phosphate er	Not covered	QL
HEMANGEOL	Not covered	QL
INDERAL XL	Not covered	
INNOPRAN XL	Not covered	
KAPSPARGO SPRINKLE	Not covered	
labetalol hcl oral	1	
LOPRESSOR ORAL SOLUTION	Not covered	QL
LOPRESSOR ORAL TABLET 12.5 MG	Not covered	

Drug Name	Drug Tier	Notes
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	Not covered	
nadolol oral	1	
nebivolol hcl	1	QL
pindolol	1	
propranolol hcl er	1	
propranolol hcl oral solution	Not covered	
propranolol hcl oral tablet	1	
timolol maleate oral	1	
Calcium Channel Blocking Agents		
amlodipine besylate oral	1	
CARDAMYST	Not covered	QL
cartia xt	1	
CONJUPRI	Not covered	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
felodipine er	1	
isradipine	Not covered	
KATERZIA	Not covered	QL
LEVAMLODIPINE MALEATE	Not covered	ABA
matzim la	1	
nicardipine hcl oral	Not covered	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nimodipine oral capsule	1	
NIMODIPINE ORAL SOLUTION	3	QL
nisoldipine er	Not covered	
NORLIQVA	Not covered	QL
NYMALIZE	Not covered	QL

Drug Name	Drug Tier	Notes
SDAMLO	Not covered	
tiadylt er	1	
verapamil hcl er	1	
verapamil hcl oral	1	
Cardiovascular Agents, Other		
aliskiren fumarate	1	
amiloride-hydrochlorothiazide	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	1	QL
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	Not covered	
atenolol-chlorthalidone	1	
ATTRUBY	Not covered	SP; QL
benazepril-hydrochlorothiazide	1	
bisoprolol-hydrochlorothiazide	1	
CAMZYOS	Not covered	SP; QL
candesartan cilexetil-hctz	1	
captopril-hydrochlorothiazide	Not covered	
CORLANOR ORAL SOLUTION	Not covered	QL
digoxin oral solution	1	
digoxin oral tablet 125 mcg, 250 mcg	1	
digoxin oral tablet 62.5 mcg	Not covered	
droxidopa	4	SP; QL
EDARBYCLOR	Not covered	QL
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL CAPSULE SPRINKLE	Not covered	QL
fosinopril sodium-hctz	1	
INPEFA	Not covered	QL
irbesartan-hydrochlorothiazide	1	
isosorb dinitrate-hydralazine	Not covered	
ivabradine hcl	3	QL
lisinopril-hydrochlorothiazide	1	
LODOCO	Not covered	QL
losartan potassium-hctz	1	
metoprolol-hydrochlorothiazide	1	

Drug Name	Drug Tier	Notes
metyrosine	1	
MYQORZO	Not covered	SP; QL
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	Not covered	QL
pentoxifylline er	1	
PRESTALIA	Not covered	QL
quinapril-hydrochlorothiazide	1	
ranolazine er	1	
sacubitril-valsartan	1	QL
spironolactone-hctz	1	
telmisartan-amlodipine	Not covered	
telmisartan-hctz	1	
trandolapril-verapamil hcl er	Not covered	
triamterene-hctz	1	
TRYVIO	Not covered	QL
valsartan-hydrochlorothiazide	1	
VECAMYL	Not covered	QL
VERQUVO	Not covered	QL
VYNDAMAX	4	PA; SP; QL
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er	1	
acetazolamide oral	1	
dichlorphenamide	4	PA; SP; QL
methazolamide oral	1	
Diuretics, Loop		
bumetanide oral	1	
ENBUMYST	3	PA; QL
ethacrynic acid	1	
FUROSCIX	5	PA; SP; QL
FUROSCIX READYFLOW	5	PA; SP; QL
furosemide oral	1	
LASIX ONYU	3	PA; QL
SOAANZ	Not covered	
torsemide	1	
Diuretics, Potassium-sparing		
amiloride hcl oral	1	

Drug Name	Drug Tier	Notes
eplerenone	1	
spironolactone oral suspension 25 mg/5ml	Not covered	
spironolactone oral tablet	1	
triamterene oral	Not covered	
Diuretics, Thiazide		
chlorthalidone	1	
DIURIL ORAL SUSPENSION 250 MG/5ML	3	
HEMICLOR	Not covered	QL
hydrochlorothiazide oral	1	
indapamide	1	
INZIRQO	Not covered	QL
metolazone	1	
THALITONE	Not covered	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral capsule 150 mg, 50 mg	Not covered	
fenofibrate oral tablet 120 mg, 40 mg	Not covered	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	1	
fenofibric acid oral tablet	Not covered	
gemfibrozil oral	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ATORVALIQ	Not covered	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV2; QL; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Not covered	
FLOLIPID	Not covered	
fluvastatin sodium	Not covered	QL
fluvastatin sodium er	Not covered	QL
lovastatin oral	1	PV2; QL; AL (Min 40 Years and Max 75 Years)
pitavastatin calcium	Not covered	QL

Drug Name	Drug Tier	Notes
pravastatin sodium	1	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	PV2; QL; AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 80 mg	1	QL
ZYPITAMAG	Not covered	
Dyslipidemics, Other		
cholestyramine light	1	
cholestyramine oral	1	
colesevelam hcl	1	
colestipol hcl	1	
ezetimibe oral	1	QL
ezetimibe-simvastatin	1	QL
icosapent ethyl	1	QL
JUXTAPID	Not covered	SP; QL
LEROCHOL	Not covered	QL
NEXLETOL	3	PA; QL
NEXLIZET	3	PA; QL
niacin (antihyperlipidemic)	Not covered	
niacin er (antihyperlipidemic)	1	
niacor	Not covered	
omega-3-acid ethyl esters	1	QL
PRALUENT	Not covered	QL
prevalite	1	
REDEMPLO	4	PA; SP; QL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	2	PA; QL
REPATHA SURECLICK	2	PA; QL
TRYNGOLZA	Not covered	SP; QL
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	Not covered	
isosorbide mononitrate	1	

Drug Name	Drug Tier	Notes
isosorbide mononitrate er	1	
nitro-bid	1	
NITRO-DUR	Not covered	
nitroglycerin rectal	1	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	Not covered	
NITRO-TIME	Not covered	
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	1	
minoxidil oral	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine er	Not covered	QL
amphetamine sulfate	1	QL
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	3	QL
ARYNTA	Not covered	QL
dextroamphetamine sulfate	1	QL
dextroamphetamine sulfate er	1	QL
DYANAVEL XR	Not covered	QL
lisdexamfetamine dimesylate	3	QL
methamphetamine hcl	3	QL
XELSTRYM	Not covered	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl oral capsule	1	QL
ATOMOXETINE HCL ORAL SOLUTION	Not covered	ABA; QL
ATONCY	Not covered	QL
AZSTARYS	Not covered	QL
clonidine hcl er	1	QL
COTEMPLA XR-ODT	Not covered	QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL

Drug Name	Drug Tier	Notes
guanfacine hcl er	1	QL
JORNAY PM	Not covered	QL
methylphenidate	1	QL
METHYLPHENIDATE ER	Not covered	ABA; QL
methylphenidate hcl er	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	Not covered	ABA; QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	Not covered	QL
methylphenidate hcl er (xr)	Not covered	QL
methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl oral	1	QL
ONYDA XR	Not covered	QL
QELBREE	Not covered	QL
QUILLICHEW ER	Not covered	QL
QUILLIVANT XR	Not covered	QL
RELEXXII	Not covered	QL
Central Nervous System, Other		
AUSTEDO	4	PA; SP; QL
AUSTEDO XR	Not covered	SP; QL
AUSTEDO XR PATIENT TITRATION	Not covered	SP; QL
caffeine citrate oral	1	
DAYBUE	4	PA; SP; QL
DAYBUE STIX	Not covered	SP; QL
dextromethorphan-quinidine	4	PA; QL
gabapentin (once-daily)	Not covered	QL
HORIZANT	Not covered	QL
INGREZZA	Not covered	SP; QL
RADICAVA ORS	Not covered	SP; QL
RADICAVA ORS STARTER KIT	Not covered	SP; QL
riluzole	1	
SKYCLARYS	4	PA; SP; QL

Drug Name	Drug Tier	Notes
TEGLUTIK	Not covered	SP; QL
tetrabenazine	4	SP; QL
TIGLUTIK	Not covered	SP; QL
Fibromyalgia Agents		
milnacipran hcl	1	PA; QL
pregabalin er	Not covered	QL
pregabalin oral	1	QL
TONMYA	Not covered	
Multiple Sclerosis Agents		
AVONEX PEN	4	SP; QL
AVONEX PREFILLED	4	SP; QL
BAFIERTAM	Not covered	SP; QL
BETASERON	4	SP; QL
cladribine (10 tabs)	4	ST; SP; QL
cladribine (4 tabs)	4	ST; SP; QL
cladribine (5 tabs)	4	ST; SP; QL
cladribine (6 tabs)	4	ST; SP; QL
cladribine (7 tabs)	4	ST; SP; QL
cladribine (8 tabs)	4	ST; SP; QL
cladribine (9 tabs)	4	ST; SP; QL
dalfampridine er	4	SP; QL
dimethyl fumarate oral	1	SP; QL
dimethyl fumarate starter pack	1	SP; QL
fingolimod hcl	1	SP; QL
GILENYA ORAL CAPSULE 0.25 MG	Not covered	SP; QL
glatiramer acetate	4	SP; QL
glatopa	4	SP; QL
KESIMPTA	4	SP; QL
MAYZENT	5	SP; QL
MAYZENT STARTER PACK	5	SP; QL
PLEGRIDY	Not covered	SP; QL
PLEGRIDY STARTER PACK	Not covered	SP; QL
PONVORY	Not covered	SP; QL
PONVORY STARTER PACK	Not covered	SP; QL
REBIF	Not covered	SP; QL
REBIF REBIDOSE	Not covered	SP; QL

