LEGEND

1	PDL Preferred	
2	PDL Non-Preferred	
3	Covered	
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your prescriber) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Preferred Step Required	Trial and failure of preferred product(s) is required
AL	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
NOTE	Publishing Note	This drug has unique restrictions.
NOTE	Note	This drug has additional restrictions.
90D	90 Day Supply Allowed	Drugs that can be filled for up to a 90-day supply

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL 10 MG TAB *amphetamine-dextroamphetamine*	PDL Preferred	QL 3 UNITS / 1 DAYS ST 90D
ADDERALL 12.5 MG TAB *amphetamine-dextroamphetamine*	PDL Preferred	QL 3 UNITS / 1 DAYS ST 90D
ADDERALL 15 MG TAB *amphetamine-dextroamphetamine*	PDL Preferred	QL 3 UNITS / 1 DAYS ST 90D
ADDERALL 20 MG TAB *amphetamine-dextroamphetamine*	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D
ADDERALL 30 MG TAB *amphetamine-dextroamphetamine*	PDL Preferred	ST 90D
ADDERALL 5 MG TAB *amphetamine-dextroamphetamine*	PDL Preferred	QL 3 UNITS / 1 DAYS ST 90D
ADDERALL 7.5 MG TAB *amphetamine-dextroamphetamine*	PDL Preferred	QL 3 UNITS / 1 DAYS ST 90D
ADDERALL XR 10 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Preferred	QL 1 UNITS / 1 day(s) 90D
ADDERALL XR 15 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
ADDERALL XR 20 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
ADDERALL XR 25 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
ADDERALL XR 30 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
ADDERALL XR 5 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
ADZENYS XR-ODT 12.5 MG TAB ER DISP *amphetamine*	PDL Non-Preferred	ST 90D
ADZENYS XR-ODT 15.7 MG TAB ER DISP *amphetamine*	PDL Non-Preferred	ST 90D
ADZENYS XR-ODT 18.8 MG TAB ER DISP *amphetamine*	PDL Non-Preferred	ST 90D
ADZENYS XR-ODT 3.1 MG TAB ER DISP *amphetamine*	PDL Non-Preferred	ST 90D
ADZENYS XR-ODT 6.3 MG TAB ER DISP *amphetamine*	PDL Non-Preferred	ST 90D
ADZENYS XR-ODT 9.4 MG TAB ER DISP *amphetamine*	PDL Non-Preferred	ST 90D
amphet-dextroamphet 3-bead er 12.5 mg cap er 24h	PDL Non-Preferred	ST 90D
amphet-dextroamphet 3-bead er 25 mg cap er 24h	PDL Non-Preferred	ST 90D
amphet-dextroamphet 3-bead er 37.5 mg cap er 24h	PDL Non-Preferred	ST 90D
amphet-dextroamphet 3-bead er 50 mg cap er 24h	PDL Non-Preferred	ST 90D
amphetamine sulfate 10 mg tab	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST 90D

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
amphetamine sulfate 5 mg tab	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST 90D
amphetamine-dextroamphet er 10 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
amphetamine-dextroamphet er 15 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
amphetamine-dextroamphet er 20 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
amphetamine-dextroamphet er 25 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
amphetamine-dextroamphet er 30 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
amphetamine-dextroamphet er 5 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
amphetamine-dextroamphetamine 10 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS 90D
amphetamine-dextroamphetamine 12.5 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS 90D
amphetamine-dextroamphetamine 15 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS 90D
amphetamine-dextroamphetamine 20 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS 90D
amphetamine-dextroamphetamine 30 mg tab	PDL Preferred	90D
amphetamine-dextroamphetamine 5 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS 90D
amphetamine-dextroamphetamine 7.5 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS 90D
DEXEDRINE 10 MG CAP ER 24H *dextroamphetamine sulfate*	PDL Non-Preferred	QL 4 UNITS / 1 DAYS ST 90D

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
DEXEDRINE 15 MG CAP ER 24H *dextroamphetamine sulfate*	PDL Non-Preferred	QL 4 UNITS / 1 DAYS ST 90D
dextroamphetamine sulfate 10 mg tab	PDL Preferred	QL 6 UNITS / 1 DAYS 90D
dextroamphetamine sulfate 15 mg tab	PDL Preferred	QL 3 UNITS / 1 DAY 90D
dextroamphetamine sulfate 2.5 mg tab	PDL Preferred	QL 3 UNITS / 1 DAY 90D
dextroamphetamine sulfate 20 mg tab	PDL Preferred	QL 3 UNITS / 1 DAY 90D
dextroamphetamine sulfate 30 mg tab	PDL Preferred	QL 2 UNITS / 1 DAY 90D
dextroamphetamine sulfate 5 mg tab	PDL Preferred	90D
dextroamphetamine sulfate 5 mg/5ml solution	PDL Non-Preferred	QL 1800 UNITS / 30 DAYS ST 90D
dextroamphetamine sulfate 7.5 mg tab	PDL Preferred	QL 4 UNITS / 1 DAYS 90D
dextroamphetamine sulfate er 10 mg cap er 24h	PDL Non-Preferred	QL 4 UNITS / 1 DAYS ST 90D
dextroamphetamine sulfate er 15 mg cap er 24h	PDL Non-Preferred	QL 4 UNITS / 1 DAYS ST 90D
dextroamphetamine sulfate er 5 mg cap er 24h	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
DYANAVEL XR 10 MG TAB ER *amphetamine*	PDL Non-Preferred	ST 90D
DYANAVEL XR 15 MG TAB ER *amphetamine*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
DYANAVEL XR 2.5 MG/ML SUSP *amphetamine*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
DYANAVEL XR 20 MG TAB ER *amphetamine*	PDL Non-Preferred	ST 90D
DYANAVEL XR 5 MG TAB ER *amphetamine*	PDL Non-Preferred	ST 90D
EVEKEO 10 MG TAB *amphetamine sulfate*	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST 90D
EVEKEO 5 MG TAB *amphetamine sulfate*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST 90D
EVEKEO ODT 10 MG TAB DISP *amphetamine sulfate*	PDL Non-Preferred	ST
EVEKEO ODT 15 MG TAB DISP *amphetamine sulfate*	PDL Non-Preferred	ST
EVEKEO ODT 20 MG TAB DISP *amphetamine sulfate*	PDL Non-Preferred	ST
EVEKEO ODT 5 MG TAB DISP *amphetamine sulfate*	PDL Non-Preferred	ST
lisdexamfetamine dimesylate 10 mg cap	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
lisdexamfetamine dimesylate 10 mg chew tab	PDL Preferred	90D
lisdexamfetamine dimesylate 20 mg cap	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
lisdexamfetamine dimesylate 20 mg chew tab	PDL Preferred	90D
lisdexamfetamine dimesylate 30 mg cap	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
lisdexamfetamine dimesylate 30 mg chew tab	PDL Preferred	90D
lisdexamfetamine dimesylate 40 mg cap	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
lisdexamfetamine dimesylate 40 mg chew tab	PDL Preferred	90D
lisdexamfetamine dimesylate 50 mg cap	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
lisdexamfetamine dimesylate 50 mg chew tab	PDL Preferred	90D
lisdexamfetamine dimesylate 60 mg cap	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
lisdexamfetamine dimesylate 60 mg chew tab	PDL Preferred	90D
lisdexamfetamine dimesylate 70 mg cap	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
METHAMPHETAMINE HCL 5 MG TAB *methamphetamine hcl*	PDL Non-Preferred	QL 5 UNITS / 1 DAYS ST 90D
MYDAYIS 12.5 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Non-Preferred	ST 90D
MYDAYIS 25 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Non-Preferred	ST 90D
MYDAYIS 37.5 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Non-Preferred	ST 90D
MYDAYIS 50 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Non-Preferred	ST 90D
procentra 5 mg/5ml solution	PDL Non-Preferred	QL 1800 UNITS / 30 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
VYVANSE 10 MG CAP *lisdexamfetamine dimesylate*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
VYVANSE 10 MG CHEW TAB *lisdexamfetamine dimesylate*	PDL Preferred	90D
VYVANSE 20 MG CAP *lisdexamfetamine dimesylate*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
VYVANSE 20 MG CHEW TAB *lisdexamfetamine dimesylate*	PDL Preferred	90D
VYVANSE 30 MG CAP *lisdexamfetamine dimesylate*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
VYVANSE 30 MG CHEW TAB *lisdexamfetamine dimesylate*	PDL Preferred	90D
VYVANSE 40 MG CAP *lisdexamfetamine dimesylate*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
VYVANSE 40 MG CHEW TAB *lisdexamfetamine dimesylate*	PDL Preferred	90D
VYVANSE 50 MG CAP *lisdexamfetamine dimesylate*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
VYVANSE 50 MG CHEW TAB *lisdexamfetamine dimesylate*	PDL Preferred	90D
VYVANSE 60 MG CAP *lisdexamfetamine dimesylate*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
VYVANSE 60 MG CHEW TAB *lisdexamfetamine dimesylate*	PDL Preferred	90D
VYVANSE 70 MG CAP *lisdexamfetamine dimesylate*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
XELSTRYM 13.5 MG/9HR PATCH *dextroamphetamine*	PDL Non-Preferred	ST 90D
XELSTRYM 18 MG/9HR PATCH *dextroamphetamine*	PDL Non-Preferred	ST 90D
XELSTRYM 4.5 MG/9HR PATCH *dextroamphetamine*	PDL Non-Preferred	ST 90D
XELSTRYM 9 MG/9HR PATCH *dextroamphetamine*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
zenzedi 10 mg tab	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST 90D
zenzedi 15 mg tab	PDL Non-Preferred	QL 3 UNITS / 1 DAY ST 90D
zenzedi 2.5 mg tab	PDL Non-Preferred	QL 3 UNITS / 1 DAY ST 90D
zenzedi 20 mg tab	PDL Non-Preferred	QL 3 UNITS / 1 DAY ST 90D
zenzedi 30 mg tab	PDL Non-Preferred	QL 2 UNITS / 1 DAY ST 90D
zenzedi 5 mg tab	PDL Non-Preferred	ST 90D
zenzedi 7.5 mg tab	PDL Non-Preferred	QL 4 UNITS / 1 DAYS ST 90D
ANALEPTICS		
CAFCIT 60 MG/3ML SOLUTION *caffeine citrate*	Covered	
caffeine citrate 20 mg/ml solution	Covered	
CAFFEINE CITRATE 60 MG/3ML SOLUTION *caffeine citrate*	Covered	
caffeine citrate 60 mg/3ml solution	Covered	
CAFFEINE-SODIUM BENZOATE 125-125 MG/ML SOLUTION *caffeine & sodium benzoate*	Covered	
DOPRAM 20 MG/ML SOLUTION *doxapram hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
ANTI-OBESITY AGENTS		
ZEPBOUND 10 MG/0.5ML SOLN A-INJ *tirzepatide (weight management)*	PDL Non-Preferred	QL 2 ML / 28 DAYS ST 90D
ZEPBOUND 12.5 MG/0.5ML SOLN A-INJ *tirzepatide (weight management)*	PDL Non-Preferred	QL 2 ML / 28 DAYS ST 90D
ZEPBOUND 15 MG/0.5ML SOLN A-INJ *tirzepatide (weight management)*	PDL Non-Preferred	QL 2 ML / 28 DAYS ST 90D
ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ *tirzepatide (weight management)*	PDL Non-Preferred	QL 2 ML / 28 DAYS ST
ZEPBOUND 2.5 MG/0.5ML SOLUTION *tirzepatide (weight management)*	PDL Non-Preferred	PA
ZEPBOUND 5 MG/0.5ML SOLN A-INJ *tirzepatide (weight management)*	PDL Non-Preferred	QL 2 ML / 28 DAYS ST 90D
ZEPBOUND 5 MG/0.5ML SOLUTION *tirzepatide (weight management)*	PDL Non-Preferred	PA 90D
ZEPBOUND 7.5 MG/0.5ML SOLN A-INJ *tirzepatide (weight management)*	PDL Non-Preferred	QL 2 ML / 28 DAYS ST 90D
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl 10 mg cap	PDL Preferred	QL 2 UNITS / 1 DAYS 90D
atomoxetine hcl 100 mg cap	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
atomoxetine hcl 18 mg cap	PDL Preferred	QL 3 UNITS / 1 DAYS 90D
atomoxetine hcl 25 mg cap	PDL Preferred	QL 2 UNITS / 1 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
atomoxetine hcl 40 mg cap	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
atomoxetine hcl 60 mg cap	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
atomoxetine hcl 80 mg cap	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
clonidine hcl er 0.1 mg tab er 12h	PDL Preferred	QL 4 UNITS / 1 DAYS 90D
guanfacine hcl er 1 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
guanfacine hcl er 2 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
guanfacine hcl er 3 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
guanfacine hcl er 4 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
INTUNIV 1 MG TAB ER 24H *guanfacine hcl (adhd)*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
INTUNIV 2 MG TAB ER 24H *guanfacine hcl (adhd)*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
INTUNIV 3 MG TAB ER 24H *guanfacine hcl (adhd)*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
INTUNIV 4 MG TAB ER 24H *guanfacine hcl (adhd)*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
ONYDA XR 0.1 MG/ML SUSP *clonidine hcl (adhd)*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
QELBREE 100 MG CAP ER 24H *viloxazine hcl (adhd)*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
QELBREE 150 MG CAP ER 24H *viloxazine hcl (adhd)*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
QELBREE 200 MG CAP ER 24H *viloxazine hcl (adhd)*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
STRATTERA 10 MG CAP *atomoxetine hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
STRATTERA 100 MG CAP *atomoxetine hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
STRATTERA 18 MG CAP *atomoxetine hcl*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST 90D
STRATTERA 25 MG CAP *atomoxetine hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
STRATTERA 40 MG CAP *atomoxetine hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
STRATTERA 60 MG CAP *atomoxetine hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
STRATTERA 80 MG CAP *atomoxetine hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI 150 MG TAB *solriamfetol hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
SUNOSI 75 MG TAB *solriamfetol hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX 17.8 MG TAB *pitolisant hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
WAKIX 4.45 MG TAB *pitolisant hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
STIMULANTS - MISC.		
APTENSIO XR 10 MG CAP ER 24H *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
APTENSIO XR 15 MG CAP ER 24H *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
APTENSIO XR 20 MG CAP ER 24H *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
APTENSIO XR 30 MG CAP ER 24H *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
APTENSIO XR 40 MG CAP ER 24H *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
APTENSIO XR 50 MG CAP ER 24H *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
APTENSIO XR 60 MG CAP ER 24H *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
armodafinil 150 mg tab	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
armodafinil 200 mg tab	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
armodafinil 250 mg tab	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
armodafinil 50 mg tab	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
AZSTARYS 26.1-5.2 MG CAP *serdexmethylphenidate chloride-dexmethylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
AZSTARYS 39.2-7.8 MG CAP *serdexmethylphenidate chloride-dexmethylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
AZSTARYS 52.3-10.4 MG CAP *serdexmethylphenidate chloride-dexmethylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
CONCERTA 18 MG TAB ER *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
CONCERTA 27 MG TAB ER *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
CONCERTA 36 MG TAB ER *methylphenidate hcl*	PDL Preferred	QL 2 UNITS / 1 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
CONCERTA 54 MG TAB ER *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
COTEMPLA XR-ODT 17.3 MG TAB ER DISP *methylphenidate*	PDL Non-Preferred	ST 90D
COTEMPLA XR-ODT 25.9 MG TAB ER DISP *methylphenidate*	PDL Non-Preferred	ST 90D
COTEMPLA XR-ODT 8.6 MG TAB ER DISP *methylphenidate*	PDL Non-Preferred	ST 90D
DAYTRANA 10 MG/9HR PATCH *methylphenidate*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
DAYTRANA 15 MG/9HR PATCH *methylphenidate*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
DAYTRANA 20 MG/9HR PATCH *methylphenidate*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
DAYTRANA 30 MG/9HR PATCH *methylphenidate*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
dexmethylphenidate hcl 10 mg tab	PDL Preferred	QL 3 UNITS / 1 DAY 90D
dexmethylphenidate hcl 2.5 mg tab	PDL Preferred	QL 3 UNITS / 1 DAY 90D
dexmethylphenidate hcl 5 mg tab	PDL Preferred	QL 3 UNITS / 1 DAY 90D
dexmethylphenidate hcl er 10 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
dexmethylphenidate hcl er 15 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
dexmethylphenidate hcl er 20 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
dexmethylphenidate hcl er 25 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
dexmethylphenidate hcl er 30 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
dexmethylphenidate hcl er 35 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
dexmethylphenidate hcl er 40 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
dexmethylphenidate hcl er 5 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
FOCALIN 10 MG TAB *dexmethylphenidate hcl*	PDL Non-Preferred	QL 3 UNITS / 1 DAY ST 90D
FOCALIN 2.5 MG TAB *dexmethylphenidate hcl*	PDL Non-Preferred	QL 3 UNITS / 1 DAY ST 90D
FOCALIN 5 MG TAB *dexmethylphenidate hcl*	PDL Non-Preferred	QL 3 UNITS / 1 DAY ST 90D
FOCALIN XR 10 MG CAP ER 24H *dexmethylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
FOCALIN XR 15 MG CAP ER 24H *dexmethylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
FOCALIN XR 20 MG CAP ER 24H *dexmethylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
FOCALIN XR 25 MG CAP ER 24H *dexmethylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
FOCALIN XR 30 MG CAP ER 24H *dexmethylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
FOCALIN XR 35 MG CAP ER 24H *dexmethylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
FOCALIN XR 40 MG CAP ER 24H *dexmethylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
FOCALIN XR 5 MG CAP ER 24H *dexmethylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
JORNAY PM 100 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	ST 90D
JORNAY PM 20 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	ST 90D
JORNAY PM 40 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	ST 90D
JORNAY PM 60 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	ST 90D
JORNAY PM 80 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	ST 90D
METHYLIN 10 MG/5ML SOLUTION *methylphenidate hcl*	PDL Preferred	QL 900 UNITS / 30 DAYS 90D
METHYLIN 5 MG/5ML SOLUTION *methylphenidate hcl*	PDL Preferred	QL 450 UNITS / 30 DAYS 90D
methylphenidate 10 mg/9hr patch	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
methylphenidate 15 mg/9hr patch	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
methylphenidate 20 mg/9hr patch	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
methylphenidate 30 mg/9hr patch	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
methylphenidate hcl 10 mg chew tab	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
methylphenidate hcl 10 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS 90D
methylphenidate hcl 10 mg/5ml solution	PDL Preferred	QL 900 UNITS / 30 DAYS 90D
methylphenidate hcl 2.5 mg chew tab	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST 90D
methylphenidate hcl 20 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS 90D
methylphenidate hcl 5 mg chew tab	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST 90D
methylphenidate hcl 5 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS 90D
methylphenidate hcl 5 mg/5ml solution	PDL Preferred	QL 450 UNITS / 30 DAYS 90D
methylphenidate hcl er 10 mg tab er	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST 90D
methylphenidate hcl er 18 mg tab er	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
METHYLPHENIDATE HCL ER 18 MG TAB ER 24H *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
methylphenidate hcl er 20 mg tab er	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST 90D
methylphenidate hcl er 27 mg tab er	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
METHYLPHENIDATE HCL ER 27 MG TAB ER 24H *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
methylphenidate hcl er 36 mg tab er	PDL Preferred	QL 2 UNITS / 1 DAYS 90D

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
METHYLPHENIDATE HCL ER 36 MG TAB ER 24H *methylphenidate hcl*	PDL Preferred	QL 2 UNITS / 1 DAYS 90D
methylphenidate hcl er 54 mg tab er	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
METHYLPHENIDATE HCL ER 54 MG TAB ER 24H *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
methylphenidate hcl er (cd) 10 mg cap er	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
methylphenidate hcl er (cd) 20 mg cap er	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
methylphenidate hcl er (cd) 30 mg cap er	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
methylphenidate hcl er (cd) 40 mg cap er	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
methylphenidate hcl er (cd) 50 mg cap er	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
methylphenidate hcl er (cd) 60 mg cap er	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
methylphenidate hcl er (la) 10 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
methylphenidate hcl er (la) 20 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
methylphenidate hcl er (la) 30 mg cap er 24h	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
methylphenidate hcl er (la) 40 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
methylphenidate hcl er (la) 60 mg cap er 24h	PDL Non-Preferred	ST 90D
methylphenidate hcl er (osm) 18 mg tab er	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
methylphenidate hcl er (osm) 27 mg tab er	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
methylphenidate hcl er (osm) 36 mg tab er	PDL Preferred	QL 2 UNITS / 1 DAYS 90D
METHYLPHENIDATE HCL ER (OSM) 45 MG TAB ER *methylphenidate hcl*	PDL Non-Preferred	ST 90D
methylphenidate hcl er (osm) 54 mg tab er	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
METHYLPHENIDATE HCL ER (OSM) 63 MG TAB ER *methylphenidate hcl*	PDL Non-Preferred	ST 90D
methylphenidate hcl er (osm) 72 mg tab er	PDL Non-Preferred	ST 90D
methylphenidate hcl er (xr) 10 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
methylphenidate hcl er (xr) 15 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
methylphenidate hcl er (xr) 20 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
methylphenidate hcl er (xr) 30 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
methylphenidate hcl er (xr) 40 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
methylphenidate hcl er (xr) 50 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
methylphenidate hcl er (xr) 60 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
modafinil 100 mg tab	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
modafinil 200 mg tab	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
NUVIGIL 150 MG TAB *armodafinil*	PDL Preferred	QL 1 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
NUVIGIL 200 MG TAB *armodafinil*	PDL Preferred	QL 1 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
NUVIGIL 250 MG TAB *armodafinil*	PDL Preferred	QL 1 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
NUVIGIL 50 MG TAB *armodafinil*	PDL Preferred	QL 1 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
PROVIGIL 100 MG TAB *modafinil*	PDL Preferred	QL 1 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
PROVIGIL 200 MG TAB *modafinil*	PDL Preferred	QL 1 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
QUILLICHEW ER 20 MG CHER *methylphenidate hcl*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
QUILLICHEW ER 30 MG CHER *methylphenidate hcl*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
QUILLICHEW ER 40 MG CHER *methylphenidate hcl*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
QUILLIVANT XR 25 MG/5ML SRER *methylphenidate hcl*	PDL Non-Preferred	QL 360 UNITS / 30 DAYS ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
RELEXXII 18 MG TAB ER *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
RELEXXII 27 MG TAB ER *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
RELEXXII 36 MG TAB ER *methylphenidate hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAY ST 90D
RELEXXII 45 MG TAB ER *methylphenidate hcl*	PDL Non-Preferred	ST 90D
RELEXXII 54 MG TAB ER *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
RELEXXII 63 MG TAB ER *methylphenidate hcl*	PDL Non-Preferred	ST 90D
RELEXXII 72 MG TAB ER *methylphenidate hcl*	PDL Non-Preferred	ST 90D
RITALIN 10 MG TAB *methylphenidate hcl*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST 90D
RITALIN 20 MG TAB *methylphenidate hcl*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST 90D
RITALIN 5 MG TAB *methylphenidate hcl*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST 90D
RITALIN LA 10 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
RITALIN LA 20 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
RITALIN LA 30 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
RITALIN LA 40 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK 2800 BAU SL TAB *timothy grass pollen allergen extract*	Covered	90D
ODACTRA 12 SQ-HDM SL TAB *dust mite mixed allergen extract*	Covered	90D
ORALAIR 300 IR SL TAB *grass mixed pollens allergen extract*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	90D
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	90D
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	90D
PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	90D
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	90D
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	90D
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	90D
PALFORZIA (300 MG MAINTENANCE) 300 MG PACKET *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	90D
PALFORZIA (300 MG TITRATION) 300 MG PACKET *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	90D
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	90D
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	90D
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	90D
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	
RAGWITEK 12 AMB A 1-U SL TAB *short ragweed pollen allergen extract*	Covered	90D
AMEBICIDES		
AMEBICIDES		
SOLOSEC 2 GM PACKET *secnidazole*	PDL Non-Preferred	ST