Drug Name	Drug Tier	Notes
REBIF REBIDOSE TITRATION PACK	Not covered	SP; QL
REBIF TITRATION PACK	Not covered	SP; QL
TASCENSO ODT	Not covered	SP; QL
teriflunomide	1	SP; QL
VUMERITY	Not covered	SP; QL
ZEPOSIA	5	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	5	PA; SP; QL
ZEPOSIA STARTER KIT	5	PA; SP; QL
Cholestatic Pruritus Agent		
Ileal Bile Acid Transporter Inhibitor		
BYLVAY	4	PA; SP; QL
BYLVAY (PELLETS)	4	PA; SP; QL
LIVMARLI	4	PA; SP; QL
LYNAVOY	Not covered	SP; QL
Dental and Oral Agents		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
periogard	1	
pilocarpine hcl oral	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents		
ABSORICA LD	Not covered	QL
accutane	3	QL
acitretin	3	
adapalene external cream	3	
adapalene external gel	3	
ADAPALENE EXTERNAL PAD	Not covered	
ADAPALENE EXTERNAL SOLUTION	Not covered	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	Not covered	QL
ADBRY	4	PA; SP; QL
ADQUEY	Not covered	
AKLIEF	Not covered	QL
ALTRENO	Not covered	QL

Drug Name	Drug Tier	Notes
ammonium lactate external	1	
amnesteem	3	QL
AMZEEQ	Not covered	QL
ANZUPGO	Not covered	QL
ARAZLO	Not covered	QL
azelaic acid external	1	
AZELEX	Not covered	
benzoyl peroxide-erythromycin	Not covered	
BIMZELX	Not covered	SP; QL
CABTREO	Not covered	QL
calcipotriene external cream	1	
CALCIPOTRIENE EXTERNAL FOAM	Not covered	ABA
calcipotriene external ointment	1	
calcipotriene external solution	1	
calcipotriene-betameth diprop	1	
calcitriol external	1	
CIBINQO	4	PA; SP; QL
claravis	3	QL
clindacin	Not covered	
clindacin etz	1	
clindacin-p	1	
clindamycin phos (once-daily)	Not covered	
clindamycin phos (twice-daily)	1	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	Not covered	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	Not covered	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	3	
clindamycin phosphate external foam	Not covered	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin-tretinoin	Not covered	
COSENTYX (300 MG DOSE)	5	PA; SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	5	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	5	PA; SP; QL

Drug Name	Drug Tier	Notes
COSENTYX SENSOREADY PEN	5	PA; SP; QL
COSENTYX UNOREADY	5	PA; SP; QL
dapsone external gel 5 %	Not covered	QL
dapsone external gel 7.5 %	Not covered	
DERMAVYX	Not covered	
DIFFERIN EXTERNAL LOTION 0.1 %	Not covered	
DIYRA	Not covered	
DOREVI	Not covered	
doxepin hcl external	Not covered	QL
doxycycline	Not covered	
DRYSOL	2	
DUOBRII	Not covered	QL
DUPIXENT	4	PA; SP; QL
EBGLYSS	4	PA; SP; QL
EMROSI	Not covered	QL
ENSTILAR	Not covered	QL
EPIFOAM	Not covered	
EPSOLAY	Not covered	QL
ERY PAD 2%	Not covered	
erythromycin external gel	3	
erythromycin external solution	1	
EUCRISA	2	ST; QL
FABIOR EXTERNAL FOAM 0.1 %	Not covered	QL
FILSUVEZ	4	PA; SP; QL
FINACEA EXTERNAL FOAM	Not covered	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	Not covered	
HYFTOR	4	SP; QL
ILUMYA	Not covered	
imiquimod external cream 3.75 %	Not covered	QL
imiquimod external cream 5 %	1	QL
imiquimod pump	Not covered	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	QL
isotretinoin oral capsule 25 mg, 35 mg	Not covered	QL
ivermectin external cream	1	ST; QL

Drug Name	Drug Tier	Notes
LEQSELVI	Not covered	SP; QL
LITFULO	Not covered	SP; QL
methoxsalen rapid	1	
metronidazole external	1	
NEMLUVIO	5	PA; SP; QL
neuac	3	
NORITATE	Not covered	
OPZELURA	Not covered	QL
pimecrolimus	1	
podofilox external	1	
PRAMOSONE	Not covered	
QBREXZA	Not covered	QL
SANTYL	2	
selenium sulfide external lotion	1	
SILIQ	Not covered	SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	Not covered	SP; QL
sodium sulfacetamide wash	1	
SOFDRA	Not covered	QL
SORILUX	Not covered	
SOTYKTU	Not covered	SP; QL
SPEVIGO SUBCUTANEOUS	Not covered	SP; QL
sss 10-5	3	
sulfacetamide sodium (acne)	3	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external cream 10-5 %	3	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 %	3	
sulfacetamide sodium-sulfur external suspension 8-4 %	3	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	3	
tacrolimus external	1	
TALTZ	5	PA; SP; QL
tazarotene external cream	1	
TAZAROTENE EXTERNAL FOAM	Not covered	ABA; QL

Drug Name	Drug Tier	Notes
tazarotene external gel	1	
tretinoin external cream	3	
tretinoin external gel 0.01 %, 0.025 %	3	
tretinoin external gel 0.05 %	Not covered	
tretinoin microsphere	Not covered	
tretinoin microsphere pump	Not covered	
trilitas	1	
TWYNEO	Not covered	QL
VEREGEN	Not covered	
VTAMA	2	ST; QL
WENIXRA	Not covered	
WINLEVI	Not covered	QL
WYNZORA	Not covered	QL
ZELSUVMI	3	PA; QL
zenatane	3	QL
ZILXI	Not covered	QL
ZORYVE EXTERNAL CREAM 0.05 %, 0.15 %	Not covered	QL
ZORYVE EXTERNAL CREAM 0.3 %	2	ST; QL
ZORYVE EXTERNAL FOAM	2	ST; QL
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	Not covered	QL
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
ACCRUFER	Not covered	QL
AMINOAM RMS	Not covered	
AMINORELIEF RMS	Not covered	
AQUASTAT	3	
AQUASTAT SFR	3	
BD POSIFLUSH	3	
BD POSIFLUSH SAFESCRUB	3	
carglumic acid	4	PA; SP
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	Not covered	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	2	
GALZIN	Not covered	QL
iodine strong	1	

Drug Name	Drug Tier	Notes
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS	Not covered	
K-PHOS NO 2	Not covered	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
MONOJECT FLUSH SYRINGE	3	
MONOJECT SODIUM CHLORIDE FLUSH	3	
normal saline flush	1	
PHOSPHO-TRIN K500	Not covered	
POKONZA	Not covered	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral packet 40 meq	Not covered	
potassium chloride oral solution	1	
potassium citrate er	1	
saline flush	1	
sodium chloride flush solution 0.9 % intravenous	1	
SODIUM CHLORIDE FLUSH SOLUTION 0.9 % INTRAVENOUS	3	
sodium fluoride oral	1	PV2; AL (Min 6 Months and Max 16 Years)
ZYCUBO	4	PA; SP; QL
Electrolyte/Mineral/Metal Modifiers		
CHEMET	Not covered	
CUVRIOR	Not covered	SP; QL
deferasirox granules	Not covered	15DS; SP
deferasirox oral packet	Not covered	15DS; SP
deferasirox oral tablet	4	15DS; SP
deferasirox oral tablet soluble	4	15DS; SP
deferiprone	4	PA; SP; QL

Drug Name	Drug Tier	Notes
FERRIPROX ORAL SOLUTION	Not covered	SP; QL
FERRIPROX TWICE-A-DAY	Not covered	SP; QL
KIONEX	Not covered	
LOKELMA	2	QL
sodium polystyrene sulfonate	1	
SPS (SODIUM POLYSTYRENE SULF)	Not covered	
tolvaptan	4	PA; SP; QL
tolvaptan (hyponatremia)	4	PA; SP; QL
trientine hcl	4	PA; SP; QL
VELTASSA	Not covered	QL
Phosphate Binders		
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
ferric citrate tablet 1 gm 210 mg(fe) oral	Not covered	
ferric citrate tablet 1 gm 210 mg(fe) oral	Not covered	ABA
FOSRENOL ORAL PACKET	Not covered	
lanthanum carbonate	4	
sevelamer carbonate	1	
sevelamer hcl	1	
VELPHORO	Not covered	
Vitamins		
AQUASOL A	Not covered	
cyanocobalamin injection solution 1000 mcg/ml	Not covered	
cyanocobalamin nasal	Not covered	
ergocalciferol oral capsule	1	
folate	Preventive	PV1
FOLIC ACID ORAL SOLUTION	Not covered	ABA; QL
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	Preventive	PV1
ft folic acid	Preventive	PV1
hydroxocobalamin acetate	1	
phytonadione injection solution 10 mg/ml	Not covered	
phytonadione oral	1	
QUIOFIC	Not covered	QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	

Drug Name	Drug Tier	Notes
vitamin k1 injection	Not covered	
yl folic acid	Preventive	PV1
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
ATROPINE SULFATE INTRAMUSCULAR	Not covered	
belladonna alkaloids-opium	1	
DERMACINRX DIGENYX	Not covered	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
dicyclomine hcl oral tablet 40 mg	Not covered	
GLYCATE	Not covered	
glycopyrrolate oral solution 1 mg/5ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	Not covered	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	Not covered	
LEVSIN	Not covered	
LEVSIN/SL	Not covered	
methscopolamine bromide oral	1	
NULEV	Not covered	
OSCIMIN	Not covered	
Gastrointestinal Agents, Other		
AKKERSTOR	Not covered	
amoxicill-clarithro-lansopraz	Not covered	
BIOTRELLE	Not covered	
bis subcit-metronid-tetracyc	Not covered	
bismuth/metronidaz/tetracyclin	Not covered	
chlordiazepoxide-clidinium	1	
cromolyn sodium oral	1	
CTEXLI	4	PA; SP
diphenoxylate-atropine	1	

Drug Name	Drug Tier	Notes
FLORACTIS	Not covered	
GATTEX	Not covered	SP; QL
GLYCTERA	Not covered	
IQIRVO	Not covered	SP; QL
LIVDELZI	5	PA; SP; QL
loperamide hcl oral capsule	Not covered	
MOTOFEN	Not covered	
MOVANTIK	Not covered	QL
MYTESI	Not covered	QL
prucalopride succinate	Not covered	QL
RELISTOR	Not covered	QL
RELTONE	Not covered	
REZDIFFRA	4	PA; 15DS; SP; QL
SEROSTIM	Not covered	SP
SYMPROIC	2	QL
TALICIA	Not covered	QL
TRULANCE	Not covered	QL
URSODIOL ORAL CAPSULE 200 MG, 400 MG	Not covered	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
URSOLIGN	Not covered	
VOQUEZNA	Not covered	QL
VOQUEZNA DUAL PAK	Not covered	QL
VOQUEZNA TRIPLE PAK	Not covered	QL
VOWST	Not covered	SP; QL
XERMELO	4	PA; SP; OVM
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl	1	
cimetidine oral	1	
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	1	
nizatidine	1	
RANITIDINE HCL	Not covered	
Irritable Bowel Syndrome Agents		
alosetron hcl oral tablet 0.5 mg	1	QL
alosetron hcl oral tablet 1 mg	Not covered	QL

Drug Name	Drug Tier	Notes
IBSRELA	Not covered	QL
LINZESS	2	QL
lubiprostone	1	QL
VIBERZI	Not covered	QL
Laxatives		
bisacodyl ec	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
CLENPIQ	3	QL
constulose	1	
enulose	1	
ft clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft laxative	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft magnesium citrate	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft milk of magnesia	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gavilax oral powder	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-c	1	PV2; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-g	1	PV2; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-n with flavor pack	1	PV2; QL; AL (Min 45 Years and Max 75 Years)
generlac	1	
gentle laxative oral	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
glycolax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
goodsense clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
goodsense milk of magnesia	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
healthylax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
KRISTALOSE	Not covered	

Drug Name	Drug Tier	Notes
lactulose encephalopathy	1	
lactulose oral packet	Not covered	
lactulose oral solution	1	
laxative osmotic	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
magnesium citrate oral solution	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
milk of magnesia concentrate	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
mm clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
na sulfate-k sulfate-mg sulf	1	QL
peg 3350	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
peg 3350-kcl-na bicarb-nacl	1	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes	1	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes/ascorbat	1	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-kcl-nacl-nasulf-na asc-c	1	PV2; QL; AL (Min 45 Years and Max 75 Years)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	Not covered	QL
polyethylene glycol 3350 oral	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
smooth lax oral powder	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
SUFLAVE	3	QL
SUTAB	3	QL
true laxative oral powder 17 gm/scoop	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
Protectants		
misoprostol oral	1	
sucralfate oral	1	
Proton Pump Inhibitors		
dexlansoprazole	Not covered	

Drug Name	Drug Tier	Notes
esomeprazole magnesium	Not covered	
KONVOMEP	Not covered	
lansoprazole oral capsule delayed release	1	QL
lansoprazole oral tablet delayed release dispersible	Not covered	
omeprazole oral capsule delayed release	1	QL
omeprazole-sodium bicarbonate	Not covered	QL
pantoprazole sodium oral packet	Not covered	
pantoprazole sodium oral tablet delayed release	1	QL
PRILOSEC	Not covered	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	Not covered	ABA; QL
rabeprazole sodium oral tablet delayed release	1	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
betaine	4	SP
BUPHENYL ORAL POWDER	Not covered	
CERDELGA	Not covered	SP; QL
CHOLBAM	4	PA; SP; QL
CREON	4	
CYSTAGON	4	SP
DUVYZAT	5	PA; SP; QL
EVRYSDI	Not covered	SP; QL
GALAFOLD	Not covered	SP; QL
GLASSIA	Not covered	SP; QL
glycerol phenylbutyrate	Not covered	PA; SP; QL
HARLIKU	Not covered	SP; QL
IMCIVREE	Not covered	SP; QL
KYGEVVI	4	PA; SP; QL
LOARGYS	4	PA; SP; QL
miglustat	4	PA; SP; QL
MYALEPT	Not covered	SP; QL
nitisinone	4	PA; SP
NITYR	Not covered	SP
OLPRUVA (2 GM DOSE)	Not covered	SP; QL
OLPRUVA (3 GM DOSE)	Not covered	SP; QL

Drug Name	Drug Tier	Notes
OLPRUVA (4 GM DOSE)	Not covered	SP; QL
OLPRUVA (5 GM DOSE)	Not covered	SP; QL
OLPRUVA (6 GM DOSE)	Not covered	SP; QL
OLPRUVA (6.67 GM DOSE)	Not covered	SP; QL
OPFOLDA	Not covered	SP; QL
ORFADIN ORAL SUSPENSION	4	PA; SP
PALYNZIQ	Not covered	SP; QL
PANCREAZE	Not covered	
PERTZYE	Not covered	
PHEBURANE	Not covered	SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG	Not covered	SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG	Not covered	SP
PROCYSBI ORAL PACKET	Not covered	SP; QL
REVCOVI	4	PA; SP; QL
sapropterin dihydrochloride	4	PA; SP
SEPHIENCE	5	PA; SP
sodium phenylbutyrate oral powder	1	
sodium phenylbutyrate oral tablet	1	QL
STRENSIQ	4	PA; SP; QL
SUCRAID	5	PA; SP; QL
VIOKACE	Not covered	
VOXZOGO	4	PA; SP; QL
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL
WAINUA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Not covered	
XURIDEN	4	PA; SP; QL
yargesa	Not covered	SP; QL
YUVIWEL	4	PA; SP; QL
zelvysia	4	PA; SP
ZENPEP	4	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er	Not covered	QL
fesoterodine fumarate er	1	QL

Drug Name	Drug Tier	Notes
flavoxate hcl	1	
GEMTESA	Not covered	QL
mirabegron er oral suspension reconstituted er	Not covered	QL
mirabegron er oral tablet extended release 24 hour	1	PA; QL
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
OXYTROL	Not covered	QL
solifenacin succinate	1	QL
tolterodine tartrate	1	
tolterodine tartrate er	1	
trospium chloride	1	QL
trospium chloride er	1	QL
URETRON D/S	Not covered	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	1	
CARDURA XL	Not covered	
dutasteride oral	1	
dutasteride-tamsulosin hcl	Not covered	QL
ENTADFI	Not covered	QL
finasteride oral tablet 5 mg	1	
silodosin	1	QL
tamsulosin hcl	1	
terazosin hcl	1	
TEZRULY	Not covered	
Genitourinary Agents, Other		
acetic acid irrigation	1	
ARGYLE STERILE SALINE	3	
bethanechol chloride oral	1	
CURITY STERILE SALINE	3	
ELMIRON	Not covered	
FILSPARI	4	PA; 15DS; SP; QL
LITHOSTAT	3	
OPTIONS GYNOL II CONTRACEPTIVE	Preventive	PV1; QL
penicillamine oral	4	QL
RENACIDIN	Not covered	

Drug Name	Drug Tier	Notes
RIVFLOZA	5	PA; SP; QL
sodium chloride irrigation	1	
tiopronin	4	PA
TODAY SPONGE	Preventive	PV1; QL
TRUTAKNA	Not covered	SP; QL
VANRAFIA	Not covered	SP; QL
VCF VAGINAL CONTRACEPTIVE	Preventive	PV1; QL
VOYXACT	5	PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
AGAMREE	Not covered	SP; QL
ALA SCALP	Not covered	
ala-cort	1	
alclometasone dipropionate	1	
ALKINDI SPRINKLE	Not covered	SP; QL
amcinonide	Not covered	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
BRYHALI	Not covered	QL
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate emulsion	1	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	Not covered	ABA
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
clocortolone pivalate	Not covered	
clodan	1	