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DRUG NAME	TIER	DRUG EDITS
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
amikacin sulfate 1 gm/4ml solution	Covered	
amikacin sulfate 500 mg/2ml solution	Covered	
ARIKAYCE 590 MG/8.4ML SUSPENSION *amikacin sulfate liposome*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required.
BETHKIS 300 MG/4ML NEBU SOLN *tobramycin*	PDL Preferred	90D
GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION *gentamicin in saline*	Covered	
GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION *gentamicin in saline*	Covered	
gentamicin in saline 1.2-0.9 mg/ml-% solution	Covered	
GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION *gentamicin in saline*	Covered	
GENTAMICIN IN SALINE 2-0.9 MG/ML-% SOLUTION *gentamicin in saline*	Covered	
gentamicin sulfate 10 mg/ml solution	Covered	
gentamicin sulfate 40 mg/ml solution	Covered	
KITABIS PAK 300 MG/5ML NEBU SOLN *tobramycin*	PDL Preferred	90D
neomycin sulfate 500 mg tab	PDL Non-Preferred	ST
paromomycin sulfate 250 mg cap	PDL Non-Preferred	ST
STREPTOMYCIN SULFATE 1 GM RECON SOLN *streptomycin sulfate*	Covered	
TOBI 300 MG/5ML NEBU SOLN *tobramycin*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required. 90D
TOBI PODHALER 28 MG CAP *tobramycin*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required. 90D

DRUG NAME	TIER	DRUG EDITS
tobramycin 300 mg/4ml nebu soln	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required. 90D
TOBRAMYCIN 300 MG/5ML NEBU SOLN *tobramycin*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required. 90D
tobramycin 300 mg/5ml nebu soln	PDL Preferred	90D
tobramycin sulfate 1.2 gm recon soln	Covered	
tobramycin sulfate 1.2 gm/30ml solution	Covered	
TOBRAMYCIN SULFATE 10 MG/ML SOLUTION *tobramycin sulfate*	Covered	
TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION *tobramycin sulfate*	Covered	
tobramycin sulfate 80 mg/2ml solution	Covered	
ZEMDRI 500 MG/10ML SOLUTION *plazomicin sulfate*	Covered	
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ABRILADA (1 PEN) 40 MG/0.8ML AUT-IJ KIT *adalimumab-afzb*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ABRILADA (2 PEN) 40 MG/0.8ML AUT-IJ KIT *adalimumab-afzb*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ABRILADA (2 SYRINGE) 20 MG/0.4ML PREF SY KT *adalimumab-afzb*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ABRILADA (2 SYRINGE) 40 MG/0.8ML PREF SY KT *adalimumab-afzb*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D

DRUG NAME	TIER	DRUG EDITS
ADALIMUMAB-AACF (2 PEN) 40 MG/0.8ML AUT-IJ KIT *adalimumab-aacf*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ADALIMUMAB-AACF (2 SYRINGE) 40 MG/0.8ML PREF SY KT *adalimumab-aacf*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ADALIMUMAB-AATY (1 PEN) 40 MG/0.4ML AUT-IJ KIT *adalimumab-aaty*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT *adalimumab-aaty*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ADALIMUMAB-AATY (2 PEN) 40 MG/0.4ML AUT-IJ KIT *adalimumab-aaty*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ADALIMUMAB-AATY (2 SYRINGE) 20 MG/0.2ML PREF SY KT *adalimumab-aaty*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ADALIMUMAB-AATY (2 SYRINGE) 40 MG/0.4ML PREF SY KT *adalimumab-aaty*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN A-INJ *adalimumab-adaz*	PDL Preferred	ST 90D
ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN PRSYR *adalimumab-adaz*	PDL Preferred	ST 90D
ADALIMUMAB-ADBM (2 PEN) 40 MG/0.4ML AUT-IJ KIT *adalimumab-adbm*	PDL Non-Preferred	90D

DRUG NAME	TIER	DRUG EDITS
ADALIMUMAB-ADBM (2 PEN) 40 MG/0.8ML AUT-IJ KIT *adalimumab-adbm*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ADALIMUMAB-ADBM (2 SYRINGE) 10 MG/0.2ML PREF SY KT *adalimumab-adbm*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ADALIMUMAB-ADBM (2 SYRINGE) 20 MG/0.4ML PREF SY KT *adalimumab-adbm*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ADALIMUMAB-ADBM (2 SYRINGE) 40 MG/0.4ML PREF SY KT *adalimumab-adbm*	PDL Non-Preferred	90D
ADALIMUMAB-ADBM (2 SYRINGE) 40 MG/0.8ML PREF SY KT *adalimumab-adbm*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ADALIMUMAB-ADBM(CD/UC/HS STRT) 40 MG/0.4ML AUT-IJ KIT *adalimumab-adbm*	PDL Non-Preferred	90D
ADALIMUMAB-ADBM(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT *adalimumab-adbm*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ADALIMUMAB-ADBM(PS/UV STARTER) 40 MG/0.4ML AUT-IJ KIT *adalimumab-adbm*	PDL Non-Preferred	90D
ADALIMUMAB-ADBM(PS/UV STARTER) 40 MG/0.8ML AUT-IJ KIT *adalimumab-adbm*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ADALIMUMAB-FKJP (2 PEN) 40 MG/0.8ML AUT-IJ KIT *adalimumab-fkjp*	PDL Preferred	ST NOTE Trial and failure of only one preferred drug required 90D

DRUG NAME	TIER	DRUG EDITS
ADALIMUMAB-FKJP (2 SYRINGE) 20 MG/0.4ML PREF SY KT *adalimumab-fkjp*	PDL Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ADALIMUMAB-FKJP (2 SYRINGE) 40 MG/0.8ML PREF SY KT *adalimumab-fkjp*	PDL Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ADALIMUMAB-RYVK (2 PEN) 40 MG/0.4ML AUT-IJ KIT *adalimumab-ryvk*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ADALIMUMAB-RYVK (2 SYRINGE) 40 MG/0.4ML PREF SY KT *adalimumab-ryvk*	PDL Non-Preferred	PA 90D
AMJEVITA 10 MG/0.2ML SOLN PRSYR *adalimumab-atto*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
AMJEVITA 20 MG/0.2ML SOLN PRSYR *adalimumab-atto*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
AMJEVITA 20 MG/0.4ML SOLN PRSYR *adalimumab-atto*	Covered	90D
AMJEVITA 40 MG/0.4ML SOLN A-INJ *adalimumab-atto*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
AMJEVITA 40 MG/0.4ML SOLN PRSYR *adalimumab-atto*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
AMJEVITA 40 MG/0.8ML SOLN A-INJ *adalimumab-atto*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D

DRUG NAME	TIER	DRUG EDITS
AMJEVITA 40 MG/0.8ML SOLN PRSYR *adalimumab-atto*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
AMJEVITA 80 MG/0.8ML SOLN A-INJ *adalimumab-atto*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
CYLTEZO 10 MG/0.2ML PREF SY KT *adalimumab-adbm*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
CYLTEZO 20 MG/0.4ML PREF SY KT *adalimumab-adbm*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
CYLTEZO 40 MG/0.8ML AUT-IJ KIT *adalimumab-adbm*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
CYLTEZO 40 MG/0.8ML PREF SY KT *adalimumab-adbm*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
CYLTEZO (2 PEN) 40 MG/0.4ML AUT-IJ KIT *adalimumab-adbm*	PDL Non-Preferred	90D
CYLTEZO (2 SYRINGE) 40 MG/0.4ML PREF SY KT *adalimumab-adbm*	PDL Non-Preferred	90D
CYLTEZO-CD/UC/HS STARTER 40 MG/0.4ML AUT-IJ KIT *adalimumab-adbm*	PDL Non-Preferred	90D
CYLTEZO-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT *adalimumab-adbm*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D

DRUG NAME	TIER	DRUG EDITS
CYLTEZO-PSORIASIS STARTER 40 MG/0.8ML AUT-IJ KIT *adalimumab-adbm*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
CYLTEZO-PSORIASIS/UV STARTER 40 MG/0.4ML AUT-IJ KIT *adalimumab-adbm*	PDL Non-Preferred	PA 90D
HADLIMA 40 MG/0.4ML SOLN PRSYR *adalimumab-bwwd*	PDL Preferred	ST 90D
HADLIMA 40 MG/0.8ML SOLN PRSYR *adalimumab-bwwd*	PDL Preferred	ST 90D
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ *adalimumab-bwwd*	PDL Preferred	ST 90D
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ *adalimumab-bwwd*	PDL Preferred	ST 90D
HULIO 40 MG/0.8ML AUT-IJ KIT *adalimumab-fkjp*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
HULIO (2 PEN) 40 MG/0.8ML AUT-IJ KIT *adalimumab-fkjp*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
HULIO (2 SYRINGE) 20 MG/0.4ML PREF SY KT *adalimumab-fkjp*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
HULIO (2 SYRINGE) 40 MG/0.8ML PREF SY KT *adalimumab-fkjp*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
HUMIRA 10 MG/0.1ML PREF SY KT *adalimumab*	PDL Preferred	QL 2 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
HUMIRA 40 MG/0.4ML PREF SY KT *adalimumab*	PDL Preferred	QL 2 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT *adalimumab*	PDL Preferred	QL 2 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT *adalimumab*	PDL Preferred	QL 2 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT *adalimumab*	PDL Preferred	QL 2 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply
HUMIRA (2 SYRINGE) 20 MG/0.2ML PREF SY KT *adalimumab*	PDL Preferred	QL 2 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT *adalimumab*	PDL Preferred	QL 2 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT *adalimumab*	PDL Preferred	QL 2 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply
HUMIRA-PED<40KG CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML PREF SY KT *adalimumab*	Covered	QL 2 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
HUMIRA-PED>/=40KG CROHNS START 80 MG/0.8ML PREF SY KT *adalimumab*	Covered	QL 2 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
HUMIRA-PED>/=40KG UC STARTER 80 MG/0.8ML AUT-IJ KIT *adalimumab*	PDL Preferred	QL 2 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply
HUMIRA-PSORIASIS/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT *adalimumab*	PDL Preferred	QL 2 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply
HYRIMOZ 10 MG/0.1 ML SOLN PRSYR *adalimumab-adaz*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
HYRIMOZ 20 MG/0.2ML SOLN PRSYR *adalimumab-adaz*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
HYRIMOZ 40 MG/0.4ML SOLN A-INJ *adalimumab-adaz*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
HYRIMOZ 40 MG/0.4ML SOLN PRSYR *adalimumab-adaz*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
HYRIMOZ 80 MG/0.8ML SOLN A-INJ *adalimumab-adaz*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
HYRIMOZ-CROHNS/UC STARTER PACK 80 MG/0.8ML SOLN A-INJ *adalimumab-adaz*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML SOLN PRSYR *adalimumab-adaz*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required

DRUG NAME	TIER	DRUG EDITS
HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML SOLN PRSYR *adalimumab-adaz*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
HYRIMOZ-PLAQ PSOR/UVEIT START 80 MG/0.8ML & 40MG/0.4ML SOLN A-INJ *adalimumab-adaz*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required
IDACIO 40 MG/0.8ML AUT-IJ KIT *adalimumab-aacf*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
IDACIO 40 MG/0.8ML PREF SY KT *adalimumab-aacf*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
IDACIO FOR CROHNS DISEASE/UC 40 MG/0.8ML AUT-IJ KIT *adalimumab-aacf*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
IDACIO FOR PLAQUE PSORIASIS 40 MG/0.8ML AUT-IJ KIT *adalimumab-aacf*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT *adalimumab-ryvk*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT *adalimumab-ryvk*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
SIMPONI 100 MG/ML SOLN A-INJ *golimumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D

DRUG NAME	TIER	DRUG EDITS
SIMPONI 100 MG/ML SOLN PRSYR *golimumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
SIMPONI 50 MG/0.5ML SOLN A-INJ *golimumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
SIMPONI 50 MG/0.5ML SOLN PRSYR *golimumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
SIMPONI ARIA 50 MG/4ML SOLUTION *golimumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
YUFLYMA (1 PEN) 40 MG/0.4ML AUT-IJ KIT *adalimumab-aaty*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
YUFLYMA (1 PEN) 80 MG/0.8ML AUT-IJ KIT *adalimumab-aaty*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
YUFLYMA (2 PEN) 40 MG/0.4ML AUT-IJ KIT *adalimumab-aaty*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
YUFLYMA (2 SYRINGE) 20 MG/0.2ML PREF SY KT *adalimumab-aaty*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
YUFLYMA 2-SYRINGE KIT 40 MG/0.4ML PREF SY KT *adalimumab-aaty*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D

DRUG NAME	TIER	DRUG EDITS
YUFLYMA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT *adalimumab-aaty*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
YUSIMRY 40 MG/0.8ML SOLN A-INJ *adalimumab-aqvh*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT 1 MG TAB *baricitinib*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
OLUMIANT 2 MG TAB *baricitinib*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
OLUMIANT 4 MG TAB *baricitinib*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
RINVOQ 15 MG TAB ER 24H *upadacitinib*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
RINVOQ 30 MG TAB ER 24H *upadacitinib*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
RINVOQ 45 MG TAB ER 24H *upadacitinib*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D

DRUG NAME	TIER	DRUG EDITS
RINVOQ LQ 1 MG/ML SOLUTION *upadacitinib*	PDL Non-Preferred	PA 90D
XELJANZ 1 MG/ML SOLUTION *tofacitinib citrate*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
XELJANZ 10 MG TAB *tofacitinib citrate*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
XELJANZ 5 MG TAB *tofacitinib citrate*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
XELJANZ XR 11 MG TAB ER 24H *tofacitinib citrate*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
XELJANZ XR 22 MG TAB ER 24H *tofacitinib citrate*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP 10 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	90D
OTREXUP 12.5 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	90D
OTREXUP 15 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	90D
OTREXUP 17.5 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	90D
OTREXUP 20 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	90D
OTREXUP 22.5 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
OTREXUP 25 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	90D
RASUVO 10 MG/0.2ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	90D
RASUVO 12.5 MG/0.25ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	90D
RASUVO 15 MG/0.3ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	90D
RASUVO 17.5 MG/0.35ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	90D
RASUVO 20 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	90D
RASUVO 22.5 MG/0.45ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	90D
RASUVO 25 MG/0.5ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	90D
RASUVO 30 MG/0.6ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	90D
RASUVO 7.5 MG/0.15ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	90D
GOLD COMPOUNDS		
RIDAURA 3 MG CAP *auranofin*	Covered	90D
INTERLEUKIN-1 BLOCKERS		
ARCALYST 220 MG RECON SOLN *rilonacept*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required NOTE Clinical Criteria Apply 90D
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET 100 MG/0.67ML SOLN PRSYR *anakinra*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease; Trial and failure of only one preferred drug required for all other diagnoses 90D

DRUG NAME	TIER	DRUG EDITS
INTERLEUKIN-1BETA BLOCKERS		
ILARIS 150 MG/ML SOLUTION *canakinumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required NOTE Clinical Criteria Apply 90D
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162 MG/0.9ML SOLN PRSYR *tocilizumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ACTEMRA 200 MG/10ML SOLUTION *tocilizumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ACTEMRA 400 MG/20ML SOLUTION *tocilizumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ACTEMRA 80 MG/4ML SOLUTION *tocilizumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ *tocilizumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
KEVZARA 150 MG/1.14ML SOLN A-INJ *sarilumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
KEVZARA 150 MG/1.14ML SOLN PRSYR *sarilumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
KEVZARA 200 MG/1.14ML SOLN A-INJ *sarilumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
KEVZARA 200 MG/1.14ML SOLN PRSYR *sarilumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
TOFIDENCE 200 MG/10ML SOLUTION *tocilizumab-bavi*	PDL Non-Preferred	PA
TOFIDENCE 400 MG/20ML SOLUTION *tocilizumab-bavi*	PDL Non-Preferred	PA
TOFIDENCE 80 MG/4ML SOLUTION *tocilizumab-bavi*	PDL Non-Preferred	PA
TYENNE 162 MG/0.9ML SOLN A-INJ *tocilizumab-aazg*	PDL Non-Preferred	PA 90D
TYENNE 162 MG/0.9ML SOLN PRSYR *tocilizumab-aazg*	PDL Non-Preferred	PA 90D
TYENNE 200 MG/10ML SOLUTION *tocilizumab-aazg*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required
TYENNE 400 MG/20ML SOLUTION *tocilizumab-aazg*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required
TYENNE 80 MG/4ML SOLUTION *tocilizumab-aazg*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ARTHROTEC 50-0.2 MG TAB DR *diclofenac w/ misoprostol*	PDL Non-Preferred	ST
ARTHROTEC 75-0.2 MG TAB DR *diclofenac w/ misoprostol*	PDL Non-Preferred	ST
CALDOLOR 800 MG/200ML SOLUTION *ibuprofen*	Covered	
CALDOLOR 800 MG/8ML SOLUTION *ibuprofen*	Covered	