Drug Name	Drug Tier	Notes
CORDRAN	Not covered	
CORTISONE ACETATE ORAL	Not covered	
deflazacort	4	PA; SP
desonide external cream	1	
desonide external gel	Not covered	
desonide external lotion	1	
desonide external ointment	1	
desoximetasone external cream	1	
desoximetasone external gel	1	
desoximetasone external liquid	Not covered	
desoximetasone external ointment	1	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	Not covered	
DEXLYT	Not covered	
diflorasone diacetate	Not covered	
evesse	1	
fludrocortisone acetate oral	1	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	1	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
flurandrenolide	Not covered	
fluticasone propionate external	1	
halcinonide	Not covered	
halobetasol propionate external cream	1	
halobetasol propionate external foam	Not covered	
HALOBETASOL PROPIONATE EXTERNAL LOTION	Not covered	ABA

Drug Name	Drug Tier	Notes
halobetasol propionate external ointment	1	
HEMADY	Not covered	
HIDEX 6-DAY	Not covered	
HYDROCORTISONE ACETATE EXTERNAL CREAM 2.5 %	Not covered	
hydrocortisone butyrate	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2 %	Not covered	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
HYDROCORTISONE EXTERNAL SOLUTION	Not covered	
hydrocortisone oral	1	
hydrocortisone sod suc (pf)	1	
hydrocortisone valerate	1	
HYDROXYM EXTERNAL CREAM	Not covered	
IMPOYZ	Not covered	
jaythari	4	PA; SP
KHINDIVI	Not covered	SP; QL
kymbee	4	PA; SP
MEDROL ORAL TABLET 2 MG	Not covered	
methylprednisolone oral	1	
MICORT HC EXTERNAL CREAM 2.5 %	Not covered	
mometasone furoate external	1	
prednisolone oral	1	
prednisolone sodium phosphate oral solution	1	
prednisolone sodium phosphate oral tablet dispersible	Not covered	
prednisone intensol	1	
prednisone oral solution	1	
prednisone oral tablet	1	
PREDNISONE ORAL TABLET DELAYED RELEASE	Not covered	QL
prednisone oral tablet therapy pack	1	
pyquvi	4	PA; SP
SERNIVO	Not covered	QL
TAPERDEX 12-DAY	Not covered	
TAPERDEX 6-DAY	Not covered	

Drug Name	Drug Tier	Notes
TAPERDEX 7-DAY	Not covered	
TEXACORT	Not covered	
tovet	1	
triamcinolone acetonide external aerosol solution	1	QL
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbase	1	
triderm	1	
ULTRAVATE	Not covered	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
ACTHAR	Not covered	SP; QL
ACTHAR GEL	Not covered	SP; QL
cabergoline	1	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	Not covered	SP; QL
CORTROPHIN	Not covered	SP; QL
CORTROPHIN GEL	Not covered	SP
CRENESSITY	4	PA; SP; QL
desmopressin ace spray refrig	1	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
desmopressin acetate spray	1	
EGRIFTA SV	Not covered	SP; QL
EGRIFTA WR	Not covered	SP; QL
FOLLISTIM AQ	Not covered	SP; QL
GENOTROPIN	4	PA; SP
GENOTROPIN MINIQUICK	4	PA; SP
GONAL-F	Not covered	SP; QL
GONAL-F RFF REDIJECT	Not covered	SP; QL
HUMATROPE	Not covered	SP
INCRELEX	Not covered	SP
ISTURISA	Not covered	SP; QL

Drug Name	Drug Tier	Notes
MENOPUR	Not covered	SP
NGENLA	Not covered	SP
NORDITROPIN FLEXPRO	4	PA; SP
NOVAREL	Not covered	SP; QL
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	Not covered	SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	Not covered	SP
OMNITROPE	Not covered	SP
OVIDREL	Not covered	SP; QL
PREGNYL	Not covered	SP; QL
RECORLEV	Not covered	SP; QL
SKYTROFA	5	PA; SP
SOGROYA	5	PA; SP; QL
ZOMACTON	Not covered	SP
Selective Estrogen Receptor Modifying Agents		
clomid	1	QL
clomiphene citrate oral	1	QL
milophene	1	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
mifepristone oral tablet 300 mg	4	PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
AZMIRO	Not covered	
danazol oral	1	
INTRAROSA	Not covered	
JATENZO	Not covered	QL
KYZATREX	Not covered	QL
METHITEST	5	QL
methyltestosterone oral	Not covered	QL
NATESTO	Not covered	QL
TESTOSTERONE CYPIONATE INJECTION	Not covered	

Drug Name	Drug Tier	Notes
testosterone cypionate intramuscular solution 100 mg/ml	1	
testosterone cypionate solution 200 mg/ml intramuscular	1	
TESTOSTERONE CYPIONATE SOLUTION 200 MG/ML INTRAMUSCULAR	Not covered	
testosterone enanthate intramuscular	1	
testosterone transdermal gel	1	PA; QL
testosterone transdermal solution	Not covered	QL
TLANDO	Not covered	QL
XYOSTED	Not covered	QL
Estrogens		
abigale	1	
abigale lo	1	
afirmelle	1	PV2
ALORA	Not covered	
altavera	1	PV2
alyacen 1/35	1	PV2
alyacen 7/7/7	1	PV2
amethyst	1	PV2
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	PV2
aranelle	1	PV2
ashlyna	1	PV2; QL
aubra eq	1	PV2
aurovela 1.5/30	1	PV2
aurovela 1/20	1	PV2
aurovela 24 fe	1	PV2
aurovela fe 1.5/30	1	PV2
aurovela fe 1/20	1	PV2
AVERI ORAL TABLET 0.15-0.03 MG	Not covered	
aviane	1	PV2
ayuna	1	PV2
azurette	1	PV2
balziva	1	PV2
BIJUVA	Not covered	QL

Drug Name	Drug Tier	Notes
blisovi 24 fe	1	PV2
blisovi fe 1.5/30	1	PV2
blisovi fe 1/20	1	PV2
briellyn	1	PV2
camrese	1	PV2; QL
camrese lo	1	PV2; QL
charlotte 24 fe	1	PV2
chateal eq	1	PV2
CLIMARA PRO	3	
COMBIPATCH	Not covered	
COVARYX	Not covered	
COVARYX HS	Not covered	
cryselle	1	PV2
cyred eq	1	PV2
dasetta 1/35 (28)	1	PV2
dasetta 7/7/7	1	PV2
daysee	1	PV2; QL
delyla	1	PV2
DEPO-ESTRADIOL	Not covered	
desogestrel-ethinyl estradiol	1	PV2
dolishale	1	PV2
dotti	1	
drospiren-eth estrad-levomefol	1	PV2
drospirenone-ethinyl estradiol	1	PV2
DUAVEE	3	
EEMT	Not covered	
EEMT HS	Not covered	
ELESTRIN	3	
elinest	1	PV2
eluryng	1	PV2; QL
enilloring	1	PV2; QL
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	PV2
enskyce	1	PV2
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	

Drug Name	Drug Tier	Notes
est estrogens-methyltest hs	1	
estarylla	1	PV2
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ESTRATEST H.S.	Not covered	
ESTRING	2	
estrogens conjugated	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	PV2
etonogestrel-ethinyl estradiol	1	PV2; QL
EVAMIST	3	
falmina	1	PV2
feirza 1.5/30	1	PV2
feirza 1/20	1	PV2
FEMLYV	Not covered	QL
FEMRING	Not covered	
finzala	1	PV2
fyavolv	1	
galbriela	1	PV2
gemmily	1	PV2
hailey 1.5/30	1	PV2
hailey 24 fe	1	PV2
hailey fe 1.5/30	1	PV2
hailey fe 1/20	1	PV2
haloette vaginal ring 0.12-0.015 mg/24hr	1	PV2; QL
iclevia	1	PV2; QL
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
introvale	1	PV2; QL
isibloom	1	PV2
jaimiess	1	PV2; QL
jasmiel	1	PV2
jinteli	1	

Drug Name	Drug Tier	Notes
jolessa	1	PV2; QL
joyeaux	1	PV2
juleber	1	PV2
junel 1.5/30	1	PV2
junel 1/20	1	PV2
junel fe 1.5/30	1	PV2
junel fe 1/20	1	PV2
junel fe 24	1	PV2
kaitlib fe	1	PV2
kalliga	1	PV2
kariva	1	PV2
kelnor 1/35	1	PV2
kurvelo	1	PV2
larin 1.5/30	1	PV2
larin 1/20	1	PV2
larin 24 fe	1	PV2
larin fe 1.5/30	1	PV2
larin fe 1/20	1	PV2
lessina	1	PV2
levonest	1	PV2
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	PV2; QL
levonorgest-eth estrad 91-day	1	PV2; QL
levonorgest-eth estradiol-iron	1	PV2
levonorgestrel-ethinyl estrad	1	PV2
levonorg-eth estrad triphasic	1	PV2
LO LOESTRIN FE	3	
lojaimiess	1	PV2; QL
loryna	1	PV2
low-ogestrel	1	PV2
lo-zumandimine	1	PV2
luizza 1.5/30	1	PV2
luizza 1/20	1	PV2
lutera	1	PV2
lyllana	1	
marlissa	1	PV2