DRUG NAME	TIER	DRUG EDITS
CELEBREX 100 MG CAP *celecoxib*	PDL Non-Preferred	ST 90D
CELEBREX 200 MG CAP *celecoxib*	PDL Non-Preferred	ST 90D
CELEBREX 400 MG CAP *celecoxib*	PDL Non-Preferred	ST 90D
CELEBREX 50 MG CAP *celecoxib*	PDL Non-Preferred	ST 90D
celecoxib 100 mg cap	PDL Preferred	90D
celecoxib 200 mg cap	PDL Preferred	90D
celecoxib 400 mg cap	PDL Preferred	90D
celecoxib 50 mg cap	PDL Preferred	90D
COMBOGESIC 1000-300 MG/100ML SOLUTION *ibuprofen-acetaminophen*	Covered	
DAYPRO 600 MG TAB *oxaprozin*	PDL Non-Preferred	ST
diclofenac potassium 25 mg cap	PDL Non-Preferred	ST
diclofenac potassium 25 mg tab	PDL Non-Preferred	ST 90D
diclofenac potassium 50 mg tab	PDL Non-Preferred	ST
diclofenac sodium 25 mg tab dr	PDL Non-Preferred	ST
diclofenac sodium 50 mg tab dr	PDL Non-Preferred	ST
diclofenac sodium 75 mg tab dr	PDL Non-Preferred	ST 90D
diclofenac sodium er 100 mg tab er 24h	PDL Non-Preferred	ST
diclofenac-misoprostol 50-0.2 mg tab dr	PDL Non-Preferred	ST
diclofenac-misoprostol 75-0.2 mg tab dr	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
DUEXIS 800-26.6 MG TAB *ibuprofen-famotidine*	PDL Non-Preferred	ST NOTE Trial and failure of only celecoxib is required 90D
ec-naproxen 500 mg tab dr	PDL Preferred	90D
etodolac 200 mg cap	PDL Non-Preferred	ST 90D
etodolac 300 mg cap	PDL Non-Preferred	ST 90D
etodolac 400 mg tab	PDL Non-Preferred	ST 90D
etodolac 500 mg tab	PDL Non-Preferred	ST 90D
etodolac er 400 mg tab er 24h	PDL Non-Preferred	ST 90D
etodolac er 500 mg tab er 24h	PDL Non-Preferred	ST 90D
etodolac er 600 mg tab er 24h	PDL Non-Preferred	ST 90D
fenoprofen calcium 400 mg cap	PDL Non-Preferred	ST 90D
FENOPROFEN CALCIUM 600 MG TAB *fenoprofen calcium*	PDL Non-Preferred	ST
flurbiprofen 100 mg tab	PDL Non-Preferred	ST
ibu 400 mg tab	PDL Preferred	90D
ibu 600 mg tab	PDL Preferred	90D
ibu 800 mg tab	PDL Preferred	90D
ibuprofen 100 mg/5ml suspension	PDL Preferred	90D
ibuprofen 400 mg tab	PDL Preferred	90D
ibuprofen 600 mg tab	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
ibuprofen 800 mg tab	PDL Preferred	90D
ibuprofen lysine 10 mg/ml solution	Covered	
ibuprofen-famotidine 800-26.6 mg tab	PDL Non-Preferred	ST NOTE Trial and failure of only celecoxib is required 90D
indomethacin 25 mg cap	PDL Preferred	
indomethacin 25 mg/5ml suspension	Covered	
indomethacin 50 mg cap	PDL Preferred	
indomethacin 50 mg suppos	PDL Non-Preferred	ST 90D
indomethacin er 75 mg cap er	PDL Non-Preferred	ST
INDOMETHACIN SODIUM 1 MG RECON SOLN *indomethacin sodium*	Covered	
KETOPROFEN 50 MG CAP *ketoprofen*	PDL Non-Preferred	ST
KETOPROFEN 75 MG CAP *ketoprofen*	PDL Non-Preferred	ST
KETOPROFEN ER 200 MG CAP ER 24H *ketoprofen*	PDL Non-Preferred	ST
ketorolac tromethamine 10 mg tab	PDL Preferred	
ketorolac tromethamine 15 mg/ml solution	Covered	
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION *ketorolac tromethamine*	PDL Non-Preferred	ST
ketorolac tromethamine 30 mg/ml solution	Covered	
ketorolac tromethamine 60 mg/2ml solution	Covered	
KIPROFEN 25 MG CAP *ketoprofen*	PDL Non-Preferred	ST 90D
lofena 25 mg tab	PDL Non-Preferred	ST
MECLOFENAMATE SODIUM 100 MG CAP *meclofenamate sodium*	PDL Non-Preferred	ST
MECLOFENAMATE SODIUM 50 MG CAP *meclofenamate sodium*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
mefenamic acid 250 mg cap	PDL Non-Preferred	ST
meloxicam 10 mg cap	PDL Non-Preferred	ST, 90D
meloxicam 15 mg tab	PDL Preferred	90D
meloxicam 5 mg cap	PDL Non-Preferred	ST, 90D
meloxicam 7.5 mg tab	PDL Preferred	90D
nabumetone 500 mg tab	PDL Non-Preferred	ST, 90D
nabumetone 750 mg tab	PDL Non-Preferred	ST, 90D
NALFON 400 MG CAP *fenoprofen calcium*	PDL Non-Preferred	ST
NALFON 600 MG TAB *fenoprofen calcium*	PDL Non-Preferred	ST
NAPRELAN 375 MG TAB ER 24H *naproxen sodium*	PDL Non-Preferred	ST, 90D
NAPRELAN 500 MG TAB ER 24H *naproxen sodium*	PDL Non-Preferred	ST, 90D
NAPRELAN 750 MG TAB ER 24H *naproxen sodium*	PDL Non-Preferred	ST, 90D
NAPROSYN 125 MG/5ML SUSPENSION *naproxen*	PDL Non-Preferred	ST, 90D
naproxen 125 mg/5ml suspension	PDL Non-Preferred	ST, 90D
naproxen 250 mg tab	PDL Preferred	90D
naproxen 375 mg tab	PDL Preferred	90D
naproxen 375 mg tab dr	PDL Preferred	90D
naproxen 500 mg tab	PDL Preferred	90D
naproxen 500 mg tab dr	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
naproxen dr 500 mg tab dr	PDL Preferred	90D
naproxen sodium 275 mg tab	PDL Preferred	90D
naproxen sodium 550 mg tab	PDL Preferred	90D
naproxen sodium er 375 mg tab er 24h	PDL Non-Preferred	ST 90D
naproxen sodium er 500 mg tab er 24h	PDL Non-Preferred	ST 90D
naproxen sodium er 750 mg tab er 24h	PDL Non-Preferred	ST 90D
naproxen-esomeprazole mg 375-20 mg tab dr	PDL Non-Preferred	ST NOTE Trial and failure of only celecoxib is required 90D
naproxen-esomeprazole mg 500-20 mg tab dr	PDL Non-Preferred	ST NOTE Trial and failure of only celecoxib is required 90D
NEOPROFEN 10 MG/ML SOLUTION *ibuprofen lysine*	Covered	
oxaprozin 600 mg tab	PDL Non-Preferred	ST
piroxicam 10 mg cap	PDL Non-Preferred	ST
piroxicam 20 mg cap	PDL Non-Preferred	ST
RELAFEN DS 1000 MG TAB *nabumetone*	PDL Non-Preferred	ST
sulindac 150 mg tab	PDL Preferred	
sulindac 200 mg tab	PDL Preferred	
TOLECTIN 600 600 MG TAB *tolmetin sodium*	PDL Non-Preferred	ST 90D
TOLMETIN SODIUM 400 MG CAP *tolmetin sodium*	PDL Non-Preferred	ST 90D
TOLMETIN SODIUM 600 MG TAB *tolmetin sodium*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
VIMOVO 375-20 MG TAB DR *naproxen-esomeprazole magnesium*	PDL Non-Preferred	ST NOTE Trial and failure of only celecoxib is required 90D
VIMOVO 500-20 MG TAB DR *naproxen-esomeprazole magnesium*	PDL Non-Preferred	ST NOTE Trial and failure of only celecoxib is required 90D
ZYNRELEF 200-6 MG/7ML SOLUTION *bupivacaine-meloxicam*	Covered	
ZYNRELEF 400-12 MG/14ML SOLUTION *bupivacaine-meloxicam*	Covered	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK *apremilast*	PDL Preferred	ST
OTEZLA 20 MG TAB *apremilast*	PDL Preferred	ST 90D
OTEZLA 30 MG TAB *apremilast*	PDL Preferred	ST 90D
OTEZLA 4 X 10 & 51 X20 MG TAB THPK *apremilast*	PDL Preferred	ST
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA 10 MG TAB *leflunomide*	Covered	90D
ARAVA 20 MG TAB *leflunomide*	Covered	90D
leflunomide 10 mg tab	Covered	90D
leflunomide 20 mg tab	Covered	90D
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA 125 MG/ML SOLN PRSYR *abatacept*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ORENCIA 250 MG RECON SOLN *abatacept*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D

DRUG NAME	TIER	DRUG EDITS
ORENCIA 50 MG/0.4ML SOLN PRSYR *abatacept*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ORENCIA 87.5 MG/0.7ML SOLN PRSYR *abatacept*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ *abatacept*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL 25 MG/0.5ML SOLN PRSYR *etanercept*	PDL Preferred	QL 8 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
ENBREL 25 MG/0.5ML SOLUTION *etanercept*	PDL Preferred	QL 8 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
ENBREL 50 MG/ML SOLN PRSYR *etanercept*	PDL Preferred	QL 4 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
ENBREL MINI 50 MG/ML SOLN CART *etanercept*	PDL Preferred	QL 4 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
ENBREL SURECLICK 50 MG/ML SOLN A-INJ *etanercept*	PDL Preferred	QL 4 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
bac (butalbital-acetamin-caff) 50-325-40 mg tab	Covered	
butalbital-acetaminophen 50-300 mg cap	Covered	
butalbital-acetaminophen 50-300 mg tab	Covered	
butalbital-acetaminophen 50-325 mg tab	Covered	
butalbital-apap-caffeine 50-300-40 mg cap	Covered	
butalbital-apap-caffeine 50-325-40 mg cap	Covered	
butalbital-apap-caffeine 50-325-40 mg tab	Covered	
butalbital-aspirin-caffeine 50-325-40 mg cap	Covered	
esgic 50-325-40 mg cap	Covered	
ESGIC 50-325-40 MG TAB *butalbital-acetaminophen-caffeine*	Covered	
FIORICET 50-300-40 MG CAP *butalbital-acetaminophen-caffeine*	Covered	
ANALGESICS OTHER		
acetaminophen 10 mg/ml solution	Covered	
acetaminophen 1000 mg/100ml solution	Covered	
acetaminophen 160 mg/5ml solution	Covered	
acetaminophen 325 mg/10.15ml solution	Covered	
acetaminophen 650 mg/20.3ml solution	Covered	
acetaminophen childrens 160 mg/5ml solution	Covered	
clonidine hcl (analgesia) 100 mcg/ml solution	Covered	
CLONIDINE HCL (ANALGESIA) 500 MCG/ML SOLUTION *clonidine hcl (analgesia)*	Covered	
DURACLON 100 MCG/ML SOLUTION *clonidine hcl (analgesia)*	Covered	
SALICYLATES		
diflunisal 500 mg tab	PDL Non-Preferred	ST
DOLOBID 250 MG TAB *diflunisal*	PDL Non-Preferred	ST
salsalate 500 mg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
salsalate 750 mg tab	Covered	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
ACTIQ 400 MCG LOZ HANDLE *fentanyl citrate*	PDL Preferred	ST NOTE Clinical Criteria Apply
CODEINE SULFATE 15 MG TAB *codeine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
CODEINE SULFATE 30 MG TAB *codeine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
codeine sulfate 30 mg tab	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
CODEINE SULFATE 60 MG TAB *codeine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
CONZIP 100 MG CAP ER 24H *tramadol hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
CONZIP 200 MG CAP ER 24H *tramadol hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
CONZIP 300 MG CAP ER 24H *tramadol hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
DEMEROL 100 MG/ML SOLUTION *meperidine hcl*	Covered	
DEMEROL 25 MG/ML SOLUTION *meperidine hcl*	Covered	
DEMEROL 50 MG/ML SOLUTION *meperidine hcl*	Covered	
DEMEROL 75 MG/ML SOLUTION *meperidine hcl*	Covered	
DILAUDID 0.2 MG/ML SOLUTION *hydromorphone hcl*	Covered	
DILAUDID 1 MG/ML LIQUID *hydromorphone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
DILAUDID 1 MG/ML SOLUTION *hydromorphone hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
DILAUDID 2 MG TAB *hydromorphone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
DILAUDID 2 MG/ML SOLUTION *hydromorphone hcl*	Covered	
DILAUDID 4 MG TAB *hydromorphone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
DILAUDID 8 MG TAB *hydromorphone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
DSUVIA 30 MCG SL TAB *sufentanil citrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
DURAMORPH 0.5 MG/ML SOLUTION *morphine sulfate*	Covered	
DURAMORPH 1 MG/ML SOLUTION *morphine sulfate*	Covered	
fentanyl 100 mcg/hr patch 72hr	PDL Preferred	ST NOTE Clinical Criteria Apply
fentanyl 12 mcg/hr patch 72hr	PDL Preferred	ST NOTE Clinical Criteria Apply
fentanyl 25 mcg/hr patch 72hr	PDL Preferred	ST NOTE Clinical Criteria Apply
fentanyl 37.5 mcg/hr patch 72hr	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
fentanyl 50 mcg/hr patch 72hr	PDL Preferred	ST NOTE Clinical Criteria Apply
fentanyl 62.5 mcg/hr patch 72hr	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
fentanyl 75 mcg/hr patch 72hr	PDL Preferred	ST NOTE Clinical Criteria Apply
fentanyl 87.5 mcg/hr patch 72hr	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
FENTANYL CITRATE 100 MCG/2ML SOLN PRSYR *fentanyl citrate*	Covered	

DRUG NAME	TIER	DRUG EDITS
FENTANYL CITRATE 1200 MCG LOZ HANDLE *fentanyl citrate*	Covered	ST NOTE Clinical Criteria Apply
fentanyl citrate 1200 mcg loz handle	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
FENTANYL CITRATE 1600 MCG LOZ HANDLE *fentanyl citrate*	Covered	ST NOTE Clinical Criteria Apply
fentanyl citrate 1600 mcg loz handle	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
FENTANYL CITRATE 200 MCG LOZ HANDLE *fentanyl citrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
fentanyl citrate 200 mcg loz handle	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
FENTANYL CITRATE 200 MCG TAB *fentanyl citrate*	Covered	ST NOTE Clinical Criteria Apply
FENTANYL CITRATE 400 MCG LOZ HANDLE *fentanyl citrate*	Covered	ST NOTE Clinical Criteria Apply
fentanyl citrate 400 mcg loz handle	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
FENTANYL CITRATE 400 MCG TAB *fentanyl citrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
FENTANYL CITRATE 600 MCG LOZ HANDLE *fentanyl citrate*	Covered	ST NOTE Clinical Criteria Apply
fentanyl citrate 600 mcg loz handle	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
FENTANYL CITRATE 600 MCG TAB *fentanyl citrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
FENTANYL CITRATE 800 MCG LOZ HANDLE *fentanyl citrate*	Covered	ST NOTE Clinical Criteria Apply
fentanyl citrate 800 mcg loz handle	PDL Non-Preferred	ST NOTE Clinical Criteria Apply

DRUG NAME	TIER	DRUG EDITS
FENTANYL CITRATE 800 MCG TAB *fentanyl citrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
fentanyl citrate (pf) 100 mcg/2ml solution	Covered	
fentanyl citrate (pf) 1000 mcg/20ml solution	Covered	
fentanyl citrate (pf) 250 mcg/5ml solution	Covered	
fentanyl citrate (pf) 2500 mcg/50ml solution	Covered	
FENTANYL CITRATE (PF) 50 MCG/ML SOLUTION *fentanyl citrate*	Covered	
fentanyl citrate (pf) 50 mcg/ml solution	Covered	
FENTANYL CITRATE (PF) 500 MCG/10ML SOLUTION *fentanyl citrate*	Covered	
FENTANYL CITRATE PF 25 MCG/0.5ML SOLN PRSYR *fentanyl citrate*	Covered	
FENTANYL CITRATE PF 50 MCG/ML SOLN PRSYR *fentanyl citrate*	Covered	
fentanyl citrate pf 50 mcg/ml soln prsyr	Covered	
FENTORA 100 MCG TAB *fentanyl citrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
FENTORA 200 MCG TAB *fentanyl citrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
FENTORA 400 MCG TAB *fentanyl citrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
FENTORA 600 MCG TAB *fentanyl citrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
FENTORA 800 MCG TAB *fentanyl citrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H *hydrocodone bitartrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
hydrocodone bitartrate er 100 mg tb24 deter	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
hydrocodone bitartrate er 120 mg tb24 deter	PDL Non-Preferred	ST NOTE Clinical Criteria Apply

DRUG NAME	TIER	DRUG EDITS
HYDROCODONE BITARTRATE ER 15 MG CAP ER 12H *hydrocodone bitartrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
HYDROCODONE BITARTRATE ER 20 MG CAP ER 12H *hydrocodone bitartrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
hydrocodone bitartrate er 20 mg tb24 deter	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H *hydrocodone bitartrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
hydrocodone bitartrate er 30 mg tb24 deter	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H *hydrocodone bitartrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
hydrocodone bitartrate er 40 mg tb24 deter	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H *hydrocodone bitartrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
hydrocodone bitartrate er 60 mg tb24 deter	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
hydrocodone bitartrate er 80 mg tb24 deter	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
HYDROMORPHONE HCL 0.25 MG/0.5ML SOLUTION *hydromorphone hcl*	Covered	
hydromorphone hcl 1 mg/ml liquid	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
hydromorphone hcl 1 mg/ml solution	Covered	
hydromorphone hcl 2 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
hydromorphone hcl 2 mg/ml solution	Covered	
HYDROMORPHONE HCL 3 MG SUPPOS *hydromorphone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply

DRUG NAME	TIER	DRUG EDITS
hydromorphone hcl 4 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
HYDROMORPHONE HCL 4 MG/ML SOLUTION *hydromorphone hcl*	Covered	
hydromorphone hcl 8 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
hydromorphone hcl er 12 mg tab er 24h	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
hydromorphone hcl er 16 mg tab er 24h	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
hydromorphone hcl er 32 mg tab er 24h	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
hydromorphone hcl er 8 mg tab er 24h	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
HYDROMORPHONE HCL PF 1 MG/ML SOLUTION *hydromorphone hcl*	Covered	
HYDROMORPHONE HCL PF 10 MG/ML SOLUTION *hydromorphone hcl*	Covered	
hydromorphone hcl pf 10 mg/ml solution	Covered	
HYDROMORPHONE HCL PF 2 MG/ML SOLUTION *hydromorphone hcl*	Covered	
HYDROMORPHONE HCL PF 4 MG/ML SOLUTION *hydromorphone hcl*	Covered	
hydromorphone hcl pf 50 mg/5ml solution	Covered	
hydromorphone hcl pf 500 mg/50ml solution	Covered	
HYSINGLA ER 100 MG TB24 DETER *hydrocodone bitartrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
HYSINGLA ER 120 MG TB24 DETER *hydrocodone bitartrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
HYSINGLA ER 20 MG TB24 DETER *hydrocodone bitartrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
HYSINGLA ER 30 MG TB24 DETER *hydrocodone bitartrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply

DRUG NAME	TIER	DRUG EDITS
HYSINGLA ER 40 MG TB24 DETER *hydrocodone bitartrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
HYSINGLA ER 60 MG TB24 DETER *hydrocodone bitartrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
HYSINGLA ER 80 MG TB24 DETER *hydrocodone bitartrate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
INFUMORPH 200 200 MG/20ML (10 MG/ML) SOLUTION *morphine sulfate for continuous microinfusion*	Covered	
INFUMORPH 500 500 MG/20ML (25 MG/ML) SOLUTION *morphine sulfate for continuous microinfusion*	Covered	
levorphanol tartrate 2 mg tab	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
levorphanol tartrate 3 mg tab	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
meperidine hcl 100 mg/ml solution	Covered	
meperidine hcl 25 mg/ml solution	Covered	
meperidine hcl 50 mg tab	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
MEPERIDINE HCL 50 MG/5ML SOLUTION *meperidine hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
meperidine hcl 50 mg/ml solution	Covered	
methadone hcl 10 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
METHADONE HCL 10 MG/5ML SOLUTION *methadone hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply
methadone hcl 10 mg/5ml solution	PDL Preferred	ST NOTE Clinical Criteria Apply
methadone hcl 10 mg/ml conc	PDL Preferred	ST NOTE Clinical Criteria Apply
METHADONE HCL 10 MG/ML SOLUTION *methadone hcl*	Covered	ST

DRUG NAME	TIER	DRUG EDITS
methadone hcl 40 mg tab sol	PDL Preferred	ST NOTE Clinical Criteria Apply
methadone hcl 5 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
METHADONE HCL 5 MG/5ML SOLUTION *methadone hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply
methadone hcl 5 mg/5ml solution	PDL Preferred	ST NOTE Clinical Criteria Apply
methadone hcl intensol 10 mg/ml conc	PDL Preferred	ST NOTE Clinical Criteria Apply
METHADOSE 10 MG/ML CONC *methadone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
methadose 40 mg tab sol	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
METHADOSE SUGAR-FREE 10 MG/ML CONC *methadone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
mitigo 200 mg/20ml (10 mg/ml) solution	Covered	
mitigo 500 mg/20ml (25 mg/ml) solution	Covered	
MORPHINE SULFATE 10 MG SUPPOS *morphine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
MORPHINE SULFATE 10 MG/5ML SOLUTION *morphine sulfate*	PDL Preferred	ST NOTE Clinical Criteria Apply
MORPHINE SULFATE 10 MG/ML SOLUTION *morphine sulfate*	Covered	
MORPHINE SULFATE 15 MG TAB *morphine sulfate*	PDL Preferred	ST NOTE Clinical Criteria Apply
morphine sulfate 15 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
MORPHINE SULFATE 2 MG/ML SOLUTION *morphine sulfate*	Covered	
MORPHINE SULFATE 20 MG SUPPOS *morphine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply

DRUG NAME	TIER	DRUG EDITS
MORPHINE SULFATE 20 MG/5ML SOLUTION *morphine sulfate*	PDL Preferred	ST NOTE Clinical Criteria Apply
MORPHINE SULFATE 30 MG SUPPOS *morphine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
MORPHINE SULFATE 30 MG TAB *morphine sulfate*	PDL Preferred	ST NOTE Clinical Criteria Apply
morphine sulfate 30 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
MORPHINE SULFATE 4 MG/ML SOLUTION *morphine sulfate*	Covered	
MORPHINE SULFATE 5 MG SUPPOS *morphine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
MORPHINE SULFATE 50 MG/ML SOLUTION *morphine sulfate*	Covered	
MORPHINE SULFATE 8 MG/ML SOLUTION *morphine sulfate*	Covered	
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION *morphine sulfate*	PDL Preferred	ST NOTE Clinical Criteria Apply
morphine sulfate (concentrate) 100 mg/5ml solution	PDL Preferred	ST NOTE Clinical Criteria Apply
morphine sulfate (concentrate) 20 mg/ml solution	PDL Preferred	ST NOTE Clinical Criteria Apply
morphine sulfate (pf) 0.5 mg/ml solution	Covered	
MORPHINE SULFATE (PF) 1 MG/ML SOLUTION *morphine sulfate*	Covered	
morphine sulfate (pf) 1 mg/ml solution	Covered	
MORPHINE SULFATE (PF) 10 MG/ML SOLUTION *morphine sulfate*	Covered	
MORPHINE SULFATE (PF) 2 MG/ML SOLUTION *morphine sulfate*	Covered	
MORPHINE SULFATE (PF) 4 MG/ML SOLUTION *morphine sulfate*	Covered	
MORPHINE SULFATE (PF) 5 MG/ML SOLUTION *morphine sulfate*	Covered	

DRUG NAME	TIER	DRUG EDITS
MORPHINE SULFATE (PF) 8 MG/ML SOLUTION *morphine sulfate*	Covered	
MORPHINE SULFATE ER 10 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
MORPHINE SULFATE ER 100 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
morphine sulfate er 100 mg tab er	PDL Preferred	ST NOTE Clinical Criteria Apply
morphine sulfate er 15 mg tab er	PDL Preferred	ST NOTE Clinical Criteria Apply
MORPHINE SULFATE ER 20 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
morphine sulfate er 200 mg tab er	PDL Preferred	ST NOTE Clinical Criteria Apply
MORPHINE SULFATE ER 30 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
morphine sulfate er 30 mg tab er	PDL Preferred	ST NOTE Clinical Criteria Apply
MORPHINE SULFATE ER 50 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
MORPHINE SULFATE ER 60 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
morphine sulfate er 60 mg tab er	PDL Preferred	ST NOTE Clinical Criteria Apply
MORPHINE SULFATE ER 80 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
MORPHINE SULFATE ER BEADS 120 MG CAP ER 24H *morphine sulfate beads*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
MORPHINE SULFATE ER BEADS 30 MG CAP ER 24H *morphine sulfate beads*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
MORPHINE SULFATE ER BEADS 45 MG CAP ER 24H *morphine sulfate beads*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply

DRUG NAME	TIER	DRUG EDITS
MORPHINE SULFATE ER BEADS 60 MG CAP ER 24H *morphine sulfate beads*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
MORPHINE SULFATE ER BEADS 75 MG CAP ER 24H *morphine sulfate beads*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
MORPHINE SULFATE ER BEADS 90 MG CAP ER 24H *morphine sulfate beads*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
MS CONTIN 100 MG TAB ER *morphine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
MS CONTIN 15 MG TAB ER *morphine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
MS CONTIN 200 MG TAB ER *morphine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
MS CONTIN 30 MG TAB ER *morphine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
MS CONTIN 60 MG TAB ER *morphine sulfate*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
NUCYNTA 100 MG TAB *tapentadol hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
NUCYNTA 50 MG TAB *tapentadol hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
NUCYNTA 75 MG TAB *tapentadol hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
OLINVYK 1 MG/ML SOLUTION *oliceridine fumarate*	Covered	
OLINVYK 2 MG/2ML SOLUTION *oliceridine fumarate*	Covered	
OLINVYK 30 MG/30ML SOLUTION *oliceridine fumarate*	Covered	
oxycodone hcl 10 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
oxycodone hcl 100 mg/5ml conc	PDL Non-Preferred	ST NOTE Clinical Criteria Apply