Drug Name	Drug Tier	Notes
MENOSTAR	Not covered	
mibelas 24 fe	1	PV2
microgestin 1.5/30	1	PV2
microgestin 1/20	1	PV2
microgestin fe 1.5/30	1	PV2
microgestin fe 1/20	1	PV2
mili	1	PV2
mimvey	1	
minzoya	1	PV2
mono-linyah	1	PV2
MYFEMBREE	4	PA; QL
NATAZIA	Not covered	
necon 0.5/35 (28)	1	PV2
NEXTSTELLIS	3	
nikki	1	PV2
norelgestromin-eth estradiol	1	PV2; QL
norethin ace-eth estrad-fe	1	PV2
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	1	PV2
norethindrone acet-ethinyl est	1	PV2
norethindrone-eth estradiol	1	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	1	PV2
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	PV2
norgestimate-ethinyl estradiol triphasic	1	PV2
nortrel 0.5/35 (28)	1	PV2
nortrel 1/35 (21)	1	PV2
nortrel 1/35 (28)	1	PV2
nortrel 7/7/7	1	PV2
nylia 1/35	1	PV2
nylia 7/7/7	1	PV2
ORIAHNN	Not covered	QL
philith	1	PV2
pimtrea	1	PV2
portia-28	1	PV2
PREMARIN VAGINAL	2	

Drug Name	Drug Tier	Notes
PREMPHASE	2	
PREMPRO	2	
reclipsen	1	PV2
rivelsa	1	PV2; QL
rosyrah	1	PV2; QL
setlakin	1	PV2; QL
simliya	1	PV2
simpesse	1	PV2; QL
sprintec 28	1	PV2
sronyx	1	PV2
syeda	1	PV2
tarina 24 fe	1	PV2
tarina fe 1/20 eq	1	PV2
taysofy	1	PV2
tilia fe	1	PV2
tri-estarylla	1	PV2
tri-legest fe	1	PV2
tri-linyah	1	PV2
tri-lo-estarylla	1	PV2
tri-lo-marzia	1	PV2
tri-lo-mili	1	PV2
tri-lo-sprintec	1	PV2
tri-mili	1	PV2
tri-sprintec	1	PV2
tri-vylibra	1	PV2
tri-vylibra lo	1	PV2
turqoz	1	PV2
TWIRLA	Not covered	QL
TYBLUME	Not covered	
tydemy	1	PV2
valtya 1/35	1	PV2
valtya 1/50	1	PV2
velivet	1	PV2
vestura	1	PV2
vienva	1	PV2
viorele	1	PV2

Drug Name	Drug Tier	Notes
volnea	1	PV2
vyfemla	1	PV2
vylibra	1	PV2
wera	1	PV2
wymzya fe	1	PV2
xarah fe	1	PV2
xelria fe	1	PV2
xulane	1	PV2; QL
yuvafem	1	
zafemy	1	PV2; QL
zovia 1/35 (28)	1	PV2
zumandimine	1	PV2
Progestins		
aftera	Preventive	PV1; QL
afterpill	Preventive	PV1; QL
camila	1	PV2
CRINONE	Not covered	
deblitane	1	PV2
DEPO-SUBQ PROVERA 104	Not covered	
econtra one-step	Preventive	PV1; QL
ELLA	3	PV2; QL
emzahh	1	PV2
errin	1	PV2
gallifrey	1	
heather	1	PV2
her style	Preventive	PV1; QL
incassia	1	PV2
jencycla	1	PV2
levonorgestrel	Preventive	PV1; QL
lyleq	1	PV2
lyza	1	PV2
medroxyprogesterone acetate intramuscular	1	PV2
medroxyprogesterone acetate oral	1	
megestrol acetate oral	1	
meleya	1	PV2
my choice	Preventive	PV1; QL

Drug Name	Drug Tier	Notes
my way	Preventive	PV1; QL
new day	Preventive	PV1; QL
nora-be	1	PV2
norethindrone acetate oral	1	
norethindrone oral	1	PV2
norlyroc	1	PV2
opcicon one-step	Preventive	PV1; QL
option 2	Preventive	PV1; QL
orquidea	1	PV2
progesterone intramuscular	1	
progesterone oral	1	
progesterone vaginal	Not covered	
sharobel	1	PV2
shewise	Preventive	PV1; QL
SLYND	Not covered	QL
take action	Preventive	PV1; QL
your choice	Preventive	PV1; QL
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	
raloxifene hcl	1	PV3; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	Not covered	ABA
levothyroxine sodium oral tablet	1	
levoxyl	1	
liomny	1	
liothyronine sodium oral	1	
THYQUIDITY	Not covered	
TIROSINT	3	
TIROSINT-SOL	3	
unithroid	1	

Drug Name	Drug Tier	Notes
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	QL
Hormonal Agents, Suppressant (Pituitary)		
BYNFEZIA PEN	Not covered	PA; SP; QL
cetrorelix acetate	Not covered	SP
ganirelix acetate	Not covered	SP
leuprolide acetate injection	4	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	Not covered	SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	Not covered	SP
LUPRON DEPOT-PED (1-MONTH)	Not covered	SP
LUPRON DEPOT-PED (3-MONTH)	Not covered	SP
LUPRON DEPOT-PED (6-MONTH)	Not covered	SP
MYCAPSSA	Not covered	SP; QL
octreotide acetate injection	4	SP
octreotide acetate subcutaneous	4	SP
ORILISSA	Not covered	QL
PALSONIFY	Not covered	SP; QL
SIGNIFOR	4	PA; SP; QL
SOMAVERT	4	PA; SP
SYNAREL	Not covered	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral	1	
propylthiouracil oral	1	
Immunological Agents		
Angioedema Agents		
ANDEMBRY	4	PA; SP; QL
BERINERT	Not covered	SP
DAWNZERA	Not covered	SP; QL
EKTERLY	Not covered	SP; QL
HAEGARDA	4	PA; SP; QL
icatibant acetate	4	PA; SP; QL
ORLADEYO	4	PA; SP; QL

Drug Name	Drug Tier	Notes
RUCONEST	Not covered	SP; QL
TAKHZYRO	Not covered	SP; QL
Immune Suppressants		
ABRILADA (1 PEN)	Not covered	SP; QL
ABRILADA (2 PEN)	Not covered	SP; QL
ABRILADA (2 SYRINGE)	Not covered	SP; QL
ADALIMUMAB-AACF (2 PEN)	Not covered	SP; QL
ADALIMUMAB-AACF (2 SYRINGE)	Not covered	SP; QL
ADALIMUMAB-AACF (CD/UC/HS STRT)	Not covered	SP; QL
ADALIMUMAB-AACF (PS/UV STARTER)	Not covered	SP; QL
ADALIMUMAB-AATY (1 PEN)	Not covered	SP; QL
ADALIMUMAB-AATY (2 PEN)	Not covered	SP; QL
ADALIMUMAB-AATY (2 SYRINGE)	Not covered	SP; QL
ADALIMUMAB-AATY CD/UC/HS START	Not covered	SP
ADALIMUMAB-ADAZ	Not covered	SP
ADALIMUMAB-ADBM (2 PEN)	Not covered	SP
ADALIMUMAB-ADBM (2 SYRINGE)	Not covered	SP
ADALIMUMAB-BWWD	Not covered	SP
ADALIMUMAB-FKJP (2 PEN)	Not covered	SP
ADALIMUMAB-FKJP (2 SYRINGE)	Not covered	SP
AMJEVITA	Not covered	SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	Not covered	SP
AMJEVITA-PED 15KG TO <30KG	Not covered	SP
azathioprine oral	1	
CIMZIA (1 SYRINGE)	Not covered	SP; QL
CIMZIA (2 SYRINGE)	Not covered	SP; QL
CIMZIA-STARTER	Not covered	SP; QL
cyclosporine modified	4	SP
cyclosporine oral	4	SP
CYLTEZO (2 PEN)	Not covered	SP
CYLTEZO (2 SYRINGE)	Not covered	SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Not covered	SP

Drug Name	Drug Tier	Notes
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Not covered	SP
ENBREL	4	PA; SP; QL
ENBREL MINI	4	PA; SP; QL
ENBREL SURECLICK	4	PA; SP; QL
ENVARSUS XR	Not covered	SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	4	SP
gengraf	4	SP
HADLIMA	Not covered	SP
HADLIMA PUSHTOUCH	Not covered	SP
HULIO (2 PEN)	Not covered	SP
HULIO (2 SYRINGE)	Not covered	SP
HUMIRA (2 PEN)	Not covered	SP; QL
HUMIRA (2 SYRINGE)	Not covered	SP; QL
HUMIRA-CD/UC/HS STARTER	Not covered	SP; QL
HYRIMOZ	Not covered	SP
HYRIMOZ-CROHNS/UC STARTER	Not covered	SP
HYRIMOZ-PED<40KG CROHN STARTER	Not covered	SP
HYRIMOZ-PED>/=40KG CROHN START	Not covered	SP
HYRIMOZ-PLAQ PSOR/UVEIT START	Not covered	SP
HYRIMOZ-PLAQUE PSORIASIS START	Not covered	SP
IMULDOSA SUBCUTANEOUS	Not covered	SP; QL
JYLAMVO	Not covered	SP
KINERET	5	PA; SP; QL
LUPKYNIS	Not covered	SP; QL
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral	4	SP
mycophenolate sodium	4	SP
mycophenolic acid	4	SP
MYHIBBIN	Not covered	SP; QL
OLUMIANT	Not covered	SP; QL
OMVOH (300 MG DOSE)	Not covered	SP; QL
OMVOH SUBCUTANEOUS	Not covered	SP; QL