DRUG NAME	TIER	DRUG EDITS
oxycodone hcl 15 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
oxycodone hcl 20 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
oxycodone hcl 30 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
oxycodone hcl 5 mg cap	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
oxycodone hcl 5 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
oxycodone hcl 5 mg/5ml solution	PDL Preferred	ST NOTE Clinical Criteria Apply
OXYCODONE HCL ER 10 MG TB12 DETER *oxycodone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
OXYCODONE HCL ER 20 MG TB12 DETER *oxycodone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
OXYCODONE HCL ER 40 MG TB12 DETER *oxycodone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
OXYCODONE HCL ER 80 MG TB12 DETER *oxycodone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
OXYCONTIN 10 MG TB12 DETER *oxycodone hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply
OXYCONTIN 15 MG TB12 DETER *oxycodone hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply
OXYCONTIN 20 MG TB12 DETER *oxycodone hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply
OXYCONTIN 30 MG TB12 DETER *oxycodone hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply
OXYCONTIN 40 MG TB12 DETER *oxycodone hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply

DRUG NAME	TIER	DRUG EDITS
OXYCONTIN 60 MG TB12 DETER *oxycodone hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply
OXYCONTIN 80 MG TB12 DETER *oxycodone hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply
oxymorphone hcl 10 mg tab	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
oxymorphone hcl 5 mg tab	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
OXYMORPHONE HCL ER 10 MG TAB ER 12H *oxymorphone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
OXYMORPHONE HCL ER 15 MG TAB ER 12H *oxymorphone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
OXYMORPHONE HCL ER 20 MG TAB ER 12H *oxymorphone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
OXYMORPHONE HCL ER 30 MG TAB ER 12H *oxymorphone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
OXYMORPHONE HCL ER 40 MG TAB ER 12H *oxymorphone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
OXYMORPHONE HCL ER 5 MG TAB ER 12H *oxymorphone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
OXYMORPHONE HCL ER 7.5 MG TAB ER 12H *oxymorphone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
QDOLO 5 MG/ML SOLUTION *tramadol hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
remifentanil hcl 1 mg recon soln	Covered	
remifentanil hcl 2 mg recon soln	Covered	
remifentanil hcl 5 mg recon soln	Covered	
ROXICODONE 15 MG TAB *oxycodone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
ROXICODONE 30 MG TAB *oxycodone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply

DRUG NAME	TIER	DRUG EDITS
ROXYBOND 15 MG TAB DETER *oxycodone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
ROXYBOND 30 MG TAB DETER *oxycodone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
ROXYBOND 5 MG TAB DETER *oxycodone hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
sufentanil citrate 50 mcg/ml solution	Covered	
tramadol hcl 100 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
TRAMADOL HCL 25 MG TAB *tramadol hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
TRAMADOL HCL 5 MG/ML SOLUTION *tramadol hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
tramadol hcl 50 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
TRAMADOL HCL (ER BIPHASIC) 100 MG TAB ER 24H *tramadol hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply
tramadol hcl (er biphasic) 100 mg tab er 24h	Covered	ST NOTE Clinical Criteria Apply
TRAMADOL HCL (ER BIPHASIC) 200 MG TAB ER 24H *tramadol hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply
tramadol hcl (er biphasic) 200 mg tab er 24h	Covered	ST NOTE Clinical Criteria Apply
TRAMADOL HCL (ER BIPHASIC) 300 MG TAB ER 24H *tramadol hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply
tramadol hcl (er biphasic) 300 mg tab er 24h	Covered	ST NOTE Clinical Criteria Apply
TRAMADOL HCL ER 100 MG CAP ER 24H *tramadol hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
tramadol hcl er 100 mg tab er 24h	PDL Preferred	ST NOTE Clinical Criteria Apply

DRUG NAME	TIER	DRUG EDITS
TRAMADOL HCL ER 200 MG CAP ER 24H *tramadol hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
tramadol hcl er 200 mg tab er 24h	PDL Preferred	ST NOTE Clinical Criteria Apply
TRAMADOL HCL ER 300 MG CAP ER 24H *tramadol hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
tramadol hcl er 300 mg tab er 24h	PDL Preferred	ST NOTE Clinical Criteria Apply
ULTIVA 1 MG RECON SOLN *remifentanil hcl*	Covered	
ULTIVA 2 MG RECON SOLN *remifentanil hcl*	Covered	
ULTIVA 5 MG RECON SOLN *remifentanil hcl*	Covered	
OPIOID COMBINATIONS		
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION *acetaminophen w/ codeine*	PDL Preferred	ST NOTE Clinical Criteria Apply
acetaminophen-codeine 300-15 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
acetaminophen-codeine 300-30 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION *acetaminophen w/ codeine*	PDL Preferred	ST NOTE Clinical Criteria Apply
acetaminophen-codeine 300-60 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
APAP-CAFF-DIHYDROCODEINE 320.5-30-16 MG CAP *acetaminophen-caff-dihydrocod*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
ascomp-codeine 50-325-40-30 mg cap	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
butalbital-apap-caff-cod 50-300-40-30 mg cap	PDL Non-Preferred	ST NOTE Clinical Criteria Apply

DRUG NAME	TIER	DRUG EDITS
butalbital-apap-caff-cod 50-325-40-30 mg cap	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
butalbital-asa-caff-codeine 50-325-40-30 mg cap	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
endocet 10-325 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
endocet 2.5-325 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
endocet 5-325 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
endocet 7.5-325 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
FIORICET/CODEINE 50-300-40-30 MG CAP *butalbital-acetaminophen-caffeine w/ codeine*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
hydrocodone-acetaminophen 10-300 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
hydrocodone-acetaminophen 10-325 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
HYDROCODONE-ACETAMINOPHEN 10-325 MG/15ML SOLUTION *hydrocodone-acetaminophen*	PDL Preferred	
hydrocodone-acetaminophen 2.5-108 mg/5ml solution	PDL Preferred	ST NOTE Clinical Criteria Apply
hydrocodone-acetaminophen 5-217 mg/10ml solution	PDL Preferred	ST NOTE Clinical Criteria Apply
hydrocodone-acetaminophen 5-300 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
hydrocodone-acetaminophen 5-325 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
hydrocodone-acetaminophen 7.5-300 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply

DRUG NAME	TIER	DRUG EDITS
hydrocodone-acetaminophen 7.5-325 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
hydrocodone-acetaminophen 7.5-325 mg/15ml solution	PDL Preferred	ST NOTE Clinical Criteria Apply
HYDROCODONE-IBUPROFEN 10-200 MG TAB *hydrocodone-ibuprofen*	PDL Preferred	ST NOTE Clinical Criteria Apply
hydrocodone-ibuprofen 10-200 mg tab	Covered	ST NOTE Clinical Criteria Apply
HYDROCODONE-IBUPROFEN 5-200 MG TAB *hydrocodone-ibuprofen*	PDL Preferred	ST NOTE Clinical Criteria Apply
hydrocodone-ibuprofen 5-200 mg tab	Covered	ST NOTE Clinical Criteria Apply
hydrocodone-ibuprofen 7.5-200 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
NALOCET 2.5-300 MG TAB *oxycodone w/ acetaminophen*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
oxycodone-acetaminophen 10-325 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
oxycodone-acetaminophen 2.5-325 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
oxycodone-acetaminophen 5-325 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION *oxycodone w/ acetaminophen*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
oxycodone-acetaminophen 7.5-325 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
PERCOCET 10-325 MG TAB *oxycodone w/ acetaminophen*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
PERCOCET 2.5-325 MG TAB *oxycodone w/ acetaminophen*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply

DRUG NAME	TIER	DRUG EDITS
PERCOCET 5-325 MG TAB *oxycodone w/ acetaminophen*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
PERCOCET 7.5-325 MG TAB *oxycodone w/ acetaminophen*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
PROLATE 10-300 MG TAB *oxycodone w/ acetaminophen*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
PROLATE 10-300 MG/5ML SOLUTION *oxycodone w/ acetaminophen*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
PROLATE 5-300 MG TAB *oxycodone w/ acetaminophen*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
PROLATE 7.5-300 MG TAB *oxycodone w/ acetaminophen*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
SEGLENTIS 56-44 MG TAB *celecoxib-tramadol hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
tramadol-acetaminophen 37.5-325 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply
OPIOID PARTIAL AGONISTS		
BELBUCA 150 MCG FILM *buprenorphine hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
BELBUCA 300 MCG FILM *buprenorphine hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
BELBUCA 450 MCG FILM *buprenorphine hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
BELBUCA 600 MCG FILM *buprenorphine hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
BELBUCA 75 MCG FILM *buprenorphine hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
BELBUCA 750 MCG FILM *buprenorphine hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
BELBUCA 900 MCG FILM *buprenorphine hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply

DRUG NAME	TIER	DRUG EDITS
BRIXADI 128 MG/0.36ML SOLN PRSYR *buprenorphine*	PDL Preferred	90D
BRIXADI 64 MG/0.18ML SOLN PRSYR *buprenorphine*	PDL Preferred	90D
BRIXADI 96 MG/0.27ML SOLN PRSYR *buprenorphine*	PDL Preferred	90D
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR *buprenorphine*	PDL Preferred	90D
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR *buprenorphine*	PDL Preferred	90D
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR *buprenorphine*	PDL Preferred	90D
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR *buprenorphine*	PDL Preferred	90D
buprenorphine 10 mcg/hr patch wk	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
buprenorphine 15 mcg/hr patch wk	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
buprenorphine 20 mcg/hr patch wk	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
buprenorphine 5 mcg/hr patch wk	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
buprenorphine 7.5 mcg/hr patch wk	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
buprenorphine hcl 0.3 mg/ml solution	Covered	
buprenorphine hcl 2 mg sl tab	PDL Preferred	QL 3 UNITS / 1 DAY
buprenorphine hcl 8 mg sl tab	PDL Preferred	QL 3 UNITS / 1 DAY
buprenorphine hcl-naloxone hcl 12-3 mg film	PDL Non-Preferred	QL 2 UNITS / 1 DAY ST NOTE Trial and failure of Suboxone® SL film or buprenorphine-naloxone SL tablet (generic Suboxone®) required for coverage of non-preferred options 90D

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
buprenorphine hcl-naloxone hcl 2-0.5 mg film	PDL Non-Preferred	QL 3 UNITS / 1 DAY ST NOTE Trial and failure of Suboxone® SL film or buprenorphine-naloxone SL tablet (generic Suboxone®) required for coverage of non-preferred options 90D
buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab	PDL Preferred	QL 12 units / 1 day 90D
buprenorphine hcl-naloxone hcl 4-1 mg film	PDL Non-Preferred	QL 1 UNIT / 1 DAY ST NOTE Trial and failure of Suboxone® SL film or buprenorphine-naloxone SL tablet (generic Suboxone®) required for coverage of non-preferred options 90D
buprenorphine hcl-naloxone hcl 8-2 mg film	PDL Non-Preferred	QL 3 UNITS / 1 DAY ST NOTE Trial and failure of Suboxone® SL film or buprenorphine-naloxone SL tablet (generic Suboxone®) required for coverage of non-preferred options 90D
buprenorphine hcl-naloxone hcl 8-2 mg sl tab	PDL Preferred	QL 4 units / 1 day 90D
BUTORPHANOL TARTRATE 1 MG/ML SOLUTION *butorphanol tartrate*	Covered	
butorphanol tartrate 10 mg/ml solution	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
BUTORPHANOL TARTRATE 2 MG/ML SOLUTION *butorphanol tartrate*	Covered	
BUTRANS 10 MCG/HR PATCH WK *buprenorphine*	PDL Preferred	ST NOTE Clinical Criteria Apply

DRUG NAME	TIER	DRUG EDITS
BUTRANS 15 MCG/HR PATCH WK *buprenorphine*	PDL Preferred	ST NOTE Clinical Criteria Apply
BUTRANS 20 MCG/HR PATCH WK *buprenorphine*	PDL Preferred	ST NOTE Clinical Criteria Apply
BUTRANS 5 MCG/HR PATCH WK *buprenorphine*	PDL Preferred	ST NOTE Clinical Criteria Apply
BUTRANS 7.5 MCG/HR PATCH WK *buprenorphine*	PDL Preferred	ST NOTE Clinical Criteria Apply
nalbuphine hcl 10 mg/ml solution	Covered	
nalbuphine hcl 20 mg/ml solution	Covered	
pentazocine-naloxone hcl 50-0.5 mg tab	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
SUBLOCADE 100 MG/0.5ML SOLN PRSYR *buprenorphine*	PDL Preferred	QL 0.5 UNITS / 30 DAYS
SUBLOCADE 300 MG/1.5ML SOLN PRSYR *buprenorphine*	PDL Preferred	QL 1.5 UNITS / 30 DAYS
SUBOXONE 12-3 MG FILM *buprenorphine hcl-naloxone hcl dihydrate*	PDL Preferred	QL 2 UNITS / 1 DAY 90D
SUBOXONE 2-0.5 MG FILM *buprenorphine hcl-naloxone hcl dihydrate*	PDL Preferred	QL 12 units / 1 day 90D
SUBOXONE 4-1 MG FILM *buprenorphine hcl-naloxone hcl dihydrate*	PDL Preferred	QL 6 units / 1 day 90D
SUBOXONE 8-2 MG FILM *buprenorphine hcl-naloxone hcl dihydrate*	PDL Preferred	QL 3 UNITS / 1 DAY 90D
ZUBSOLV 0.7-0.18 MG SL TAB *buprenorphine hcl-naloxone hcl dihydrate*	PDL Non-Preferred	QL 30 UNITS / 30 DAYS ST NOTE Trial and failure of Suboxone® SL film or buprenorphine-naloxone SL tablet (generic Suboxone®) required for coverage of non-preferred options 90D

DRUG NAME	TIER	DRUG EDITS
ZUBSOLV 1.4-0.36 MG SL TAB *buprenorphine hcl-naloxone hcl dihydrate*	PDL Non-Preferred	QL 90 UNITS / 30 DAYS ST NOTE Trial and failure of Suboxone® SL film or buprenorphine-naloxone SL tablet (generic Suboxone®) required for coverage of non-preferred options 90D
ZUBSOLV 11.4-2.9 MG SL TAB *buprenorphine hcl-naloxone hcl dihydrate*	PDL Non-Preferred	QL 30 UNITS / 30 DAYS ST NOTE Trial and failure of Suboxone® SL film or buprenorphine-naloxone SL tablet (generic Suboxone®) required for coverage of non-preferred options 90D
ZUBSOLV 2.9-0.71 MG SL TAB *buprenorphine hcl-naloxone hcl dihydrate*	PDL Non-Preferred	QL 30 UNITS / 30 DAYS ST NOTE Trial and failure of Suboxone® SL film or buprenorphine-naloxone SL tablet (generic Suboxone®) required for coverage of non-preferred options 90D
ZUBSOLV 5.7-1.4 MG SL TAB *buprenorphine hcl-naloxone hcl dihydrate*	PDL Non-Preferred	QL 90 UNITS / 30 DAYS ST NOTE Trial and failure of Suboxone® SL film or buprenorphine-naloxone SL tablet (generic Suboxone®) required for coverage of non-preferred options 90D
ZUBSOLV 8.6-2.1 MG SL TAB *buprenorphine hcl-naloxone hcl dihydrate*	PDL Non-Preferred	QL 60 UNITS / 30 DAYS ST NOTE Trial and failure of Suboxone® SL film or buprenorphine-naloxone SL tablet (generic Suboxone®) required for coverage of non-preferred

options

90D

DRUG NAME	TIER	DRUG EDITS
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
OXANDROLONE 10 MG TAB *oxandrolone*	Covered	
oxandrolone 10 mg tab	Covered	
OXANDROLONE 2.5 MG TAB *oxandrolone*	Covered	
oxandrolone 2.5 mg tab	Covered	
ANDROGENS		
ANDROGEL PUMP 20.25 MG/ACT (1.62%) GEL *testosterone*	PDL Preferred	90D
AVEED 750 MG/3ML SOLUTION *testosterone undecanoate*	Covered	90D
danazol 100 mg cap	Covered	
danazol 200 mg cap	Covered	
danazol 50 mg cap	Covered	
depo-testosterone 100 mg/ml solution	Covered	90D
depo-testosterone 200 mg/ml solution	Covered	90D
JATENZO 158 MG CAP *testosterone undecanoate*	Covered	90D
JATENZO 198 MG CAP *testosterone undecanoate*	Covered	90D
JATENZO 237 MG CAP *testosterone undecanoate*	Covered	90D
METHITEST 10 MG TAB *methyltestosterone*	Covered	90D
methyltestosterone 10 mg cap	Covered	90D
NATESTO 5.5 MG/ACT GEL *testosterone*	PDL Non-Preferred	ST 90D
TESTIM 50 MG/5GM (1%) GEL *testosterone*	PDL Non-Preferred	ST 90D
TESTOPEL 75 MG PELLET *testosterone*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
testosterone 1.62 % gel	PDL Preferred	90D
TESTOSTERONE 10 MG/ACT (2%) GEL *testosterone*	PDL Non-Preferred	ST 90D
TESTOSTERONE 12.5 MG/ACT (1%) GEL *testosterone*	PDL Non-Preferred	ST 90D
testosterone 12.5 mg/act (1%) gel	PDL Non-Preferred	ST 90D
testosterone 20.25 mg/1.25gm (1.62%) gel	PDL Non-Preferred	ST 90D
testosterone 20.25 mg/act (1.62%) gel	PDL Preferred	90D
testosterone 25 mg/2.5gm (1%) gel	PDL Non-Preferred	ST 90D
testosterone 30 mg/act solution	PDL Non-Preferred	ST 90D
testosterone 40.5 mg/2.5gm (1.62%) gel	PDL Non-Preferred	ST 90D
TESTOSTERONE 50 MG/5GM (1%) GEL *testosterone*	PDL Non-Preferred	ST 90D
testosterone 50 mg/5gm (1%) gel	PDL Non-Preferred	ST 90D
testosterone cypionate 100 mg/ml solution	Covered	90D
testosterone cypionate 200 mg/ml solution	Covered	90D
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION *testosterone enanthate*	Covered	
TLANDO 112.5 MG CAP *testosterone undecanoate*	Covered	
VOGELXO 50 MG/5GM (1%) GEL *testosterone*	PDL Non-Preferred	ST 90D
VOGELXO PUMP 12.5 MG/ACT (1%) GEL *testosterone*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
XYOSTED 100 MG/0.5ML SOLN A-INJ *testosterone enanthate*	Covered	90D
XYOSTED 50 MG/0.5ML SOLN A-INJ *testosterone enanthate*	Covered	90D
XYOSTED 75 MG/0.5ML SOLN A-INJ *testosterone enanthate*	Covered	90D
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide 2 mg foam	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required
budesonide 2 mg/act foam	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required
CORTENEMA 100 MG/60ML ENEMA *hydrocortisone (intrarectal)*	Covered	
CORTIFOAM 10 % FOAM *hydrocortisone acetate (intrarectal)*	Covered	
hydrocortisone 100 mg/60ml enema	Covered	
UCERIS 2 MG/ACT FOAM *budesonide (intrarectal)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
RECTAL COMBINATIONS		
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM *hydrocortisone acetate w/ pramoxine*	Covered	
lidocaine-hydrocort (perianal) 3-0.5 % cream	Covered	
lidocaine-hydrocortisone ace 2-2 % kit	Covered	
LIDOCAINE-HYDROCORTISONE ACE 2.8-0.55 % GEL *lidocaine-hydrocortisone acetate (rectal)*	Covered	
lidocaine-hydrocortisone ace 3-0.5 % kit	Covered	
LIDOCAINE-HYDROCORTISONE ACE 3-1 % KIT *lidocaine-hydrocortisone acetate (rectal)*	Covered	
lidocaine-hydrocortisone ace 3-2.5 % kit	Covered	
lidocort 3-0.5 % cream	Covered	

DRUG NAME	TIER	DRUG EDITS
PROCTOFOAM HC 1-1 % FOAM *hydrocortisone acetate w/ pramoxine*	Covered	
RECTAL STEROIDS		
ANUSOL-HC 2.5 % CREAM *hydrocortisone (rectal)*	Covered	
HYDROCORTISONE (PERIANAL) 1 % CREAM *hydrocortisone (rectal)*	Covered	
hydrocortisone (perianal) 2.5 % cream	Covered	
hydrocortisone acetate 25 mg suppos	Covered	
hydrocortisone acetate 30 mg suppos	Covered	
procto-med hc 2.5 % cream	Covered	
PROCTOCORT 1 % CREAM *hydrocortisone (rectal)*	Covered	
proctosol hc 2.5 % cream	Covered	
proctozone-hc 2.5 % cream	Covered	
VASODILATING AGENTS		
nitroglycerin 0.4 % ointment	Covered	
RECTIV 0.4 % OINTMENT *nitroglycerin (intra-anal)*	Covered	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole 200 mg tab	Covered	
BENZNIDAZOLE 100 MG TAB *benznidazole*	Covered	
BENZNIDAZOLE 12.5 MG TAB *benznidazole*	Covered	
BILTRICIDE 600 MG TAB *praziquantel*	Covered	
EMVERM 100 MG CHEW TAB *mebendazole*	Covered	
ivermectin 3 mg tab	Covered	QL 10 UNITS / 30 DAYS ST
praziquantel 600 mg tab	Covered	
STROMECTOL 3 MG TAB *ivermectin*	Covered	QL 10 UNITS / 30 DAYS ST

DRUG NAME	TIER	DRUG EDITS
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO 194 MG TAB DR *rifamycin sodium*	PDL Non-Preferred	ST
BACITRACIN 50000 UNIT RECON SOLN *bacitracin*	Covered	
FLAGYL 375 MG CAP *metronidazole*	PDL Non-Preferred	ST
LIKMEZ 500 MG/5ML SUSPENSION *metronidazole*	PDL Non-Preferred	ST
metronidazole 250 mg tab	PDL Preferred	
metronidazole 375 mg cap	PDL Non-Preferred	ST
metronidazole 500 mg tab	PDL Preferred	
METRONIDAZOLE 500 MG/100ML SOLUTION *metronidazole*	Covered	
metronidazole 500 mg/100ml solution	Covered	
NEBUPENT 300 MG RECON SOLN *pentamidine isethionate*	Covered	90D
PENTAM 300 MG RECON SOLN *pentamidine isethionate*	Covered	
pentamidine isethionate 300 mg recon soln	Covered	90D
tinidazole 250 mg tab	PDL Non-Preferred	ST
tinidazole 500 mg tab	PDL Non-Preferred	ST
TRIMETHOPRIM 100 MG TAB *trimethoprim*	Covered	
trimethoprim 100 mg tab	Covered	
XIFAXAN 200 MG TAB *rifaximin*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for diagnosis of Hepatic Encephalopathy
XIFAXAN 550 MG TAB *rifaximin*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for diagnosis of Hepatic Encephalopathy 90D

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM 400-80 MG TAB *sulfamethoxazole-trimethoprim*	Covered	
BACTRIM DS 800-160 MG TAB *sulfamethoxazole-trimethoprim*	Covered	
me/naphos/mb/hyo1 81.6 mg tab	Covered	
sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension	Covered	
sulfamethoxazole-trimethoprim 400-80 mg tab	Covered	
sulfamethoxazole-trimethoprim 400-80 mg/5ml solution	Covered	
sulfamethoxazole-trimethoprim 800-160 mg tab	Covered	
sulfatrim pediatric 200-40 mg/5ml suspension	Covered	
urimar-t 120 mg cap	Covered	
URIMAR-T 120 MG TAB *methenamine-hyosc-methylene blue-sod phos-phenyl sal*	Covered	
uro-mp 118 mg cap	Covered	
UROGESIC-BLUE 81.6 MG TAB *methenamine-hyoscamine-methylene blue-sodium phosphate*	Covered	
ANTIPROTOZOAL AGENTS		
atovaquone 750 mg/5ml suspension	Covered	
LAMPIT 120 MG TAB *nifurtimox*	Covered	
LAMPIT 30 MG TAB *nifurtimox*	Covered	
MEPRON 750 MG/5ML SUSPENSION *atovaquone*	Covered	
nitazoxanide 500 mg tab	PDL Non-Preferred	ST
CARBAPENEMS		
ertapenem sodium 1 gm recon soln	Covered	
IMIPENEM-CILASTATIN 250 MG RECON SOLN *imipenem-cilastatin*	Covered	
imipenem-cilastatin 500 mg recon soln	Covered	

DRUG NAME	TIER	DRUG EDITS
meropenem 1 gm recon soln	Covered	
MEROPENEM 2 GM RECON SOLN *meropenem*	Covered	
meropenem 500 mg recon soln	Covered	
MEROPENEM-SODIUM CHLORIDE 1 GM/50ML RECON SOLN *meropenem & sodium chloride*	Covered	
MEROPENEM-SODIUM CHLORIDE 500 MG/50ML RECON SOLN *meropenem & sodium chloride*	Covered	
PRIMAXIN IV 500-500 MG RECON SOLN *imipenem-cilastatin*	Covered	
RECARBRIO 1.25 GM RECON SOLN *imipenem-cilastatin-relebactam*	Covered	
VABOMERE 2 (1-1) GM RECON SOLN *meropenem-vaborbactam*	Covered	
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE 1 GM RECON SOLN *chloramphenicol sodium succinate*	Covered	
CLYCLIC LIPOPEPTIDES		
DAPTOMYCIN-SODIUM CHLORIDE 1000-0.9 MG/100ML-% SOLUTION *daptomycin-sodium chloride*	Covered	
DAPTOMYCIN-SODIUM CHLORIDE 350-0.9 MG/50ML-% SOLUTION *daptomycin-sodium chloride*	Covered	
DAPTOMYCIN-SODIUM CHLORIDE 500-0.9 MG/50ML-% SOLUTION *daptomycin-sodium chloride*	Covered	
DAPTOMYCIN-SODIUM CHLORIDE 700-0.9 MG/100ML-% SOLUTION *daptomycin-sodium chloride*	Covered	
CYCLIC LIPOPEPTIDES		
DAPTOMYCIN 350 MG RECON SOLN *daptomycin*	Covered	
daptomycin 350 mg recon soln	Covered	
DAPTOMYCIN 500 MG RECON SOLN *daptomycin*	Covered	

DRUG NAME	TIER	DRUG EDITS
daptomycin 500 mg recon soln	Covered	
GLYCOPEPTIDES		
DALVANCE 500 MG RECON SOLN *dalbavancin hcl*	Covered	
FIRVANQ 25 MG/ML RECON SOLN *vancomycin hcl*	PDL Non-Preferred	ST
FIRVANQ 50 MG/ML RECON SOLN *vancomycin hcl*	PDL Non-Preferred	ST
KIMYRSA 1200 MG RECON SOLN *oritavancin diphosphate*	Covered	
ORBACTIV 400 MG RECON SOLN *oritavancin diphosphate*	Covered	
VANCOCIN 125 MG CAP *vancomycin hcl*	PDL Non-Preferred	ST
VANCOCIN 250 MG CAP *vancomycin hcl*	PDL Non-Preferred	ST
VANCOMYCIN HCL 1 GM RECON SOLN *vancomycin hcl*	Covered	
vancomycin hcl 1 gm recon soln	Covered	
VANCOMYCIN HCL 1.25 GM RECON SOLN *vancomycin hcl*	Covered	
vancomycin hcl 1.25 gm recon soln	Covered	
VANCOMYCIN HCL 1.5 GM RECON SOLN *vancomycin hcl*	Covered	
vancomycin hcl 1.5 gm recon soln	Covered	
VANCOMYCIN HCL 1.75 GM RECON SOLN *vancomycin hcl*	Covered	
VANCOMYCIN HCL 10 GM RECON SOLN *vancomycin hcl*	Covered	
vancomycin hcl 10 gm recon soln	Covered	
VANCOMYCIN HCL 1000 MG/200ML SOLUTION *vancomycin hcl*	Covered	
vancomycin hcl 125 mg cap	PDL Preferred	
VANCOMYCIN HCL 1250 MG/250ML SOLUTION *vancomycin hcl*	Covered	
VANCOMYCIN HCL 1500 MG/300ML SOLUTION *vancomycin hcl*	Covered	
VANCOMYCIN HCL 1750 MG/350ML SOLUTION *vancomycin hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
VANCOMYCIN HCL 2 GM RECON SOLN *vancomycin hcl*	Covered	
VANCOMYCIN HCL 2000 MG/400ML SOLUTION *vancomycin hcl*	Covered	
vancomycin hcl 25 mg/ml recon soln	PDL Preferred	
vancomycin hcl 250 mg cap	PDL Preferred	
vancomycin hcl 250 mg/5ml recon soln	PDL Preferred	
VANCOMYCIN HCL 5 GM RECON SOLN *vancomycin hcl*	Covered	
vancomycin hcl 5 gm recon soln	Covered	
vancomycin hcl 50 mg/ml recon soln	PDL Preferred	
VANCOMYCIN HCL 500 MG RECON SOLN *vancomycin hcl*	Covered	
vancomycin hcl 500 mg recon soln	Covered	
VANCOMYCIN HCL 500 MG/100ML SOLUTION *vancomycin hcl*	Covered	
VANCOMYCIN HCL 750 MG RECON SOLN *vancomycin hcl*	Covered	
vancomycin hcl 750 mg recon soln	Covered	
VANCOMYCIN HCL 750 MG/150ML SOLUTION *vancomycin hcl*	Covered	
VANCOMYCIN HCL IN DEXTROSE 1-5 GM/200ML-% SOLUTION *vancomycin hcl-dextrose*	Covered	
VANCOMYCIN HCL IN DEXTROSE 1.25-5 GM/250ML-% SOLUTION *vancomycin hcl-dextrose*	Covered	
VANCOMYCIN HCL IN DEXTROSE 1.5-5 GM/300ML-% SOLUTION *vancomycin hcl-dextrose*	Covered	
VANCOMYCIN HCL IN DEXTROSE 500-5 MG/100ML-% SOLUTION *vancomycin hcl-dextrose*	Covered	
VANCOMYCIN HCL IN DEXTROSE 750-5 MG/150ML-% SOLUTION *vancomycin hcl-dextrose*	Covered	
VANCOMYCIN HCL IN NACL 1-0.9 GM/200ML-% SOLUTION *vancomycin hcl-sodium chloride*	Covered	
VANCOMYCIN HCL IN NACL 500-0.9 MG/100ML-% SOLUTION *vancomycin hcl-sodium chloride*	Covered	

DRUG NAME	TIER	DRUG EDITS
VANCOMYCIN HCL IN NACL 750-0.9 MG/150ML-% SOLUTION *vancomycin hcl-sodium chloride*	Covered	
VIBATIV 750 MG RECON SOLN *telavancin hcl*	Covered	
LEPROSTATICS		
dapsone 100 mg tab	Covered	90D
dapsone 25 mg tab	Covered	90D
LINCOSAMIDES		
CLEOCIN 150 MG CAP *clindamycin hcl*	PDL Non-Preferred	ST
CLEOCIN 300 MG CAP *clindamycin hcl*	PDL Non-Preferred	ST
CLEOCIN 75 MG CAP *clindamycin hcl*	PDL Non-Preferred	ST
CLEOCIN 75 MG/5ML RECON SOLN *clindamycin palmitate hydrochloride*	PDL Non-Preferred	ST
CLEOCIN PHOSPHATE 300 MG/2ML SOLUTION *clindamycin phosphate*	PDL Non-Preferred	ST
CLEOCIN PHOSPHATE 600 MG/4ML SOLUTION *clindamycin phosphate*	PDL Non-Preferred	ST
CLEOCIN PHOSPHATE 9 GM/60ML SOLUTION *clindamycin phosphate*	PDL Non-Preferred	ST
CLEOCIN PHOSPHATE 900 MG/6ML SOLUTION *clindamycin phosphate*	PDL Non-Preferred	ST
clindamycin hcl 150 mg cap	PDL Preferred	
clindamycin hcl 300 mg cap	PDL Preferred	
clindamycin hcl 75 mg cap	PDL Preferred	
clindamycin palmitate hcl 75 mg/5ml recon soln	PDL Preferred	
clindamycin phosphate 300 mg/2ml solution	PDL Non-Preferred	ST
clindamycin phosphate 600 mg/4ml solution	PDL Non-Preferred	ST
clindamycin phosphate 900 mg/6ml solution	PDL Non-Preferred	ST
clindamycin phosphate 9000 mg/60ml solution	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
clindamycin phosphate in d5w 300 mg/50ml solution	PDL Non-Preferred	ST
clindamycin phosphate in d5w 600 mg/50ml solution	PDL Non-Preferred	ST
clindamycin phosphate in d5w 900 mg/50ml solution	PDL Non-Preferred	ST
CLINDAMYCIN PHOSPHATE IN NACL 300-0.9 MG/50ML-% SOLUTION *clindamycin phosphate in nacl*	PDL Non-Preferred	ST
CLINDAMYCIN PHOSPHATE IN NACL 600-0.9 MG/50ML-% SOLUTION *clindamycin phosphate in nacl*	PDL Non-Preferred	ST
CLINDAMYCIN PHOSPHATE IN NACL 900-0.9 MG/50ML-% SOLUTION *clindamycin phosphate in nacl*	PDL Non-Preferred	ST
LINCOCIN 300 MG/ML SOLUTION *lincomycin hcl*	PDL Non-Preferred	ST
lincomycin hcl 300 mg/ml solution	PDL Non-Preferred	ST
MONOBACTAMS		
AZACTAM 1 GM RECON SOLN *aztreonam*	Covered	
AZACTAM 2 GM RECON SOLN *aztreonam*	Covered	
aztreonam 1 gm recon soln	Covered	
aztreonam 2 gm recon soln	Covered	
CAYSTON 75 MG RECON SOLN *aztreonam lysine*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required.
OXAZOLIDINONES		
linezolid 100 mg/5ml recon susp	PDL Preferred	
linezolid 600 mg tab	PDL Preferred	
linezolid 600 mg/300ml solution	PDL Non-Preferred	ST
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION *linezolid in sodium chloride*	PDL Non-Preferred	ST
SIVEXTRO 200 MG RECON SOLN *tedizolid phosphate*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
SIVEXTRO 200 MG TAB *tedizolid phosphate*	PDL Non-Preferred	ST
ZYVOX 100 MG/5ML RECON SUSP *linezolid*	PDL Non-Preferred	ST
ZYVOX 200 MG/100ML SOLUTION *linezolid*	PDL Non-Preferred	ST
ZYVOX 600 MG TAB *linezolid*	PDL Non-Preferred	ST
ZYVOX 600 MG/300ML SOLUTION *linezolid*	PDL Non-Preferred	ST
POLYMYXINS		
colistimethate sodium (cba) 150 mg recon soln	Covered	
COLY-MYCIN M 150 MG RECON SOLN *colistimethate sodium*	Covered	
polymyxin b sulfate 500000 unit recon soln	Covered	
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine 3 gm packet	Covered	
MACROBID 100 MG CAP *nitrofurantoin monohyd macro*	Covered	
MACRODANTIN 100 MG CAP *nitrofurantoin macrocrystal*	Covered	
MACRODANTIN 25 MG CAP *nitrofurantoin macrocrystal*	Covered	
MACRODANTIN 50 MG CAP *nitrofurantoin macrocrystal*	Covered	
methenamine hippurate 1 gm tab	Covered	
methenamine mandelate 0.5 gm tab	Covered	
methenamine mandelate 1 gm tab	Covered	
nitrofurantoin 25 mg/5ml suspension	Covered	
NITROFURANTOIN 50 MG/5ML SUSPENSION *nitrofurantoin*	Covered	
nitrofurantoin macrocrystal 100 mg cap	Covered	
nitrofurantoin macrocrystal 25 mg cap	Covered	
nitrofurantoin macrocrystal 50 mg cap	Covered	
nitrofurantoin monohyd macro 100 mg cap	Covered	

DRUG NAME	TIER	DRUG EDITS
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ASPRUZYO SPRINKLE 1000 MG PACKET *ranolazine*	PDL Non-Preferred	ST 90D
ASPRUZYO SPRINKLE 500 MG PACKET *ranolazine*	PDL Non-Preferred	ST 90D
ranolazine er 1000 mg tab er 12h	PDL Preferred	90D
ranolazine er 500 mg tab er 12h	PDL Preferred	90D
NITRATES		
GONITRO 400 MCG PACKET *nitroglycerin*	PDL Non-Preferred	ST
ISORDIL TITRADOSE 40 MG TAB *isosorbide dinitrate*	PDL Non-Preferred	ST 90D
ISORDIL TITRADOSE 5 MG TAB *isosorbide dinitrate*	PDL Non-Preferred	ST 90D
isosorbide dinitrate 10 mg tab	PDL Preferred	90D
isosorbide dinitrate 20 mg tab	PDL Preferred	90D
isosorbide dinitrate 30 mg tab	PDL Preferred	90D
isosorbide dinitrate 40 mg tab	PDL Preferred	90D
isosorbide dinitrate 5 mg tab	PDL Preferred	90D
isosorbide mononitrate 10 mg tab	PDL Preferred	90D
isosorbide mononitrate 20 mg tab	PDL Preferred	90D
isosorbide mononitrate er 120 mg tab er 24h	PDL Preferred	90D
isosorbide mononitrate er 30 mg tab er 24h	PDL Preferred	90D
isosorbide mononitrate er 60 mg tab er 24h	PDL Preferred	90D
NITRO-BID 2 % OINTMENT *nitroglycerin*	PDL Non-Preferred	ST 90D
NITRO-DUR 0.1 MG/HR PATCH 24HR *nitroglycerin*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
NITRO-DUR 0.2 MG/HR PATCH 24HR *nitroglycerin*	PDL Non-Preferred	ST 90D
NITRO-DUR 0.3 MG/HR PATCH 24HR *nitroglycerin*	PDL Non-Preferred	ST 90D
NITRO-DUR 0.4 MG/HR PATCH 24HR *nitroglycerin*	PDL Non-Preferred	ST 90D
NITRO-DUR 0.6 MG/HR PATCH 24HR *nitroglycerin*	PDL Non-Preferred	ST 90D
NITRO-DUR 0.8 MG/HR PATCH 24HR *nitroglycerin*	PDL Non-Preferred	ST 90D
nitroglycerin 0.1 mg/hr patch 24hr	PDL Preferred	90D
nitroglycerin 0.2 mg/hr patch 24hr	PDL Preferred	90D
nitroglycerin 0.3 mg sl tab	PDL Preferred	90D
nitroglycerin 0.4 mg sl tab	PDL Preferred	90D
nitroglycerin 0.4 mg/hr patch 24hr	PDL Preferred	90D
nitroglycerin 0.4 mg/spray solution	PDL Preferred	90D
nitroglycerin 0.6 mg sl tab	PDL Preferred	90D
nitroglycerin 0.6 mg/hr patch 24hr	PDL Preferred	90D
NITROGLYCERIN 5 MG/ML SOLUTION *nitroglycerin*	Covered	
NITROGLYCERIN IN D5W 100-5 MCG/ML-% SOLUTION *nitroglycerin in d5w*	Covered	
NITROGLYCERIN IN D5W 200-5 MCG/ML-% SOLUTION *nitroglycerin in d5w*	Covered	
NITROGLYCERIN IN D5W 400-5 MCG/ML-% SOLUTION *nitroglycerin in d5w*	Covered	
NITROLINGUAL 0.4 MG/SPRAY SOLUTION *nitroglycerin*	PDL Non-Preferred	ST 90D
NITROSTAT 0.3 MG SL TAB *nitroglycerin*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
NITROSTAT 0.4 MG SL TAB *nitroglycerin*	PDL Preferred	90D
NITROSTAT 0.6 MG SL TAB *nitroglycerin*	PDL Preferred	90D
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl 10 mg tab	Covered	90D
buspirone hcl 15 mg tab	Covered	90D
buspirone hcl 30 mg tab	Covered	90D
buspirone hcl 5 mg tab	Covered	90D
buspirone hcl 7.5 mg tab	Covered	90D
droperidol 2.5 mg/ml solution	Covered	
hydroxyzine hcl 10 mg tab	PDL Preferred	
hydroxyzine hcl 10 mg/5ml syrup	PDL Preferred	
hydroxyzine hcl 25 mg tab	PDL Preferred	
HYDROXYZINE HCL 25 MG/ML SOLUTION *hydroxyzine hcl*	Covered	
hydroxyzine hcl 50 mg tab	PDL Preferred	
HYDROXYZINE HCL 50 MG/ML SOLUTION *hydroxyzine hcl*	Covered	
HYDROXYZINE PAMOATE 100 MG CAP *hydroxyzine pamoate*	PDL Preferred	
hydroxyzine pamoate 25 mg cap	PDL Preferred	
hydroxyzine pamoate 50 mg cap	PDL Preferred	
meprobamate 200 mg tab	Covered	
meprobamate 400 mg tab	Covered	
VISTARIL 25 MG CAP *hydroxyzine pamoate*	PDL Non-Preferred	ST
BENZODIAZEPINES		
alprazolam 0.25 mg tab	Covered	QL 6 UNITS / 1 DAYS
alprazolam 0.25 mg tab disp	Covered	QL 3 UNITS / 1 DAYS
alprazolam 0.5 mg tab	Covered	QL 6 UNITS / 1 DAYS

DRUG NAME	TIER	DRUG EDITS
alprazolam 0.5 mg tab disp	Covered	QL 3 UNITS / 1 DAYS
alprazolam 1 mg tab	Covered	QL 6 UNITS / 1 DAYS
alprazolam 1 mg tab disp	Covered	QL 3 UNITS / 1 DAYS
alprazolam 2 mg tab	Covered	QL 3 UNITS / 1 DAYS
alprazolam 2 mg tab disp	Covered	QL 3 UNITS / 1 DAYS
alprazolam er 0.5 mg tab er 24h	Covered	QL 2 UNITS / 1 DAYS
alprazolam er 1 mg tab er 24h	Covered	QL 2 UNITS / 1 DAYS
alprazolam er 2 mg tab er 24h	Covered	QL 2 UNITS / 1 DAYS
alprazolam er 3 mg tab er 24h	Covered	QL 2 UNITS / 1 DAYS
ALPRAZOLAM INTENSOL 1 MG/ML CONC *alprazolam*	Covered	QL 6 UNITS / 1 DAYS
alprazolam xr 0.5 mg tab er 24h	Covered	QL 2 UNITS / 1 DAYS
alprazolam xr 1 mg tab er 24h	Covered	QL 2 UNITS / 1 DAYS
alprazolam xr 2 mg tab er 24h	Covered	QL 2 UNITS / 1 DAYS
alprazolam xr 3 mg tab er 24h	Covered	QL 2 UNITS / 1 DAYS
ATIVAN 0.5 MG TAB *lorazepam*	Covered	QL 3 UNITS / 1 DAYS
ATIVAN 1 MG TAB *lorazepam*	Covered	QL 3 UNITS / 1 DAYS
ATIVAN 2 MG TAB *lorazepam*	Covered	QL 5 UNITS / 1 DAYS
ATIVAN 2 MG/ML SOLUTION *lorazepam*	Covered	
ATIVAN 4 MG/ML SOLUTION *lorazepam*	Covered	
chlordiazepoxide hcl 10 mg cap	Covered	QL 360 UNITS / 30 DAYS
chlordiazepoxide hcl 25 mg cap	Covered	QL 360 UNITS / 30 DAYS
chlordiazepoxide hcl 5 mg cap	Covered	QL 360 UNITS / 30 DAYS
clorazepate dipotassium 15 mg tab	Covered	QL 6 UNITS / 1 DAYS
clorazepate dipotassium 3.75 mg tab	Covered	QL 6 UNITS / 1 DAYS
clorazepate dipotassium 7.5 mg tab	Covered	QL 6 UNITS / 1 DAYS

DRUG NAME	TIER	DRUG EDITS
diazepam 10 mg tab	Covered	QL 4 UNITS / 1 DAYS
diazepam 10 mg/2ml solution	Covered	
diazepam 2 mg tab	Covered	QL 8 UNITS / 1 DAYS
diazepam 5 mg tab	Covered	QL 6 UNITS / 1 DAYS
diazepam 5 mg/5ml solution	Covered	QL 1200 UNITS / 30 DAYS
diazepam 5 mg/ml conc	Covered	QL 8 UNITS / 1 day(s)
diazepam 5 mg/ml solution	Covered	
diazepam intensol 5 mg/ml conc	Covered	QL 8 UNITS / 1 DAYS
lorazepam 0.5 mg tab	Covered	QL 3 UNITS / 1 DAYS
lorazepam 1 mg tab	Covered	QL 3 UNITS / 1 DAYS
lorazepam 2 mg tab	Covered	QL 5 UNITS / 1 DAYS
lorazepam 2 mg/ml conc	Covered	QL 5 UNITS / 1 DAYS
lorazepam 2 mg/ml solution	Covered	QL 5 UNITS / 1 DAYS
lorazepam 4 mg/ml solution	Covered	
lorazepam intensol 2 mg/ml conc	Covered	QL 5 UNITS / 1 DAYS
LOREEV XR 1 MG CP24 SPRNK *lorazepam*	Covered	
LOREEV XR 1.5 MG CP24 SPRNK *lorazepam*	Covered	
LOREEV XR 2 MG CP24 SPRNK *lorazepam*	Covered	
LOREEV XR 3 MG CP24 SPRNK *lorazepam*	Covered	
oxazepam 10 mg cap	Covered	QL 8 UNITS / 1 DAYS
oxazepam 15 mg cap	Covered	QL 4 UNITS / 1 DAYS
oxazepam 30 mg cap	Covered	QL 4 UNITS / 1 DAYS
XANAX 0.25 MG TAB *alprazolam*	Covered	QL 6 UNITS / 1 DAYS
XANAX 0.5 MG TAB *alprazolam*	Covered	QL 6 UNITS / 1 DAYS
XANAX 1 MG TAB *alprazolam*	Covered	QL 6 UNITS / 1 DAYS