Drug Name	Drug Tier	Notes
ORENCIA CLICKJECT	5	PA; SP; QL
ORENCIA SUBCUTANEOUS	5	PA; SP; QL
OTULFI SUBCUTANEOUS	Not covered	SP
PROGRAF ORAL PACKET	5	SP
RASUVO	Not covered	SP; QL
REZUROCK	4	PA; SP; OVM
RHAPSIDO	Not covered	SP; QL
SIMLANDI (1 PEN)	4	PA; SP; QL
SIMLANDI (2 PEN)	4	PA; SP; QL
SIMLANDI (2 SYRINGE)	4	PA; SP; QL
SIMPONI	4	PA; SP; QL
sirolimus oral	4	SP
SKYRIZI PEN	Not covered	SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Not covered	SP; QL
STARJEMZA SUBCUTANEOUS	Not covered	SP
STEQEYMA SUBCUTANEOUS	Not covered	SP; QL
tacrolimus er	4	SP
tacrolimus oral	4	SP
tofacitinib citrate er	4	PA; SP; QL
tofacitinib citrate oral	4	PA; SP; QL
TREXALL	2	
USTEKINUMAB-AAUZ	Not covered	SP
XATMEP	Not covered	SP
YESINTEK SUBCUTANEOUS	4	PA; SP; QL
YUFLYMA (1 PEN)	Not covered	SP; QL
YUFLYMA (2 PEN)	Not covered	SP; QL
YUFLYMA (2 SYRINGE)	Not covered	SP; QL
YUFLYMA-CD/UC/HS STARTER	Not covered	SP; QL
YUSIMRY	Not covered	SP
ZYMFENTRA (1 PEN)	Not covered	SP; QL
ZYMFENTRA (2 PEN)	Not covered	SP; QL
ZYMFENTRA (2 SYRINGE)	Not covered	SP; QL
Immunoglobulins		
CUTAQUIG	Not covered	SP
CUVITRU	Not covered	SP

Drug Name	Drug Tier	Notes
GAMMAGARD	4	PA; SP
GAMMAGARD ERC	4	PA; SP
GAMMAKED	Not covered	SP
GAMUNEX-C	Not covered	SP
HIZENTRA	4	PA; SP
HYQVIA	Not covered	SP
XEMBIFY	Not covered	SP
Immunomodulators		
ACTEMRA ACTPEN	Not covered	SP; QL
ACTEMRA SUBCUTANEOUS	Not covered	SP; QL
ACTIMMUNE	4	SP
ARCALYST	Not covered	SP; QL
AURANOFIN	3	ABA
AVTOZMA SUBCUTANEOUS	Not covered	SP
BENLYSTA SUBCUTANEOUS	4	PA; SP; QL
BEYFORTUS	Preventive	PV1; QL
ENFLONSIA	Preventive	PV1; QL
ENSPRYNG	4	PA; SP; QL
ENTYVIO PEN	5	PA; SP; QL
ICOTYDE	Not covered	SP; QL
KEVZARA	Not covered	SP; QL
leflunomide oral	1	
OMLYCLO	Not covered	SP
OTEZLA	4	PA; SP; QL
OTEZLA XR	4	PA; SP; QL
OTEZLA/OTEZLA XR INITIATION PK	4	PA; SP; QL
PYZCHIVA SUBCUTANEOUS	Not covered	SP
RIDAURA	Not covered	
RINVOQ	Not covered	SP; QL
RINVOQ LQ	Not covered	SP; QL
SAPHNELO PEN	Not covered	SP; QL
SAPHNELO SUBCUTANEOUS	Not covered	SP; QL
SELARSDI SUBCUTANEOUS	Not covered	SP
STELARA SUBCUTANEOUS	Not covered	SP; QL
TREMFYA ONE-PRESS	4	PA; SP; QL
TREMFYA PEN	4	PA; SP; QL

Drug Name	Drug Tier	Notes
TREMFYA SUBCUTANEOUS	4	PA; SP; QL
TREMFYA-CD/UC INDUCTION	4	PA; SP; QL
TYENNE SUBCUTANEOUS	4	PA; SP; QL
USTEKINUMAB SUBCUTANEOUS	Not covered	SP; QL
USTEKINUMAB-AEKN	Not covered	SP
USTEKINUMAB-TTWE SUBCUTANEOUS	Not covered	SP
VELSIPITY	Not covered	SP; QL
WEZLANA SUBCUTANEOUS	Not covered	SP; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
Immunosuppressants		
JOENJA ORAL TABLET 70 MG	4	PA; SP; QL
Vaccines		
ABRYSVO	Preventive	PV1; QL
ACTHIB	Preventive	PV1; QL
ADACEL	Preventive	PV1; QL
AREXVY	Preventive	PV1; QL
BEXSERO	Preventive	PV1; QL
BOOSTRIX	Preventive	PV1; QL
CAPVAXIVE	Preventive	PV1; QL
COMIRNATY	Preventive	PV1; QL
COMIRNATY 5-11 YEARS	Preventive	PV1; QL
DAPTACEL	Preventive	PV1; QL
DENGVAXIA	Preventive	PV1; QL
ENGERIX-B	Preventive	PV1; QL
FLUAD	Preventive	PV1; QL
FLUARIX	Preventive	PV1; QL
FLUBLOK	Preventive	PV1; QL
FLUCELVAX	Preventive	PV1; QL
FLULAVAL	Preventive	PV1; QL
FLUMIST	Preventive	PV1; QL
FLUZONE HIGH-DOSE	Preventive	PV1; QL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preventive	PV1; QL

Drug Name	Drug Tier	Notes
GARDASIL 9	Preventive	PV1; QL; AL (Min 9 Years and Max 45 Years)
HAVRIX	Preventive	PV1; QL
HEPLISAV-B	Preventive	PV1; QL
HIBERIX	Preventive	PV1; QL
INFANRIX	Preventive	PV1; QL
IPOL	Preventive	PV1; QL
JYNNEOS	Preventive	PV1; QL
KINRIX	Preventive	PV1; QL
MENQUADFI	Preventive	PV1; QL
MENVEO	Preventive	PV1; QL
MFLUSIVA	Preventive	PV1; QL
M-M-R II	Preventive	PV1; QL
MNEXSPIKE	Preventive	PV1; QL
MRESVIA	Preventive	PV1; QL
NUVAXOVID COVID-19 VACCINE	Preventive	PV1; QL
PEDIARIX	Preventive	PV1; QL
PEDVAXHIB	Preventive	PV1; QL
PENBRAYA	Preventive	PV1; QL
PENMENVY	Preventive	PV1; QL
PENTACEL	Preventive	PV1; QL
PNEUMOVAX 23	Preventive	PV1; QL
PREVNAR 20	Preventive	PV1; QL
PRIORIX	Preventive	PV1; QL
PROQUAD	Preventive	PV1; QL
QUADRACEL	Preventive	PV1; QL
RECOMBIVAX HB	Preventive	PV1; QL
ROTARIX	Preventive	PV1; QL
ROTATEQ	Preventive	PV1; QL
SHINGRIX	Preventive	PV1; QL
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Preventive	PV1; QL
SPIKEVAX	Preventive	PV1; QL
SPIKEVAX 6M-11Y	Preventive	PV1; QL
TENIVAC	Preventive	PV1; QL
TRUMENBA	Preventive	PV1; QL

Drug Name	Drug Tier	Notes
TWINRIX	Preventive	PV1; QL
VAQTA	Preventive	PV1; QL
VARIVAX	Preventive	PV1; QL
VAXELIS	Preventive	PV1; QL
VAXELIS INTRAMUSCULAR SUSPENSION	Preventive	PV1; QL
VAXNEUVANCE	Preventive	PV1; QL
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	3	
DIPENTUM	3	
mesalamine er oral capsule 0.375 gm	1	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	3	QL
mesalamine oral tablet delayed release 800 mg	3	
mesalamine rectal	3	
SFROWASA RECTAL ENEMA 4 GM/60ML	Not covered	
Glucocorticoids		
ANALPRAM HC EXTERNAL CREAM 2.5-1 %	Not covered	
ANALPRAM HC EXTERNAL LOTION	Not covered	
ANUCORT-HC	Not covered	
ANUSOL-HC RECTAL	Not covered	
budesonide er	4	QL
budesonide oral	1	
budesonide rectal	Not covered	
CORTIFOAM	Not covered	
EOHILIA	5	PA; SP; QL
HEMMOREX-HC	Not covered	
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	Not covered	
lidocaine-hydrocort (perianal)	1	
LIDOCORT	Not covered	

Drug Name	Drug Tier	Notes
PROCTOCORT RECTAL	Not covered	
PROCTOFOAM HC	2	
procto-med hc	1	
TARPEYO	5	PA; SP; QL
Sulfonamides		
sulfasalazine oral	1	
Metabolic Bone Disease Agents		
alendronate sodium	1	QL
BINOSTO	Not covered	QL
BONSITY	Not covered	SP; QL
calcitonin (salmon)	1	
calcitriol oral	1	
cinacalcet hcl	4	SP
doxercalciferol oral	1	
FOSAMAX PLUS D	Not covered	QL
ibandronate sodium oral	1	QL
paricalcitol oral	1	
RAYALDEE	Not covered	QL
risedronate sodium	1	QL
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	4	PA; SP; QL
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	Not covered	SP; QL
TYMLOS	4	PA; SP; QL
Miscellaneous Therapeutic Agents		
AEROCHAMBER HOLDING CHAMBER	2	QL
AEROCHAMBER MINI CHAMBER	2	QL
AEROCHAMBER MV	2	QL
AEROCHAMBER PLS FLOVU MTHPIECE	2	QL
AEROCHAMBER PLUS FLO-VU INTERM	2	QL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	QL
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	QL
AEROCHAMBER PLUS FLOW VU	2	QL

Drug Name	Drug Tier	Notes
AEROCHAMBER2GO ANTI-STATIC	2	QL
AQNEURSA	4	PA; SP; QL
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	
BD PEN NEEDLE MINI ULTRAFINE	2	
BD PEN NEEDLE NANO ULTRAFINE	2	
BD PEN NEEDLE ORIG ULTRAFINE	2	
BD PEN NEEDLE SHORT ULTRAFINE	2	
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	2	
BD ULTRA-FINE PEN NEEDLES	2	
BD VEO INSULIN SYR ULTRAFINE	2	
BREATHE COMFORT CHAMBER/ADULT	3	QL
BREATHE COMFORT CHAMBER/CHILD	3	QL
BREATHE EASE LARGE	3	QL
BREATHE EASE MEDIUM	3	QL
BREATHE EASE SMALL	3	QL
BREATHERITE VALVED MDI CHAMBER	3	QL
CAYA	3	PV2
CLEVER CHOICE HOLDING CHAMBER	3	QL
COMPACT SPACE CHAMBER	3	QL
COMPACT SPACE CHAMBER/LG MASK	3	QL
COMPACT SPACE CHAMBER/MED MASK	3	QL
COMPACT SPACE CHAMBER/SM MASK	3	QL
CONDOMS	Preventive	PV1; QL
deferoxamine mesylate	1	
DOJOLVI	Not covered	SP
DUREX EXTRA SENSITIVE THIN	Preventive	PV1; QL
DUREX TROPICAL	Preventive	PV1; QL
EASIVENT	3	QL
FC2 FEMALE CONDOM	Preventive	PV1; QL
FEMCAP	3	PV2; QL
FIRDAPSE	4	PA; SP; QL
FLEXICHAMBER	3	QL

Drug Name	Drug Tier	Notes
GRASTEK	Not covered	QL
IWILFIN	4	PA; 15DS; SP; OVM
KERENDIA	3	PA; QL
l-glutamine oral packet	Not covered	QL
LYNKUET	Not covered	QL
methylergonovine maleate oral	1	PA; QL
MICROCHAMBER DEVICE	3	QL
MIPLYFFA	Not covered	SP; QL
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
ODACTRA	Not covered	QL
OMNIPOD 5 DEXCOM INTRO KIT	2	QL
OMNIPOD 5 DEXCOM PODS	2	QL
OMNIPOD 5 LIBRE INTRO KIT	2	QL
OMNIPOD 5 LIBRE PODS	2	QL
OMNIPOD DASH INTRO KIT	2	QL
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS	2	QL
OPTICHAMBER DIAMOND	2	QL
OPTICHAMBER DIAMOND-LG MASK	2	QL
OPTICHAMBER DIAMOND-MD MASK	2	QL
OPTICHAMBER DIAMOND-SM MASK	2	QL
PALFORZIA ORAL PACKET 300 MG	4	PA; SP; QL
PHEXX	3	PV2; QL
POCKET SPACER	3	QL
PRO COMFORT SPACER ADULT	3	QL
PRO COMFORT SPACER CHILD	3	QL
PRO COMFORT SPACER INFANT	3	QL
PROCARE SPACER/ADULT MASK	3	QL
PROCARE SPACER/CHILD MASK	3	QL
PURE COMFORT SPACER CHAMBER	3	QL
RADIOGARDASE	Not covered	
RAGWITEK	Not covered	QL
RYPLAZIM	5	PA; SP; QL
SOHONOS	4	PA; SP; QL
sterile water for irrigation	1	

Drug Name	Drug Tier	Notes
TAVNEOS	Not covered	SP; QL
TRUE COVER	Preventive	PV1; QL
TWIIST REFILL KIT	2	QL
TWIIST REFILL KIT/INFUSION SET	2	QL
TWIIST STARTER KIT	2	QL
VEOZAH	Not covered	QL
V-GO 20	2	QL
V-GO 30	2	QL
V-GO 40	2	QL
VISTOGARD	4	SP; QL
VORTEX VALVE CHAMBER-PEDI MASK	3	QL
VORTEX VALVED HOLDING CHAMBER	3	QL
VYKAT XR	4	PA; SP; QL
water for irrigation, sterile	1	
WIDE-SEAL DIAPHRAGM 60	3	PV2; QL
WIDE-SEAL DIAPHRAGM 65	3	PV2; QL
WIDE-SEAL DIAPHRAGM 70	3	PV2; QL
WIDE-SEAL DIAPHRAGM 75	3	PV2; QL
WIDE-SEAL DIAPHRAGM 80	3	PV2; QL
WIDE-SEAL DIAPHRAGM 85	3	PV2; QL
WIDE-SEAL DIAPHRAGM 90	3	PV2; QL
WIDE-SEAL DIAPHRAGM 95	3	PV2; QL
XPHOZAH	4	PA; QL
YORVIPATH	4	PA; SP; QL
ZILBRYSQ	Not covered	SP; QL
ZOKINVY	4	PA; SP; QL
Ophthalmic Agents		
Aminoglycosides		
gentamicin sulfate ophthalmic	1	
neomycin-polymyxin-gramicidin	Not covered	
TOBRADEX	Not covered	
TOBRADEX ST	Not covered	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	Not covered	
VANCOMYCIN HCL OPHTHALMIC	Not covered	

Drug Name	Drug Tier	Notes
Antibacterials, Other		
bacitracin ophthalmic ointment 500 unit/gm	1	
bacitracin-polymyxin b	1	
bacitra-neomycin-polymyxin-hc	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth	1	
neomycin-polymyxin-hc ophthalmic	1	
polymyxin b-trimethoprim	1	
XDEMVY	2	PA; QL
Anti-cytomegalovirus (CMV) Agents		
ZIRGAN	3	
Antifungals		
NATACYN	3	QL
Antiherpetic Agents		
trifluridine	1	
Macrolides		
AZASITE	Not covered	
erythromycin ophthalmic	1	
Ophthalmic Agents, Other		
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	Not covered	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine (pf)	Not covered	
CYSTADROPS	Not covered	SP; QL
CYSTARAN	4	PA; SP; QL
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	Not covered	
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE	Not covered	
loteprednol-tobramycin	Not covered	
MIEBO	2	QL
OXERVATE	4	PA; SP; QL
RESTASIS MULTIDOSE	Not covered	
sulfacetamide-prednisolone	Not covered	
tropicamide ophthalmic	Not covered	

Drug Name	Drug Tier	Notes
TRYPTYR	2	QL
TYRVAYA	Not covered	QL
VERKAZIA	Not covered	QL
VEVYE	Not covered	QL
XIIDRA	Not covered	QL
Ophthalmic Anti-allergy Agents		
ALOCRIL OPHTHALMIC SOLUTION 2 %	3	
azelastine hcl ophthalmic	1	
bepotastine besilate	1	
cromolyn sodium ophthalmic	1	
CYCLOMYDRIL	3	
epinastine hcl	1	
olopatadine hcl ophthalmic solution 0.2 %	1	
phenylephrine hcl ophthalmic	1	
UPNEEQ	Not covered	QL
ZERVIATE	Not covered	
Ophthalmic Antiglaucoma Agents		
apraclonidine hcl	1	
betaxolol hcl ophthalmic	1	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	Not covered	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	1	
brinzolamide	1	
carteolol hcl	1	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IOPIDINE	Not covered	
levobunolol hcl	1	
OMLONTI	Not covered	
PHOSPHOLINE IODIDE	Not covered	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	3	ST; QL
ROCKLATAN	3	ST; QL

Drug Name	Drug Tier	Notes
SIMBRINZA	Not covered	
timolol hemihydrate	Not covered	
timolol maleate (once-daily)	Not covered	
timolol maleate ocudose	Not covered	
timolol maleate ophthalmic	1	
timolol maleate pf	Not covered	
Ophthalmic Anti-inflammatories		
ACUVAIL	Not covered	
bromfenac sodium (once-daily)	Not covered	
bromfenac sodium ophthalmic solution 0.07 %	Not covered	
bromfenac sodium ophthalmic solution 0.075 %	Not covered	QL
BYQLOVI	Not covered	
CLOBETASOL PROPIONATE OPHTHALMIC SUSPENSION 0.05 %	Not covered	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	1	
EYSUVIS	Not covered	QL
FLAREX	Not covered	
fluorometholone	1	
flurbiprofen sodium	1	
FML FORTE	Not covered	
ILEVRO	Not covered	
INVELTYS OPHTHALMIC SUSPENSION 1 %	Not covered	QL
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC OINTMENT	Not covered	
LOTEMAX SM	Not covered	QL
loteprednol etabonate	1	
MAXIDEX	Not covered	
NEVANAC	Not covered	
PRED MILD	Not covered	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	Not covered	
prednisolone sodium phosphate ophthalmic	1	

Drug Name	Drug Tier	Notes
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost ophthalmic	1	
IYUZEH	Not covered	QL
latanoprost ophthalmic	1	
tafluprost (pf)	1	
travoprost (bak free)	1	
VYZULTA	Not covered	
XELPROS	3	PA; QL
ZOLYMBUS	Not covered	
Quinolones		
BESIFLOXACIN HCL	Not covered	
BESIVANCE	Not covered	
CILOXAN	Not covered	
ciprofloxacin hcl ophthalmic	1	
gatifloxacin ophthalmic	1	
levofloxacin ophthalmic	1	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
MOXIFLOXACIN HCL-BSS	Not covered	
ofloxacin ophthalmic	1	
Sulfonamides		
sulfacetamide sodium ophthalmic	1	
Otic Agents		
acetic acid otic	1	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
CIPROFLOXACIN-FLUOCINOLONE PF	Not covered	
ciprofloxacin-hydrocortisone	Not covered	
CORTISPORIN-TC	Not covered	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	Not covered	
XTORO	Not covered	QL