DRUG NAME	TIER	DRUG EDITS
XANAX 2 MG TAB *alprazolam*	Covered	QL 3 UNITS / 1 DAYS
XANAX XR 0.5 MG TAB ER 24H *alprazolam*	Covered	QL 2 UNITS / 1 DAYS
XANAX XR 1 MG TAB ER 24H *alprazolam*	Covered	QL 2 UNITS / 1 DAYS
XANAX XR 2 MG TAB ER 24H *alprazolam*	Covered	QL 2 UNITS / 1 DAYS
XANAX XR 3 MG TAB ER 24H *alprazolam*	Covered	QL 2 UNITS / 1 DAYS
ANTIARRHYTHMICS		
ANTIARRHYTHMICS - MISC.		
adenosine 12 mg/4ml solution	Covered	
adenosine 6 mg/2ml solution	Covered	
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate 100 mg cap	PDL Preferred	90D
disopyramide phosphate 150 mg cap	PDL Preferred	90D
NORPACE 100 MG CAP *disopyramide phosphate*	PDL Non-Preferred	ST 90D
NORPACE 150 MG CAP *disopyramide phosphate*	PDL Non-Preferred	ST 90D
NORPACE CR 100 MG CAP ER 12H *disopyramide phosphate*	PDL Non-Preferred	ST 90D
NORPACE CR 150 MG CAP ER 12H *disopyramide phosphate*	PDL Non-Preferred	ST 90D
procainamide hcl 100 mg/ml solution	Covered	
procainamide hcl 500 mg/ml solution	Covered	
quinidine gluconate er 324 mg tab er	PDL Non-Preferred	ST 90D
QUINIDINE SULFATE 200 MG TAB *quinidine sulfate*	PDL Preferred	90D
QUINIDINE SULFATE 300 MG TAB *quinidine sulfate*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
ANTIARRHYTHMICS TYPE I-B		
LIDOCAINE HCL 100 MG/5ML SOLN PRSYR *lidocaine hcl (local anesth.)*	Covered	
LIDOCAINE HCL (CARDIAC) 100 MG/5ML SOLN PRSYR *lidocaine hcl (cardiac)*	Covered	
LIDOCAINE HCL (CARDIAC) 50 MG/5ML SOLN PRSYR *lidocaine hcl (cardiac)*	Covered	
LIDOCAINE HCL (CARDIAC) PF 100 MG/5ML SOLN PRSYR *lidocaine hcl (cardiac)*	Covered	
LIDOCAINE HCL (CARDIAC) PF 100 MG/5ML SOLUTION *lidocaine hcl (cardiac)*	Covered	
LIDOCAINE HCL (CARDIAC) PF 50 MG/5ML SOLN PRSYR *lidocaine hcl (cardiac)*	Covered	
lidocaine in d5w 4-5 mg/ml-% solution	Covered	
lidocaine in d5w 8-5 mg/ml-% solution	Covered	
mexiletine hcl 150 mg cap	PDL Preferred	90D
mexiletine hcl 200 mg cap	PDL Preferred	90D
mexiletine hcl 250 mg cap	PDL Preferred	90D
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate 100 mg tab	PDL Preferred	90D
flecainide acetate 150 mg tab	PDL Preferred	90D
flecainide acetate 50 mg tab	PDL Preferred	90D
propafenone hcl 150 mg tab	PDL Preferred	90D
propafenone hcl 225 mg tab	PDL Preferred	90D
propafenone hcl 300 mg tab	PDL Preferred	90D
propafenone hcl er 225 mg cap er 12h	PDL Preferred	90D
propafenone hcl er 325 mg cap er 12h	PDL Preferred	90D
propafenone hcl er 425 mg cap er 12h	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
RYTHMOL SR 225 MG CAP ER 12H *propafenone hcl*	Covered	ST 90D
RYTHMOL SR 325 MG CAP ER 12H *propafenone hcl*	Covered	ST 90D
RYTHMOL SR 425 MG CAP ER 12H *propafenone hcl*	Covered	ST 90D
ANTIARRHYTHMICS TYPE III		
amiodarone hcl 100 mg tab	PDL Preferred	90D
amiodarone hcl 150 mg/3ml solution	Covered	
amiodarone hcl 200 mg tab	PDL Preferred	ST 90D
amiodarone hcl 400 mg tab	PDL Preferred	ST 90D
amiodarone hcl 450 mg/9ml solution	Covered	
amiodarone hcl 900 mg/18ml solution	Covered	
CORVERT 1 MG/10ML SOLUTION *ibutilide fumarate*	Covered	
dofetilide 125 mcg cap	PDL Preferred	90D
dofetilide 250 mcg cap	PDL Preferred	90D
dofetilide 500 mcg cap	PDL Preferred	90D
ibutilide fumarate 1 mg/10ml solution	Covered	
MULTAQ 400 MG TAB *dronedarone hcl*	PDL Non-Preferred	ST 90D
NEXTERONE 150-4.21 MG/100ML-% SOLUTION *amiodarone hcl in dextrose*	Covered	
NEXTERONE 360-4.14 MG/200ML-% SOLUTION *amiodarone hcl in dextrose*	Covered	
pacerone 100 mg tab	PDL Non-Preferred	ST 90D
pacerone 200 mg tab	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
pacerone 400 mg tab	PDL Non-Preferred	ST 90D
TIKOSYN 125 MCG CAP *dofetilide*	PDL Non-Preferred	ST 90D
TIKOSYN 250 MCG CAP *dofetilide*	PDL Non-Preferred	ST 90D
TIKOSYN 500 MCG CAP *dofetilide*	PDL Non-Preferred	ST 90D
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium 20 mg/2ml nebu soln	Covered	90D
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR 100 MG/10ML SOLUTION *reslizumab*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
FASENRA 10 MG/0.5ML SOLN PRSYR *benralizumab*	PDL Preferred	90D
FASENRA 30 MG/ML SOLN PRSYR *benralizumab*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
FASENRA PEN 30 MG/ML SOLN A-INJ *benralizumab*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
NUCALA 100 MG RECON SOLN *mepolizumab*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
NUCALA 100 MG/ML SOLN A-INJ *mepolizumab*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
NUCALA 100 MG/ML SOLN PRSYR *mepolizumab*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
NUCALA 40 MG/0.4ML SOLN PRSYR *mepolizumab*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
TEZSPIRE 210 MG/1.91ML SOLN A-INJ *tezepelumab-ekko*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for diagnosis of non-allergic, non-eosinophilic severe asthma NOTE Clinical Criteria Apply 90D
TEZSPIRE 210 MG/1.91ML SOLN PRSYR *tezepelumab-ekko*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for diagnosis of non-allergic, non-eosinophilic severe asthma NOTE Clinical Criteria Apply 90D
XOLAIR 150 MG RECON SOLN *omalizumab*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
XOLAIR 150 MG/ML SOLN A-INJ *omalizumab*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
XOLAIR 150 MG/ML SOLN PRSYR *omalizumab*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
XOLAIR 300 MG/2ML SOLN A-INJ *omalizumab*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
XOLAIR 300 MG/2ML SOLN PRSYR *omalizumab*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
XOLAIR 75 MG/0.5ML SOLN A-INJ *omalizumab*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D

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DRUG NAME	TIER	DRUG EDITS
XOLAIR 75 MG/0.5ML SOLN PRSYR *omalizumab*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA 17 MCG/ACT AERO SOLN *ipratropium bromide hfa*	PDL Preferred	90D
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA *umeclidinium bromide*	PDL Preferred	90D
ipratropium bromide 0.02 % solution	PDL Preferred	90D
SPIRIVA HANDIHALER 18 MCG CAP *tiotropium bromide monohydrate*	PDL Preferred	90D
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN *tiotropium bromide monohydrate*	PDL Preferred	90D
SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN *tiotropium bromide monohydrate*	PDL Preferred	90D
tiotropium bromide monohydrate 18 mcg cap	PDL Non-Preferred	ST 90D
TUDORZA PRESSAIR 400 MCG/ACT AER POW BA *aclidinium bromide*	PDL Non-Preferred	ST 90D
YUPELRI 175 MCG/3ML SOLUTION *revefenacin*	PDL Non-Preferred	ST 90D
LEUKOTRIENE MODULATORS		
montelukast sodium 10 mg tab	PDL Preferred	90D
montelukast sodium 4 mg chew tab	PDL Preferred	90D
montelukast sodium 4 mg packet	PDL Non-Preferred	ST 90D
montelukast sodium 5 mg chew tab	PDL Preferred	90D
SINGULAIR 10 MG TAB *montelukast sodium*	PDL Non-Preferred	ST 90D
SINGULAIR 4 MG CHEW TAB *montelukast sodium*	PDL Non-Preferred	ST 90D
SINGULAIR 4 MG PACKET *montelukast sodium*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
SINGULAIR 5 MG CHEW TAB *montelukast sodium*	PDL Non-Preferred	ST 90D
zafirlukast 10 mg tab	PDL Non-Preferred	ST 90D
zafirlukast 20 mg tab	PDL Non-Preferred	ST 90D
zileuton er 600 mg tab er 12h	PDL Non-Preferred	ST 90D
ZYFLO 600 MG TAB *zileuton*	PDL Non-Preferred	ST 90D
PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS		
OHTUVAYRE 3 MG/2.5ML SUSPENSION *ensifentrine*	PDL Non-Preferred	PA 90D
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP 250 MCG TAB *roflumilast*	PDL Non-Preferred	ST 90D
DALIRESP 500 MCG TAB *roflumilast*	PDL Non-Preferred	ST 90D
roflumilast 250 mcg tab	PDL Preferred	90D
roflumilast 500 mcg tab	PDL Preferred	90D
STEROID INHALANTS		
ALVESCO 160 MCG/ACT AERO SOLN *ciclesonide*	PDL Preferred	90D
ALVESCO 80 MCG/ACT AERO SOLN *ciclesonide*	PDL Preferred	90D
ARMONAIR DIGIHALER 113 MCG/ACT AER POW BA *fluticasone propionate with sensor (inhalation)*	PDL Non-Preferred	ST 90D
ARMONAIR DIGIHALER 232 MCG/ACT AER POW BA *fluticasone propionate with sensor (inhalation)*	PDL Non-Preferred	ST 90D
ARMONAIR DIGIHALER 55 MCG/ACT AER POW BA *fluticasone propionate with sensor (inhalation)*	Covered	ST 90D

DRUG NAME	TIER	DRUG EDITS
ARNUITY ELLIPTA 100 MCG/ACT AER POW BA *fluticasone furoate (inhalation)*	PDL Preferred	90D
ARNUITY ELLIPTA 200 MCG/ACT AER POW BA *fluticasone furoate (inhalation)*	PDL Preferred	90D
ARNUITY ELLIPTA 50 MCG/ACT AER POW BA *fluticasone furoate (inhalation)*	PDL Preferred	90D
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA *mometasone furoate (inhalation)*	PDL Preferred	90D
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA *mometasone furoate (inhalation)*	PDL Preferred	90D
ASMANEX (30 METERED DOSES) 110 MCG/ACT AER POW BA *mometasone furoate (inhalation)*	PDL Preferred	90D
ASMANEX (30 METERED DOSES) 220 MCG/ACT AER POW BA *mometasone furoate (inhalation)*	PDL Preferred	90D
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA *mometasone furoate (inhalation)*	PDL Preferred	90D
ASMANEX HFA 100 MCG/ACT AEROSOL *mometasone furoate (inhalation)*	PDL Preferred	90D
ASMANEX HFA 200 MCG/ACT AEROSOL *mometasone furoate (inhalation)*	PDL Preferred	90D
ASMANEX HFA 50 MCG/ACT AEROSOL *mometasone furoate (inhalation)*	PDL Preferred	90D
budesonide 0.25 mg/2ml suspension	PDL Preferred	90D
budesonide 0.5 mg/2ml suspension	PDL Preferred	90D
budesonide 1 mg/2ml suspension	PDL Preferred	90D
FLOVENT DISKUS 100 MCG/ACT AER POW BA *fluticasone propionate (inhalation)*	PDL Preferred	
FLOVENT DISKUS 250 MCG/ACT AER POW BA *fluticasone propionate (inhalation)*	PDL Preferred	
FLOVENT DISKUS 50 MCG/ACT AER POW BA *fluticasone propionate (inhalation)*	PDL Preferred	
FLOVENT HFA 110 MCG/ACT AEROSOL *fluticasone propionate hfa*	PDL Preferred	
FLOVENT HFA 220 MCG/ACT AEROSOL *fluticasone propionate hfa*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
FLOVENT HFA 44 MCG/ACT AEROSOL *fluticasone propionate hfa*	PDL Preferred	
FLUTICASONE PROPIONATE DISKUS 100 MCG/ACT AER POW BA *fluticasone propionate (inhalation)*	PDL Non-Preferred	PA 90D
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA *fluticasone propionate (inhalation)*	PDL Non-Preferred	PA 90D
FLUTICASONE PROPIONATE DISKUS 50 MCG/ACT AER POW BA *fluticasone propionate (inhalation)*	PDL Non-Preferred	PA 90D
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL *fluticasone propionate hfa*	PDL Preferred	90D
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL *fluticasone propionate hfa*	PDL Preferred	90D
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL *fluticasone propionate hfa*	PDL Preferred	90D
PULMICORT 0.25 MG/2ML SUSPENSION *budesonide (inhalation)*	PDL Non-Preferred	ST 90D
PULMICORT 0.5 MG/2ML SUSPENSION *budesonide (inhalation)*	PDL Non-Preferred	ST 90D
PULMICORT 1 MG/2ML SUSPENSION *budesonide (inhalation)*	PDL Non-Preferred	ST 90D
PULMICORT FLEXHALER 180 MCG/ACT AER POW BA *budesonide (inhalation)*	PDL Non-Preferred	ST 90D
PULMICORT FLEXHALER 90 MCG/ACT AER POW BA *budesonide (inhalation)*	PDL Non-Preferred	ST 90D
QVAR REDIHALER 40 MCG/ACT AERO BA *beclomethasone dipropionate hfa*	PDL Preferred	90D
QVAR REDIHALER 80 MCG/ACT AERO BA *beclomethasone dipropionate hfa*	PDL Preferred	90D
SYMPATHOMIMETICS		
ADVAIR DISKUS 100-50 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
ADVAIR DISKUS 250-50 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Preferred	90D
ADVAIR DISKUS 500-50 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Preferred	90D
ADVAIR HFA 115-21 MCG/ACT AEROSOL *fluticasone-salmeterol*	PDL Preferred	90D
ADVAIR HFA 230-21 MCG/ACT AEROSOL *fluticasone-salmeterol*	PDL Preferred	90D
ADVAIR HFA 45-21 MCG/ACT AEROSOL *fluticasone-salmeterol*	PDL Preferred	90D
AIRDUO DIGIHALER 113-14 MCG/ACT AER POW BA *fluticasone-salmeterol with sensor*	PDL Non-Preferred	ST 90D
AIRDUO DIGIHALER 232-14 MCG/ACT AER POW BA *fluticasone-salmeterol with sensor*	PDL Non-Preferred	ST 90D
AIRDUO DIGIHALER 55-14 MCG/ACT AER POW BA *fluticasone-salmeterol with sensor*	Covered	ST 90D
AIRDUO RESPICLICK 113/14 113-14 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Non-Preferred	ST 90D
AIRDUO RESPICLICK 232/14 232-14 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Non-Preferred	ST 90D
AIRDUO RESPICLICK 55/14 55-14 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Non-Preferred	ST 90D
AIRSUPRA 90-80 MCG/ACT AEROSOL *albuterol-budesonide*	PDL Non-Preferred	ST 90D
albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln	PDL Preferred	90D
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN *albuterol sulfate*	PDL Preferred	90D
albuterol sulfate 0.63 mg/3ml nebu soln	PDL Preferred	90D
albuterol sulfate 1.25 mg/3ml nebu soln	PDL Preferred	90D
albuterol sulfate 2 mg tab	PDL Preferred	90D
albuterol sulfate 2 mg/5ml syrup	PDL Preferred	90D
ALBUTEROL SULFATE 2.5 MG/0.5ML NEBU SOLN *albuterol sulfate*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
albuterol sulfate 4 mg tab	PDL Preferred	90D
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN *albuterol sulfate*	PDL Non-Preferred	ST 90D
albuterol sulfate hfa 108 (90 base) mcg/act aero soln	PDL Non-Preferred	ST 90D
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA *umeclidinium-vilanterol*	PDL Preferred	90D
arformoterol tartrate 15 mcg/2ml nebu soln	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL *glycopyrrolate-formoterol fumarate*	PDL Non-Preferred	ST 90D
BREO ELLIPTA 100-25 MCG/ACT AER POW BA *fluticasone furoate-vilanterol*	PDL Non-Preferred	ST 90D
BREO ELLIPTA 200-25 MCG/ACT AER POW BA *fluticasone furoate-vilanterol*	PDL Non-Preferred	ST 90D
BREO ELLIPTA 50-25 MCG/INH AER POW BA *fluticasone furoate-vilanterol*	PDL Non-Preferred	ST 90D
breyna 160-4.5 mcg/act aerosol	PDL Non-Preferred	ST 90D
breyna 80-4.5 mcg/act aerosol	PDL Non-Preferred	ST 90D
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL *budesonide-glycopyrrolate-formoterol fumarate*	PDL Non-Preferred	ST 90D
BROVANA 15 MCG/2ML NEBU SOLN *arformoterol tartrate*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
budesonide-formoterol fumarate 160-4.5 mcg/act aerosol	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D

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DRUG NAME	TIER	DRUG EDITS
budesonide-formoterol fumarate 80-4.5 mcg/act aerosol	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN *ipratropium-albuterol*	PDL Preferred	90D
DUAKLIR PRESSAIR 400-12 MCG/ACT AER POW BA *aclidinium bromide-formoterol fumarate*	PDL Non-Preferred	ST 90D
DULERA 100-5 MCG/ACT AEROSOL *mometasone furoate-formoterol fumarate dihydrate*	PDL Preferred	90D
DULERA 200-5 MCG/ACT AEROSOL *mometasone furoate-formoterol fumarate dihydrate*	PDL Preferred	90D
DULERA 50-5 MCG/ACT AEROSOL *mometasone furoate-formoterol fumarate dihydrate*	PDL Preferred	90D
FLUTICASONE FUROATE-VILANTEROL 100-25 MCG/ACT AER POW BA *fluticasone furoate-vilanterol*	PDL Non-Preferred	ST 90D
FLUTICASONE FUROATE-VILANTEROL 200-25 MCG/ACT AER POW BA *fluticasone furoate-vilanterol*	PDL Non-Preferred	ST 90D
fluticasone-salmeterol 100-50 mcg/act aer pow ba	PDL Non-Preferred	ST 90D
FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Non-Preferred	ST 90D
FLUTICASONE-SALMETEROL 115-21 MCG/ACT AEROSOL *fluticasone-salmeterol*	PDL Non-Preferred	ST 90D
FLUTICASONE-SALMETEROL 230-21 MCG/ACT AEROSOL *fluticasone-salmeterol*	PDL Non-Preferred	ST 90D
FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Non-Preferred	ST 90D
fluticasone-salmeterol 250-50 mcg/act aer pow ba	PDL Non-Preferred	ST 90D
FLUTICASONE-SALMETEROL 45-21 MCG/ACT AEROSOL *fluticasone-salmeterol*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
fluticasone-salmeterol 500-50 mcg/act aer pow ba	PDL Non-Preferred	ST 90D
FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Non-Preferred	ST 90D
formoterol fumarate 20 mcg/2ml nebu soln	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution	PDL Preferred	90D
isoproterenol hcl 0.2 mg/ml solution	Covered	
levalbuterol hcl 0.31 mg/3ml nebu soln	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
levalbuterol hcl 0.63 mg/3ml nebu soln	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
levalbuterol hcl 1.25 mg/0.5ml nebu soln	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
levalbuterol hcl 1.25 mg/3ml nebu soln	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL *levalbuterol tartrate*	PDL Non-Preferred	ST 90D
PERFOROMIST 20 MCG/2ML NEBU SOLN *formoterol fumarate*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D

DRUG NAME	TIER	DRUG EDITS
PROAIR DIGIHALER 108 (90 BASE) MCG/ACT AER POW BA *albuterol sulfate with sensor*	PDL Non-Preferred	ST 90D
PROAIR RESPICLICK 108 (90 BASE) MCG/ACT AER POW BA *albuterol sulfate*	PDL Non-Preferred	ST 90D
SEREVENT DISKUS 50 MCG/ACT AER POW BA *salmeterol xinafoate*	PDL Preferred	90D
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN *tiotropium bromide-olodaterol hcl*	PDL Preferred	90D
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN *olodaterol hcl*	PDL Non-Preferred	ST 90D
SYMBICORT 160-4.5 MCG/ACT AEROSOL *budesonide-formoterol fumarate dihydrate*	PDL Preferred	90D
SYMBICORT 80-4.5 MCG/ACT AEROSOL *budesonide-formoterol fumarate dihydrate*	PDL Preferred	90D
terbutaline sulfate 1 mg/ml solution	Covered	
terbutaline sulfate 2.5 mg tab	PDL Preferred	90D
terbutaline sulfate 5 mg tab	PDL Preferred	90D
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA *fluticasone-umeclidinium-vilanterol*	PDL Non-Preferred	ST 90D
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA *fluticasone-umeclidinium-vilanterol*	PDL Non-Preferred	ST 90D
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN *albuterol sulfate*	PDL Preferred	90D
wixela inhub 100-50 mcg/act aer pow ba	PDL Non-Preferred	ST 90D
wixela inhub 250-50 mcg/act aer pow ba	PDL Non-Preferred	ST 90D
wixela inhub 500-50 mcg/act aer pow ba	PDL Non-Preferred	ST 90D
XOPENEX HFA 45 MCG/ACT AEROSOL *levalbuterol tartrate*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
XANTHINES		
aminophylline 25 mg/ml solution	Covered	
THEO-24 100 MG CAP ER 24H *theophylline*	Covered	90D
THEO-24 200 MG CAP ER 24H *theophylline*	Covered	90D
THEO-24 300 MG CAP ER 24H *theophylline*	Covered	90D
THEO-24 400 MG CAP ER 24H *theophylline*	Covered	90D
theophylline 80 mg/15ml elixir	Covered	90D
theophylline 80 mg/15ml solution	Covered	90D
THEOPHYLLINE ER 100 MG TAB ER 12H *theophylline*	Covered	90D
THEOPHYLLINE ER 200 MG TAB ER 12H *theophylline*	Covered	90D
theophylline er 300 mg tab er 12h	Covered	90D
theophylline er 400 mg tab er 24h	Covered	90D
theophylline er 450 mg tab er 12h	Covered	90D
theophylline er 600 mg tab er 24h	Covered	90D
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
jantoven 1 mg tab	PDL Preferred	90D
jantoven 10 mg tab	PDL Preferred	90D
jantoven 2 mg tab	PDL Preferred	90D
jantoven 2.5 mg tab	PDL Preferred	90D
jantoven 3 mg tab	PDL Preferred	90D
jantoven 4 mg tab	PDL Preferred	90D
jantoven 5 mg tab	PDL Preferred	90D
jantoven 6 mg tab	PDL Preferred	90D
jantoven 7.5 mg tab	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
warfarin sodium 1 mg tab	PDL Preferred	90D
warfarin sodium 10 mg tab	PDL Preferred	90D
warfarin sodium 2 mg tab	PDL Preferred	90D
warfarin sodium 2.5 mg tab	PDL Preferred	90D
warfarin sodium 3 mg tab	PDL Preferred	90D
warfarin sodium 4 mg tab	PDL Preferred	90D
warfarin sodium 5 mg tab	PDL Preferred	90D
warfarin sodium 6 mg tab	PDL Preferred	90D
warfarin sodium 7.5 mg tab	PDL Preferred	90D
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5 MG TAB *apixaban*	PDL Preferred	90D
ELIQUIS 5 MG TAB *apixaban*	PDL Preferred	90D
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK *apixaban*	PDL Preferred	
SAVAYSA 15 MG TAB *edoxaban tosylate*	PDL Non-Preferred	ST 90D
SAVAYSA 30 MG TAB *edoxaban tosylate*	PDL Non-Preferred	ST 90D
SAVAYSA 60 MG TAB *edoxaban tosylate*	PDL Non-Preferred	ST 90D
XARELTO 1 MG/ML RECON SUSP *rivaroxaban*	PDL Non-Preferred	ST 90D
XARELTO 10 MG TAB *rivaroxaban*	PDL Preferred	90D
XARELTO 15 MG TAB *rivaroxaban*	PDL Preferred	90D
XARELTO 2.5 MG TAB *rivaroxaban*	PDL Preferred	90D
XARELTO 20 MG TAB *rivaroxaban*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
XARELTO STARTER PACK 15 & 20 MG TAB THPK *rivaroxaban*	PDL Preferred	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA 10 MG/0.8ML SOLUTION *fondaparinux sodium*	PDL Non-Preferred	ST
ARIXTRA 2.5 MG/0.5ML SOLUTION *fondaparinux sodium*	PDL Non-Preferred	ST
ARIXTRA 5 MG/0.4ML SOLUTION *fondaparinux sodium*	PDL Non-Preferred	ST
ARIXTRA 7.5 MG/0.6ML SOLUTION *fondaparinux sodium*	PDL Non-Preferred	ST
enoxaparin sodium 100 mg/ml soln prsyr	PDL Preferred	
enoxaparin sodium 120 mg/0.8ml soln prsyr	PDL Preferred	
enoxaparin sodium 150 mg/ml soln prsyr	PDL Preferred	
enoxaparin sodium 30 mg/0.3ml soln prsyr	PDL Preferred	
enoxaparin sodium 300 mg/3ml solution	PDL Preferred	
enoxaparin sodium 40 mg/0.4ml soln prsyr	PDL Preferred	
enoxaparin sodium 60 mg/0.6ml soln prsyr	PDL Preferred	
enoxaparin sodium 80 mg/0.8ml soln prsyr	PDL Preferred	
fondaparinux sodium 10 mg/0.8ml solution	PDL Non-Preferred	ST
fondaparinux sodium 2.5 mg/0.5ml solution	PDL Non-Preferred	ST
fondaparinux sodium 5 mg/0.4ml solution	PDL Non-Preferred	ST
fondaparinux sodium 7.5 mg/0.6ml solution	PDL Non-Preferred	ST
FRAGMIN 10000 UNIT/4ML SOLUTION *dalteparin sodium*	PDL Preferred	
FRAGMIN 10000 UNIT/ML SOLN PRSYR *dalteparin sodium*	PDL Preferred	
FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR *dalteparin sodium*	PDL Preferred	
FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR *dalteparin sodium*	PDL Preferred	
FRAGMIN 18000 UNT/0.72ML SOLN PRSYR *dalteparin sodium*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR *dalteparin sodium*	PDL Preferred	
FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR *dalteparin sodium*	PDL Preferred	
FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR *dalteparin sodium*	PDL Preferred	
FRAGMIN 95000 UNIT/3.8ML SOLUTION *dalteparin sodium*	PDL Preferred	
heparin (porcine) in nacl 1000-0.9 ut/500ml-% solution	Covered	
HEPARIN (PORCINE) IN NACL 12500-0.45 UT/250ML-% SOLUTION *heparin (porcine) in sodium chloride*	Covered	
heparin (porcine) in nacl 2000-0.9 unit/l-% solution	Covered	
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% SOLUTION *heparin (porcine) in sodium chloride*	Covered	
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/500ML-% SOLUTION *heparin (porcine) in sodium chloride*	Covered	
HEPARIN SOD (PORCINE) IN D5W 100 UNIT/ML SOLUTION *heparin sod (porcine) in d5w*	Covered	
HEPARIN SOD (PORCINE) IN D5W 25000-5 UT/500ML-% SOLUTION *heparin sod (porcine) in d5w*	Covered	
HEPARIN SOD (PORCINE) IN D5W 40-5 UNIT/ML-% SOLUTION *heparin sod (porcine) in d5w*	Covered	
heparin sodium (porcine) 1000 unit/ml solution	Covered	
heparin sodium (porcine) 10000 unit/ml solution	Covered	
heparin sodium (porcine) 20000 unit/ml solution	Covered	
HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR *heparin sodium (porcine)*	Covered	
heparin sodium (porcine) 5000 unit/ml solution	Covered	
heparin sodium (porcine) pf 1000 unit/ml solution	Covered	
heparin sodium (porcine) pf 5000 unit/0.5ml solution	Covered	
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION *heparin sodium (porcine)*	Covered	

DRUG NAME	TIER	DRUG EDITS
LOVENOX 100 MG/ML SOLN PRSYR *enoxaparin sodium*	PDL Non-Preferred	ST
LOVENOX 120 MG/0.8ML SOLN PRSYR *enoxaparin sodium*	PDL Non-Preferred	ST
LOVENOX 150 MG/ML SOLN PRSYR *enoxaparin sodium*	PDL Non-Preferred	ST
LOVENOX 30 MG/0.3ML SOLN PRSYR *enoxaparin sodium*	PDL Non-Preferred	ST
LOVENOX 300 MG/3ML SOLUTION *enoxaparin sodium*	PDL Non-Preferred	ST
LOVENOX 40 MG/0.4ML SOLN PRSYR *enoxaparin sodium*	PDL Non-Preferred	ST
LOVENOX 60 MG/0.6ML SOLN PRSYR *enoxaparin sodium*	PDL Non-Preferred	ST
LOVENOX 80 MG/0.8ML SOLN PRSYR *enoxaparin sodium*	PDL Non-Preferred	ST
IN VITRO/LOCK ANTICOAGULANTS		
DEFENCATH 1000-13.5 UNIT-MG/ML SOLUTION *heparin sodium (porcine)-taurolidine*	Covered	
THROMBIN INHIBITORS		
ARGATROBAN 250 MG/2.5ML SOLUTION *argatroban*	Covered	
argatroban 250 mg/2.5ml solution	Covered	
ARGATROBAN 50 MG/50ML SOLUTION *argatroban*	Covered	
argatroban 50 mg/50ml solution	Covered	
ARGATROBAN IN SODIUM CHLORIDE 50-0.9 MG/50ML-% SOLUTION *argatroban in sodium chloride*	Covered	
BIVALIRUDIN RTU 250 MG/50ML SOLUTION *bivalirudin trifluoroacetate*	Covered	
bivalirudin trifluoroacetate 250 mg recon soln	Covered	
BIVALIRUDIN TRIFLUOROACETATE 250 MG/50ML SOLUTION *bivalirudin trifluoroacetate*	Covered	
dabigatran etexilate mesylate 110 mg cap	PDL Non-Preferred	ST 90D
dabigatran etexilate mesylate 150 mg cap	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
dabigatran etexilate mesylate 75 mg cap	PDL Non-Preferred	ST 90D
PRADAXA 110 MG CAP *dabigatran etexilate mesylate*	PDL Preferred	90D
PRADAXA 110 MG PACKET *dabigatran etexilate mesylate*	PDL Non-Preferred	ST 90D
PRADAXA 150 MG CAP *dabigatran etexilate mesylate*	PDL Preferred	90D
PRADAXA 150 MG PACKET *dabigatran etexilate mesylate*	PDL Non-Preferred	ST 90D
PRADAXA 20 MG PACKET *dabigatran etexilate mesylate*	PDL Non-Preferred	ST 90D
PRADAXA 30 MG PACKET *dabigatran etexilate mesylate*	PDL Non-Preferred	ST 90D
PRADAXA 40 MG PACKET *dabigatran etexilate mesylate*	PDL Non-Preferred	ST 90D
PRADAXA 50 MG PACKET *dabigatran etexilate mesylate*	PDL Non-Preferred	ST 90D
PRADAXA 75 MG CAP *dabigatran etexilate mesylate*	PDL Preferred	90D
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA 0.5 MG/ML SUSPENSION *perampanel*	PDL Preferred	90D
FYCOMPA 10 MG TAB *perampanel*	PDL Preferred	90D
FYCOMPA 12 MG TAB *perampanel*	PDL Preferred	90D
FYCOMPA 2 MG TAB *perampanel*	PDL Preferred	90D
FYCOMPA 4 MG TAB *perampanel*	PDL Preferred	90D
FYCOMPA 6 MG TAB *perampanel*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
FYCOMPA 8 MG TAB *perampanel*	PDL Preferred	90D
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam 10 mg tab	PDL Preferred	90D
clobazam 2.5 mg/ml suspension	PDL Preferred	90D
clobazam 20 mg tab	PDL Preferred	90D
clonazepam 0.125 mg tab disp	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
clonazepam 0.25 mg tab disp	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product 90D
clonazepam 0.5 mg tab	PDL Preferred	QL 6 UNITS / 1 DAYS 90D
clonazepam 0.5 mg tab disp	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
clonazepam 1 mg tab	PDL Preferred	QL 6 UNITS / 1 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
clonazepam 1 mg tab disp	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
clonazepam 2 mg tab	PDL Preferred	QL 10 UNITS / 1 DAY 90D
clonazepam 2 mg tab disp	PDL Non-Preferred	QL 10 UNITS / 1 DAY ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
DIASTAT ACUDIAL 10 MG GEL *diazepam (anticonvulsant)*	Covered	
diazepam 10 mg gel	PDL Preferred	
DIAZEPAM 2.5 MG GEL *diazepam (anticonvulsant)*	PDL Preferred	
diazepam 20 mg gel	PDL Preferred	
KLONOPIN 0.5 MG TAB *clonazepam*	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
KLONOPIN 1 MG TAB *clonazepam*	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D

DRUG NAME	TIER	DRUG EDITS
KLONOPIN 2 MG TAB *clonazepam*	PDL Non-Preferred	QL 10 UNITS / 1 DAYS ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LIBERVANT 10 MG FILM *diazepam (anticonvulsant)*	PDL Non-Preferred	ST
LIBERVANT 12.5 MG FILM *diazepam (anticonvulsant)*	PDL Non-Preferred	ST
LIBERVANT 15 MG FILM *diazepam (anticonvulsant)*	PDL Non-Preferred	ST
LIBERVANT 5 MG FILM *diazepam (anticonvulsant)*	PDL Non-Preferred	ST
LIBERVANT 7.5 MG FILM *diazepam (anticonvulsant)*	PDL Non-Preferred	ST
NAYZILAM 5 MG/0.1ML SOLUTION *midazolam (anticonvulsant)*	PDL Preferred	
ONFI 10 MG TAB *clobazam*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
ONFI 2.5 MG/ML SUSPENSION *clobazam*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
ONFI 20 MG TAB *clobazam*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D

DRUG NAME	TIER	DRUG EDITS
SYMPAZAN 10 MG FILM *clobazam*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
SYMPAZAN 20 MG FILM *clobazam*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
SYMPAZAN 5 MG FILM *clobazam*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID *diazepam (anticonvulsant)*	PDL Preferred	
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK *diazepam (anticonvulsant)*	PDL Preferred	
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK *diazepam (anticonvulsant)*	PDL Preferred	
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID *diazepam (anticonvulsant)*	PDL Preferred	
ANTICONVULSANTS - MISC.		
APTIOM 200 MG TAB *eslicarbazepine acetate*	PDL Preferred	90D
APTIOM 400 MG TAB *eslicarbazepine acetate*	PDL Preferred	90D
APTIOM 600 MG TAB *eslicarbazepine acetate*	PDL Preferred	90D
APTIOM 800 MG TAB *eslicarbazepine acetate*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
BANZEL 200 MG TAB *rufinamide*	PDL Preferred	90D
BANZEL 40 MG/ML SUSPENSION *rufinamide*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
BANZEL 400 MG TAB *rufinamide*	PDL Preferred	90D
BRIVIACT 10 MG TAB *brivaracetam*	PDL Preferred	90D
BRIVIACT 10 MG/ML SOLUTION *brivaracetam*	PDL Preferred	90D
BRIVIACT 100 MG TAB *brivaracetam*	PDL Preferred	90D
BRIVIACT 25 MG TAB *brivaracetam*	PDL Preferred	90D
BRIVIACT 50 MG TAB *brivaracetam*	PDL Preferred	90D
BRIVIACT 50 MG/5ML SOLUTION *brivaracetam*	Covered	
BRIVIACT 75 MG TAB *brivaracetam*	PDL Preferred	90D
carbamazepine 100 mg chew tab	PDL Preferred	90D
carbamazepine 100 mg/5ml suspension	PDL Preferred	90D
carbamazepine 200 mg tab	PDL Preferred	90D
carbamazepine 200 mg/10ml suspension	PDL Preferred	90D
carbamazepine er 100 mg cap er 12h	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any carbamazepine product. 90D
carbamazepine er 100 mg tab er 12h	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
carbamazepine er 200 mg cap er 12h	PDL Non-Preferred	ST NOTE 90D Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any carbamazepine product.
carbamazepine er 200 mg tab er 12h	PDL Preferred	90D
carbamazepine er 300 mg cap er 12h	PDL Non-Preferred	ST NOTE 90D Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any carbamazepine product.
carbamazepine er 400 mg tab er 12h	PDL Preferred	90D
CARBATROL 100 MG CAP ER 12H *carbamazepine*	PDL Non-Preferred	ST NOTE 90D Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any carbamazepine product.
CARBATROL 200 MG CAP ER 12H *carbamazepine*	PDL Non-Preferred	ST NOTE 90D Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any carbamazepine product.
CARBATROL 300 MG CAP ER 12H *carbamazepine*	PDL Non-Preferred	ST NOTE 90D Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any carbamazepine product.
DIACOMIT 250 MG CAP *stiripentol*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
DIACOMIT 250 MG PACKET *stiripentol*	PDL Preferred	90D
DIACOMIT 500 MG CAP *stiripentol*	PDL Preferred	90D
DIACOMIT 500 MG PACKET *stiripentol*	PDL Preferred	90D
ELEPSIA XR 1000 MG TAB ER 24H *levetiracetam*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
ELEPSIA XR 1500 MG TAB ER 24H *levetiracetam*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
EPIDIOLEX 100 MG/ML SOLUTION *cannabidiol*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
epitol 200 mg tab	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any carbamazepine product. 90D
EPRONTIA 25 MG/ML SOLUTION *topiramate*	PDL Preferred	90D
FINTEPLA 2.2 MG/ML SOLUTION *fenfluramine hcl (anticonvulsant)*	PDL Preferred	90D
gabapentin 100 mg cap	PDL Preferred	90D
gabapentin 250 mg/5ml solution	PDL Preferred	90D
gabapentin 300 mg cap	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
gabapentin 300 mg/6ml solution	PDL Preferred	90D
gabapentin 400 mg cap	PDL Preferred	90D
gabapentin 600 mg tab	PDL Preferred	90D
gabapentin 800 mg tab	PDL Preferred	90D
KEPPRA 100 MG/ML SOLUTION *levetiracetam*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
KEPPRA 1000 MG TAB *levetiracetam*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
KEPPRA 250 MG TAB *levetiracetam*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
KEPPRA 500 MG TAB *levetiracetam*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
KEPPRA 500 MG/5ML SOLUTION *levetiracetam*	Covered	
KEPPRA 750 MG TAB *levetiracetam*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product.

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
		90D
KEPPRA XR 500 MG TAB ER 24H *levetiracetam*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
KEPPRA XR 750 MG TAB ER 24H *levetiracetam*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
lacosamide 10 mg/ml solution	PDL Preferred	90D
lacosamide 100 mg tab	PDL Preferred	90D
lacosamide 100 mg/10ml solution	PDL Preferred	90D
lacosamide 150 mg tab	PDL Preferred	90D
lacosamide 200 mg tab	PDL Preferred	90D
lacosamide 200 mg/20ml solution	Covered	
lacosamide 50 mg tab	PDL Preferred	90D
lacosamide 50 mg/5ml solution	PDL Preferred	90D
LAMICTAL 100 MG TAB *lamotrigine*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LAMICTAL 150 MG TAB *lamotrigine*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D

DRUG NAME	TIER	DRUG EDITS
LAMICTAL 200 MG TAB *lamotrigine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LAMICTAL 25 MG CHEW TAB *lamotrigine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LAMICTAL 25 MG TAB *lamotrigine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LAMICTAL 5 MG CHEW TAB *lamotrigine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LAMICTAL ODT 100 MG TAB DISP *lamotrigine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LAMICTAL ODT 200 MG TAB DISP *lamotrigine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D

DRUG NAME	TIER	DRUG EDITS
LAMICTAL ODT 21 X 25 MG & 7 X 50 MG KIT *lamotrigine*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product.
LAMICTAL ODT 25 & 50 & 100 MG KIT *lamotrigine*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product.
LAMICTAL ODT 25 MG TAB DISP *lamotrigine*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LAMICTAL ODT 42 X 50 MG & 14X100 MG KIT *lamotrigine*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product.
LAMICTAL ODT 50 MG TAB DISP *lamotrigine*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LAMICTAL STARTER 35 X 25 MG KIT *lamotrigine*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product.

DRUG NAME	TIER	DRUG EDITS
LAMICTAL STARTER 42 X 25 MG & 7 X 100 MG KIT *lamotrigine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product.
LAMICTAL STARTER 84 X 25 MG & 14X100 MG KIT *lamotrigine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product.
LAMICTAL XR 100 MG TAB ER 24H *lamotrigine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LAMICTAL XR 200 MG TAB ER 24H *lamotrigine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LAMICTAL XR 21 X 25 MG & 7 X 50 MG KIT *lamotrigine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product.
LAMICTAL XR 25 & 50 & 100 MG KIT *lamotrigine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product.

DRUG NAME	TIER	DRUG EDITS
LAMICTAL XR 25 MG TAB ER 24H *lamotrigine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LAMICTAL XR 250 MG TAB ER 24H *lamotrigine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LAMICTAL XR 300 MG TAB ER 24H *lamotrigine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LAMICTAL XR 50 & 100 & 200 MG KIT *lamotrigine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product.
LAMICTAL XR 50 MG TAB ER 24H *lamotrigine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
lamotrigine 100 mg tab	PDL Preferred	90D
lamotrigine 100 mg tab disp	PDL Preferred	90D
lamotrigine 150 mg tab	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
lamotrigine 200 mg tab	PDL Preferred	90D
lamotrigine 200 mg tab disp	PDL Preferred	90D
lamotrigine 21 x 25 mg & 7 x 50 mg kit	PDL Preferred	
lamotrigine 25 & 50 & 100 mg kit	PDL Preferred	
lamotrigine 25 mg chew tab	PDL Preferred	90D
lamotrigine 25 mg tab	PDL Preferred	90D
lamotrigine 25 mg tab disp	PDL Preferred	90D
lamotrigine 42 x 50 mg & 14x100 mg kit	PDL Preferred	
lamotrigine 5 mg chew tab	PDL Preferred	90D
lamotrigine 50 mg tab disp	PDL Preferred	90D
lamotrigine er 100 mg tab er 24h	PDL Preferred	90D
lamotrigine er 200 mg tab er 24h	PDL Preferred	90D
lamotrigine er 25 mg tab er 24h	PDL Preferred	90D
lamotrigine er 250 mg tab er 24h	PDL Preferred	90D
lamotrigine er 300 mg tab er 24h	PDL Preferred	90D
lamotrigine er 50 mg tab er 24h	PDL Preferred	90D
lamotrigine starter kit-blue 35 x 25 mg kit	PDL Preferred	
lamotrigine starter kit-green 84 x 25 mg & 14x100 mg kit	PDL Preferred	
lamotrigine starter kit-orange 42 x 25 mg & 7 x 100 mg kit	PDL Preferred	
levetiracetam 100 mg/ml solution	PDL Preferred	90D
levetiracetam 1000 mg tab	PDL Preferred	90D
levetiracetam 250 mg tab	PDL Preferred	90D
levetiracetam 500 mg tab	PDL Preferred	90D
levetiracetam 500 mg/5ml solution	Covered	90D
levetiracetam 750 mg tab	PDL Preferred	90D
levetiracetam er 500 mg tab er 24h	PDL Preferred	90D
levetiracetam er 750 mg tab er 24h	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
LEVETIRACETAM IN NACL 1000 MG/100ML SOLUTION *levetiracetam in sodium chloride*	Covered	
levetiracetam in nacl 1000 mg/100ml solution	Covered	
LEVETIRACETAM IN NACL 1500 MG/100ML SOLUTION *levetiracetam in sodium chloride*	Covered	
levetiracetam in nacl 1500 mg/100ml solution	Covered	
LEVETIRACETAM IN NACL 250 MG/50ML SOLUTION *levetiracetam in sodium chloride*	Covered	
LEVETIRACETAM IN NACL 500 MG/100ML SOLUTION *levetiracetam in sodium chloride*	Covered	
levetiracetam in nacl 500 mg/100ml solution	Covered	
LYRICA 100 MG CAP *pregabalin*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LYRICA 150 MG CAP *pregabalin*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LYRICA 20 MG/ML SOLUTION *pregabalin*	Covered	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LYRICA 200 MG CAP *pregabalin*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product.