Drug Name	Drug Tier	Notes
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal	1	QL
carbinoxamine maleate	Not covered	
clemastine fumarate oral syrup	Not covered	
clemastine fumarate oral tablet	1	
CORPHENA	Not covered	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet	1	
diphenhydramine hcl oral elixir	1	
olopatadine hcl nasal	Not covered	QL
RYCLORA	Not covered	
ryvent	Not covered	
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR HFA	2	QL
ALVESCO	Not covered	QL
ARNUITY ELLIPTA	Not covered	QL
ASMANEX (120 METERED DOSES)	2	QL
ASMANEX (30 METERED DOSES)	2	QL
ASMANEX (60 METERED DOSES)	2	QL
ASMANEX HFA	2	QL
BECLOMETHASONE DIPROP HFA	Not covered	
BEVESPI AEROSPHERE	Not covered	QL
BREO ELLIPTA	2	QL
breyna	Not covered	QL
budesonide inhalation	1	
budesonide-formoterol fumarate	Not covered	QL
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	Not covered	QL
DULERA INHALATION AEROSOL 50-5 MCG/ACT	Not covered	
flunisolide nasal	1	QL
FLUTICASONE FUROATE ELLIPTA	Not covered	ABA; QL
FLUTICASONE FUROATE-VILANTEROL	Not covered	ABA; QL
FLUTICASONE PROPIONATE DISKUS	3	ABA; QL; AL (Max 5 Years)

Drug Name	Drug Tier	Notes
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	ABA; QL; AL (Max 5 Years)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	1	QL; AL (Max 5 Years)
fluticasone propionate nasal	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT	Not covered	ABA; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	ABA; QL
OMNARIS	Not covered	QL
PULMICORT FLEXHALER	2	QL
QNASL	Not covered	QL
QNASL CHILDRENS	Not covered	QL
QVAR REDIHALER	Not covered	QL
SYMBICORT	1	QL
wixela inhub	1	QL
XHANCE	Not covered	QL
Antileukotrienes		
montelukast sodium oral	1	QL
zafirlukast	1	QL
zileuton er	4	QL
Bronchodilators, Anticholinergic		
INCRUSE ELLIPTA	Not covered	QL
ipratropium bromide hfa	1	QL
ipratropium bromide inhalation	1	
ipratropium bromide nasal	1	QL
SPIRIVA RESPIMAT	2	QL
tiotropium bromide	1	QL
TUDORZA PRESSAIR	Not covered	QL
UMECLIDINIUM ELLIPTA	Not covered	ABA; QL
YUPELRI	Not covered	QL

Drug Name	Drug Tier	Notes
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa	1	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	Not covered	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet	1	
arformoterol tartrate	1	QL
AUVI-Q	3	QL
epinephrine injection solution auto-injector	1	QL
formoterol fumarate inhalation	1	QL
levalbuterol hcl inhalation	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	ABA; QL
NEFFY NASAL SOLUTION 1 MG/0.1ML	Not covered	
NEFFY NASAL SOLUTION 2 MG/0.1ML	Not covered	QL
PROAIR RESPICLICK	Not covered	QL
SEREVENT DISKUS	2	QL
STRIVERDI RESPIMAT	Not covered	QL
terbutaline sulfate oral	1	
XOPENEX HFA	3	QL
Cystic Fibrosis Agents		
ALYFTREK	4	PA; SP
BRONCHITOL	Not covered	SP; QL
BRONCHITOL TOLERANCE TEST	Not covered	SP; QL
CAYSTON	5	PA; SP; QL
KALYDECO	4	PA; SP; QL
ORKAMBI	4	PA; SP; QL
PULMOZYME	4	PA; SP
SYMDEKO	4	PA; SP; QL
TOBI PODHALER	Not covered	SP; QL
tobramycin inhalation	4	SP; QL
TRIKAFTA	4	PA; SP; QL

Drug Name	Drug Tier	Notes
Mast Cell Stabilizers		
cromolyn sodium inhalation	1	
Phosphodiesterase Inhibitors, Airways Disease		
elixophyllin	1	
OHTUVAYRE	Not covered	SP; QL
roflumilast	1	QL
THEO-24	Not covered	
theophylline er	1	
theophylline oral	1	
Pulmonary Antihypertensives		
ADEMPAS	4	PA; SP; QL
alyq	Not covered	SP; QL
ambrisentan	4	PA; SP; QL
bosentan oral tablet	4	PA; SP; QL
bosentan oral tablet soluble	Not covered	SP; QL
macitentan	4	PA; SP; QL
OPSYNVI	Not covered	SP; QL
ORENITRAM	Not covered	SP; QL
ORENITRAM MONTH 1	Not covered	SP; QL
ORENITRAM MONTH 2	Not covered	SP; QL
ORENITRAM MONTH 3	Not covered	SP; QL
REMODULIN	5	SP
sildenafil citrate oral suspension reconstituted	1	PA; QL
sildenafil citrate oral tablet 20 mg	1	PA; QL
tadalafil (pah)	4	PA; SP; QL
TADLIQ	Not covered	SP; QL
treprostinil	Not covered	SP
TYVASO	4	PA; SP; QL
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 112 X 48MCG & 112 X80MCG, 80 MCG	Not covered	SP; QL
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Not covered	SP; QL
TYVASO DPI TITRATION KIT	Not covered	SP; QL

Drug Name	Drug Tier	Notes
TYVASO REFILL KIT	4	PA; SP; QL
TYVASO STARTER KIT	4	PA; SP; QL
UPTRAVI ORAL	Not covered	SP; QL
UPTRAVI TITRATION	Not covered	SP; QL
WINREVAIR	Not covered	SP; QL
YUTREPIA	4	PA; SP; QL
Pulmonary Fibrosis Agents		
JASCAYD	Not covered	PA; SP; QL
nintedanib esylate	4	PA; SP; QL
pirfenidone tablet 267 mg, 801 mg	4	SP; QL
Respiratory Tract Agents, Other		
acetylcysteine inhalation	1	
AIRSUPRA	2	QL
ANORO ELLIPTA	2	QL
azelastine-fluticasone	Not covered	QL
BREZTRI AEROSPHERE	2	QL
BRINSUPRI	4	PA; SP; QL
COMBIVENT RESPIMAT	2	QL
DUAKLIR PRESSAIR	Not covered	QL
FASENRA PEN	Not covered	SP; QL
HYPERSAL	Not covered	
ipratropium-albuterol	1	
mometasone furoate nasal	1	QL
NEBUSAL	Not covered	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
ORALAIR	Not covered	QL
potassium iodide (expectorant)	1	
PULMOSAL	Not covered	
RYALTRIS	Not covered	QL
sodium chloride inhalation	1	
SSKI	3	
STIOLTO RESPIMAT	2	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Not covered	SP; QL

Drug Name	Drug Tier	Notes
TRELEGY ELLIPTA	2	QL
UMECLIDINIUM-VILANTEROL	Not covered	ABA; QL
Skeletal Muscle Relaxants		
ATMEKSI	Not covered	
baclofen oral solution 10 mg/5ml, 5 mg/5ml	Not covered	QL
baclofen oral suspension	Not covered	QL
baclofen oral tablet	1	
carisoprodol oral	Not covered	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	Not covered	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl er	Not covered	QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	Not covered	
dantrolene sodium oral	1	
metaxalone oral tablet 400 mg, 800 mg	1	
metaxalone oral tablet 640 mg	Not covered	
methocarbamol oral tablet 1000 mg	Not covered	
methocarbamol oral tablet 500 mg, 750 mg	1	
NORGESIC	Not covered	QL
NORGESIC FORTE	Not covered	
ONTRALFY	Not covered	
orphenadrine citrate er	1	
orphenadrine-aspirin-caffeine	1	PA; QL
ORPHENGESIC FORTE	Not covered	
tanlor	Not covered	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine hcl oral capsule 8 mg	Not covered	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL CAPSULE 8 MG	Not covered	
Sleep Disorder Agents		
GABA Receptor Modulators		
EDLUAR	Not covered	QL
eszopiclone	1	QL
flurazepam hcl	1	QL
temazepam	1	QL

Drug Name	Drug Tier	Notes
triazolam	1	QL
zaleplon	1	QL
zolpidem tartrate er	1	QL
ZOLPIDEM TARTRATE ORAL CAPSULE	Not covered	QL
zolpidem tartrate oral tablet	1	QL
zolpidem tartrate sublingual	Not covered	QL
Sleep Disorders, Other		
BELSOMRA	Not covered	QL
DAYVIGO	Not covered	QL
doxepin hcl oral tablet	1	QL
HETLIOZ LQ	Not covered	SP; QL
QUVIVIQ	Not covered	QL
ramelteon	1	QL
tasimelteon	4	PA; SP; QL
Wakefulness Promoting Agents		
armodafinil	1	QL
LUMRYZ	Not covered	SP; QL
LUMRYZ STARTER PACK	Not covered	SP; QL
modafinil oral	1	QL
sodium oxybate	4	PA; SP; QL
SUNOSI	3	PA; QL
WAKIX	5	PA; SP; QL
XYWAV	Not covered	SP; QL

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