DRUG NAME	TIER	DRUG EDITS
		90D
LYRICA 225 MG CAP *pregabalin*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LYRICA 25 MG CAP *pregabalin*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LYRICA 300 MG CAP *pregabalin*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LYRICA 50 MG CAP *pregabalin*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
LYRICA 75 MG CAP *pregabalin*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
MOTPOLY XR 100 MG CAP ER 24H *lacosamide*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation

DRUG NAME	TIER	DRUG EDITS
		product. 90D
MOTPOLY XR 150 MG CAP ER 24H *lacosamide*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
MOTPOLY XR 200 MG CAP ER 24H *lacosamide*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
MYSOLINE 250 MG TAB *primidone*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product. 90D
MYSOLINE 50 MG TAB *primidone*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product. 90D
NEURONTIN 100 MG CAP *gabapentin*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D

DRUG NAME	TIER	DRUG EDITS
NEURONTIN 250 MG/5ML SOLUTION *gabapentin*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
NEURONTIN 300 MG CAP *gabapentin*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
NEURONTIN 400 MG CAP *gabapentin*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
NEURONTIN 600 MG TAB *gabapentin*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
NEURONTIN 800 MG TAB *gabapentin*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
oxcarbazepine 150 mg tab	PDL Preferred	90D
oxcarbazepine 300 mg tab	PDL Preferred	90D
oxcarbazepine 300 mg/5ml suspension	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
oxcarbazepine 600 mg tab	PDL Preferred	90D
oxcarbazepine er 150 mg tab er 24h	PDL Non-Preferred	ST NOTE 90D Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any carbamazepine product.
oxcarbazepine er 300 mg tab er 24h	PDL Non-Preferred	ST NOTE 90D Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any carbamazepine product.
oxcarbazepine er 600 mg tab er 24h	PDL Non-Preferred	ST NOTE 90D Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any carbamazepine product.
OXTELLAR XR 150 MG TAB ER 24H *oxcarbazepine*	PDL Preferred	90D
OXTELLAR XR 300 MG TAB ER 24H *oxcarbazepine*	PDL Preferred	90D
OXTELLAR XR 600 MG TAB ER 24H *oxcarbazepine*	PDL Preferred	90D
pregabalin 100 mg cap	PDL Preferred	90D
pregabalin 150 mg cap	PDL Preferred	90D
pregabalin 20 mg/ml solution	PDL Preferred	90D
pregabalin 200 mg cap	PDL Preferred	90D
pregabalin 225 mg cap	PDL Preferred	90D
pregabalin 25 mg cap	PDL Preferred	90D
pregabalin 300 mg cap	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
pregabalin 50 mg cap	PDL Preferred	90D
pregabalin 75 mg cap	PDL Preferred	90D
PRIMIDONE 125 MG TAB *primidone*	PDL Preferred	90D
primidone 250 mg tab	PDL Preferred	90D
primidone 50 mg tab	PDL Preferred	90D
QUDEXY XR 100 MG CP24 SPRNK *topiramate*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
QUDEXY XR 150 MG CP24 SPRNK *topiramate*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
QUDEXY XR 200 MG CP24 SPRNK *topiramate*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
QUDEXY XR 25 MG CP24 SPRNK *topiramate*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
QUDEXY XR 50 MG CP24 SPRNK *topiramate*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product.

DRUG NAME	TIER	DRUG EDITS
		90D
roweepra 500 mg tab	PDL Preferred	90D
rufinamide 200 mg tab	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
rufinamide 40 mg/ml suspension	PDL Preferred	90D
rufinamide 400 mg tab	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
SPRITAM 1000 MG TAB *levetiracetam*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
SPRITAM 250 MG TAB *levetiracetam*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
SPRITAM 500 MG TAB *levetiracetam*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D

DRUG NAME	TIER	DRUG EDITS
SPRITAM 750 MG TAB *levetiracetam*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
subvenite 100 mg tab	PDL Preferred	90D
subvenite 150 mg tab	PDL Preferred	90D
subvenite 200 mg tab	PDL Preferred	90D
subvenite 25 mg tab	PDL Preferred	90D
subvenite starter kit-blue 35 x 25 mg kit	PDL Preferred	
subvenite starter kit-green 84 x 25 mg & 14x100 mg kit	PDL Preferred	
subvenite starter kit-orange 42 x 25 mg & 7 x 100 mg kit	PDL Preferred	
TEGRETOL 100 MG/5ML SUSPENSION *carbamazepine*	PDL Preferred	90D
TEGRETOL 200 MG TAB *carbamazepine*	PDL Preferred	90D
TEGRETOL-XR 100 MG TAB ER 12H *carbamazepine*	PDL Preferred	90D
TEGRETOL-XR 200 MG TAB ER 12H *carbamazepine*	PDL Preferred	90D
TEGRETOL-XR 400 MG TAB ER 12H *carbamazepine*	PDL Preferred	90D
TOPAMAX 100 MG TAB *topiramate*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
TOPAMAX 200 MG TAB *topiramate*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
TOPAMAX 25 MG TAB *topiramate*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
TOPAMAX 50 MG TAB *topiramate*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
TOPAMAX SPRINKLE 15 MG CAP SPRINK *topiramate*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
TOPAMAX SPRINKLE 25 MG CAP SPRINK *topiramate*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
topiramate 100 mg tab	PDL Preferred	90D
topiramate 15 mg cap sprink	PDL Preferred	90D
topiramate 200 mg tab	PDL Preferred	90D
topiramate 25 mg cap sprink	PDL Preferred	90D
topiramate 25 mg tab	PDL Preferred	90D
topiramate 50 mg tab	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
topiramate er 100 mg cap er 24h	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. NOTE Trial and failure of Trokendi XR Capsule required for coverage 90D
topiramate er 100 mg cp24 sprnk	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
topiramate er 150 mg cp24 sprnk	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
topiramate er 200 mg cap er 24h	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. NOTE Trial and failure of Trokendi XR Capsule required for coverage 90D
topiramate er 200 mg cp24 sprnk	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D

DRUG NAME	TIER	DRUG EDITS
topiramate er 25 mg cap er 24h	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. NOTE: Trial and failure of Trokendi XR Capsule required for coverage 90D
topiramate er 25 mg cp24 sprnk	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
topiramate er 50 mg cap er 24h	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. NOTE: Trial and failure of Trokendi XR Capsule required for coverage 90D
topiramate er 50 mg cp24 sprnk	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
TRILEPTAL 150 MG TAB *oxcarbazepine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any carbamazepine product. 90D

DRUG NAME	TIER	DRUG EDITS
TRILEPTAL 300 MG TAB *oxcarbazepine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any carbamazepine product. 90D
TRILEPTAL 300 MG/5ML SUSPENSION *oxcarbazepine*	PDL Preferred	90D
TRILEPTAL 600 MG TAB *oxcarbazepine*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any carbamazepine product. 90D
TROKENDI XR 100 MG CAP ER 24H *topiramate*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
TROKENDI XR 200 MG CAP ER 24H *topiramate*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
TROKENDI XR 25 MG CAP ER 24H *topiramate*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
TROKENDI XR 50 MG CAP ER 24H *topiramate*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use

		NOTE any second generation product. 90D

DRUG NAME	TIER	DRUG EDITS
VIMPAT 10 MG/ML SOLUTION *lacosamide*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
VIMPAT 100 MG TAB *lacosamide*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
VIMPAT 150 MG TAB *lacosamide*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
VIMPAT 200 MG TAB *lacosamide*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
VIMPAT 200 MG/20ML SOLUTION *lacosamide*	Covered	
VIMPAT 50 MG TAB *lacosamide*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D

DRUG NAME	TIER	DRUG EDITS
ZONISADE 100 MG/5ML SUSPENSION *zonisamide*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
zonisamide 100 mg cap	PDL Preferred	90D
zonisamide 25 mg cap	PDL Preferred	90D
zonisamide 50 mg cap	PDL Preferred	90D
ZTALMY 50 MG/ML SUSPENSION *ganaxolone*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
CARBAMATES		
felbamate 400 mg tab	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product. 90D
felbamate 600 mg tab	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product. 90D
felbamate 600 mg/5ml suspension	PDL Preferred	90D
FELBATOL 400 MG TAB *felbamate*	PDL Preferred	90D
FELBATOL 600 MG TAB *felbamate*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
FELBATOL 600 MG/5ML SUSPENSION *felbamate*	PDL Preferred	
XCOPRI 100 MG TAB *cenobamate*	PDL Preferred	90D
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK *cenobamate*	PDL Preferred	
XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK *cenobamate*	PDL Preferred	
XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK *cenobamate*	PDL Preferred	
XCOPRI 150 MG TAB *cenobamate*	PDL Preferred	90D
XCOPRI 200 MG TAB *cenobamate*	PDL Preferred	90D
XCOPRI 25 MG TAB *cenobamate*	PDL Preferred	90D
XCOPRI 50 MG TAB *cenobamate*	PDL Preferred	90D
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK *cenobamate*	PDL Preferred	90D
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK *cenobamate*	PDL Preferred	90D
GABA MODULATORS		
SABRIL 500 MG PACKET *vigabatrin*	PDL Preferred	90D
SABRIL 500 MG TAB *vigabatrin*	PDL Preferred	90D
tiagabine hcl 12 mg tab	PDL Preferred	90D
tiagabine hcl 16 mg tab	PDL Preferred	90D
tiagabine hcl 2 mg tab	PDL Preferred	90D
tiagabine hcl 4 mg tab	PDL Preferred	90D
vigabatrin 500 mg packet	PDL Preferred	90D
vigabatrin 500 mg tab	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product.

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DRUG NAME	TIER	DRUG EDITS
		90D
vigadrone 500 mg packet	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
vigadrone 500 mg tab	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
VIGAFYDE 100 MG/ML SOLUTION *vigabatrin*	PDL Non-Preferred	PA 90D
vigpoder 500 mg packet	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. 90D
HYDANTOINS		
CEREBYX 100 MG PE/2ML SOLUTION *fosphenytoin sodium*	Covered	
CEREBYX 500 MG PE/10ML SOLUTION *fosphenytoin sodium*	Covered	
DILANTIN 100 MG CAP *phenytoin sodium extended*	PDL Preferred	90D
DILANTIN 125 MG/5ML SUSPENSION *phenytoin*	PDL Preferred	90D
DILANTIN 30 MG CAP *phenytoin sodium extended*	PDL Preferred	90D
DILANTIN INFATABS 50 MG CHEW TAB *phenytoin*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
DILANTIN-125 125 MG/5ML SUSPENSION *phenytoin*	PDL Preferred	90D
fosphenytoin sodium 100 mg pe/2ml solution	Covered	
fosphenytoin sodium 500 mg pe/10ml solution	Covered	
phenytek 200 mg cap	PDL Preferred	90D
phenytek 300 mg cap	PDL Preferred	90D
phenytoin 100 mg/4ml suspension	PDL Preferred	90D
phenytoin 125 mg/5ml suspension	PDL Preferred	90D
phenytoin 50 mg chew tab	PDL Preferred	90D
phenytoin infatabs 50 mg chew tab	PDL Preferred	90D
phenytoin sodium 50 mg/ml solution	Covered	
phenytoin sodium extended 100 mg cap	PDL Preferred	90D
phenytoin sodium extended 200 mg cap	PDL Preferred	90D
phenytoin sodium extended 300 mg cap	PDL Preferred	90D
SUCCINIMIDES		
CELONTIN 300 MG CAP *methsuximide*	PDL Preferred	90D
ethosuximide 250 mg cap	PDL Preferred	90D
ethosuximide 250 mg/5ml solution	PDL Preferred	90D
methsuximide 300 mg cap	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product. 90D
ZARONTIN 250 MG CAP *ethosuximide*	PDL Non-Preferred	ST NOTE: Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product. 90D

DRUG NAME	TIER	DRUG EDITS
ZARONTIN 250 MG/5ML SOLUTION *ethosuximide*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product. 90D
VALPROIC ACID		
DEPAKOTE 125 MG TAB DR *divalproex sodium*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product. 90D
DEPAKOTE 250 MG TAB DR *divalproex sodium*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product. 90D
DEPAKOTE 500 MG TAB DR *divalproex sodium*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product. 90D
DEPAKOTE ER 250 MG TAB ER 24H *divalproex sodium*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product. 90D
DEPAKOTE ER 500 MG TAB ER 24H *divalproex sodium*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use

		any first generation product. 90D

DRUG NAME	TIER	DRUG EDITS
DEPAKOTE SPRINKLES 125 MG CAP DR *divalproex sodium*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product. 90D
divalproex sodium 125 mg cap dr	PDL Preferred	90D
divalproex sodium 125 mg tab dr	PDL Preferred	90D
divalproex sodium 250 mg tab dr	PDL Preferred	90D
divalproex sodium 500 mg tab dr	PDL Preferred	90D
divalproex sodium er 250 mg tab er 24h	PDL Preferred	90D
divalproex sodium er 500 mg tab er 24h	PDL Preferred	90D
valproate sodium 100 mg/ml solution	Covered	
valproate sodium 500 mg/5ml solution	Covered	
valproic acid 250 mg cap	PDL Preferred	90D
valproic acid 250 mg/5ml solution	PDL Preferred	90D
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine 15 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
mirtazapine 15 mg tab disp	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
mirtazapine 30 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
mirtazapine 30 mg tab disp	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
mirtazapine 45 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
mirtazapine 45 mg tab disp	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
mirtazapine 7.5 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
REMERON 15 MG TAB *mirtazapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
REMERON 30 MG TAB *mirtazapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
REMERON SOLTAB 15 MG TAB DISP *mirtazapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
REMERON SOLTAB 30 MG TAB DISP *mirtazapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
REMERON SOLTAB 45 MG TAB DISP *mirtazapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
ANTIDEPRESSANT COMBINATIONS		
AUVELITY 45-105 MG TAB ER *dextromethorphan hydrobromide-bupropion hydrochloride*	PDL Non-Preferred	ST 90D
ANTIDEPRESSANTS - MISC.		
APLENZIN 174 MG TAB ER 24H *bupropion hydrobromide*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
APLENZIN 348 MG TAB ER 24H *bupropion hydrobromide*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
APLENZIN 522 MG TAB ER 24H *bupropion hydrobromide*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
bupropion hcl 100 mg tab	PDL Preferred	QL 4 UNITS / 1 DAYS 90D
bupropion hcl 75 mg tab	PDL Preferred	QL 6 UNITS / 1 DAYS 90D
bupropion hcl er (smoking det) 150 mg tab er 12h	PDL Preferred	
bupropion hcl er (sr) 100 mg tab er 12h	PDL Preferred	QL 2 UNITS / 1 DAYS 90D
bupropion hcl er (sr) 150 mg tab er 12h	PDL Preferred	QL 2 UNITS / 1 DAYS 90D
bupropion hcl er (sr) 200 mg tab er 12h	PDL Preferred	QL 2 UNITS / 1 DAYS 90D
bupropion hcl er (xl) 150 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
bupropion hcl er (xl) 300 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
BUPROPION HCL ER (XL) 450 MG TAB ER 24H *bupropion hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
FORFIVO XL 450 MG TAB ER 24H *bupropion hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
WELLBUTRIN SR 100 MG TAB ER 12H *bupropion hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
WELLBUTRIN SR 150 MG TAB ER 12H *bupropion hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
WELLBUTRIN SR 200 MG TAB ER 12H *bupropion hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
WELLBUTRIN XL 150 MG TAB ER 24H *bupropion hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
WELLBUTRIN XL 300 MG TAB ER 24H *bupropion hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE 20 MG CAP *zuranolone*	PDL Non-Preferred	ST
ZURZUVAE 25 MG CAP *zuranolone*	PDL Non-Preferred	ST
ZURZUVAE 30 MG CAP *zuranolone*	PDL Non-Preferred	ST
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM 12 MG/24HR PATCH 24HR *selegiline*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
EMSAM 6 MG/24HR PATCH 24HR *selegiline*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
EMSAM 9 MG/24HR PATCH 24HR *selegiline*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
MARPLAN 10 MG TAB *isocarboxazid*	PDL Non-Preferred	ST 90D
NARDIL 15 MG TAB *phenelzine sulfate*	PDL Preferred	90D
PHENELZINE SULFATE 15 MG TAB *phenelzine sulfate*	PDL Preferred	90D
phenelzine sulfate 15 mg tab	Covered	90D
tranylcypromine sulfate 10 mg tab	PDL Preferred	90D
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA 10 MG TAB *citalopram hydrobromide*	PDL Non-Preferred	QL 1.5 UNITS / 1 DAYS ST 90D
CELEXA 20 MG TAB *citalopram hydrobromide*	PDL Non-Preferred	QL 1.5 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
CELEXA 40 MG TAB *citalopram hydrobromide*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
citalopram hydrobromide 10 mg tab	PDL Preferred	QL 1.5 UNITS / 1 DAYS 90D
citalopram hydrobromide 10 mg/5ml solution	PDL Preferred	QL 600 UNITS / 30 DAYS 90D
citalopram hydrobromide 20 mg tab	PDL Preferred	QL 1.5 UNITS / 1 DAYS 90D
CITALOPRAM HYDROBROMIDE 30 MG CAP *citalopram hydrobromide*	PDL Non-Preferred	ST 90D
citalopram hydrobromide 40 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
escitalopram oxalate 10 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
escitalopram oxalate 20 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
escitalopram oxalate 5 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
escitalopram oxalate 5 mg/5ml solution	PDL Non-Preferred	QL 600 UNITS / 30 DAYS ST 90D
fluoxetine hcl 10 mg cap	PDL Preferred	QL 3 UNITS / 1 DAYS 90D
fluoxetine hcl 10 mg tab	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST NOTE Trial and failure of preferred agents not required for children under 18 years of age 90D
fluoxetine hcl 20 mg cap	PDL Preferred	QL 3 UNITS / 1 DAYS 90D

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
fluoxetine hcl 20 mg tab	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST NOTE Trial and failure of preferred agents not required for children under 18 years of age 90D
fluoxetine hcl 20 mg/5ml solution	PDL Preferred	90D
fluoxetine hcl 40 mg cap	PDL Preferred	90D
FLUOXETINE HCL 60 MG TAB *fluoxetine hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of preferred agents not required for children under 18 years of age 90D
fluoxetine hcl 60 mg tab	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of preferred agents not required for children under 18 years of age 90D
FLUOXETINE HCL 90 MG CAP DR *fluoxetine hcl*	PDL Non-Preferred	QL 4 UNITS / 28 DAYS ST 90D
fluvoxamine maleate 100 mg tab	PDL Preferred	90D
fluvoxamine maleate 25 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS 90D
fluvoxamine maleate 50 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS 90D
fluvoxamine maleate er 100 mg cap er 24h	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
fluvoxamine maleate er 150 mg cap er 24h	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
LEXAPRO 10 MG TAB *escitalopram oxalate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
LEXAPRO 20 MG TAB *escitalopram oxalate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
LEXAPRO 5 MG TAB *escitalopram oxalate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
paroxetine hcl 10 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
paroxetine hcl 10 mg/5ml suspension	PDL Non-Preferred	ST 90D
paroxetine hcl 20 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
paroxetine hcl 30 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS 90D
paroxetine hcl 40 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
paroxetine hcl er 12.5 mg tab er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
paroxetine hcl er 25 mg tab er 24h	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
paroxetine hcl er 37.5 mg tab er 24h	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
PAXIL 10 MG TAB *paroxetine hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
PAXIL 10 MG/5ML SUSPENSION *paroxetine hcl*	PDL Preferred	90D
PAXIL 20 MG TAB *paroxetine hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
PAXIL 30 MG TAB *paroxetine hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
PAXIL 40 MG TAB *paroxetine hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
PAXIL CR 12.5 MG TAB ER 24H *paroxetine hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
PAXIL CR 25 MG TAB ER 24H *paroxetine hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
PAXIL CR 37.5 MG TAB ER 24H *paroxetine hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
PROZAC 10 MG CAP *fluoxetine hcl*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST 90D
PROZAC 20 MG CAP *fluoxetine hcl*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST 90D
PROZAC 40 MG CAP *fluoxetine hcl*	PDL Non-Preferred	ST 90D
sertraline hcl 100 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS 90D
SERTRALINE HCL 150 MG CAP *sertraline hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
sertraline hcl 20 mg/ml conc	PDL Preferred	QL 300 UNITS / 30 DAYS 90D
SERTRALINE HCL 200 MG CAP *sertraline hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
sertraline hcl 25 mg tab	PDL Preferred	QL 1.5 UNITS / 1 DAYS 90D
sertraline hcl 50 mg tab	PDL Preferred	QL 1.5 UNITS / 1 DAYS 90D
ZOLOFT 100 MG TAB *sertraline hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
ZOLOFT 20 MG/ML CONC *sertraline hcl*	PDL Non-Preferred	QL 300 UNITS / 30 DAYS ST 90D
ZOLOFT 25 MG TAB *sertraline hcl*	PDL Non-Preferred	QL 1.5 UNITS / 1 DAYS ST 90D
ZOLOFT 50 MG TAB *sertraline hcl*	PDL Non-Preferred	QL 1.5 UNITS / 1 DAYS ST 90D
SEROTONIN MODULATORS		
NEFAZODONE HCL 100 MG TAB *nefazodone hcl*	PDL Non-Preferred	ST 90D
NEFAZODONE HCL 150 MG TAB *nefazodone hcl*	PDL Non-Preferred	ST 90D
NEFAZODONE HCL 200 MG TAB *nefazodone hcl*	PDL Non-Preferred	ST 90D
NEFAZODONE HCL 250 MG TAB *nefazodone hcl*	PDL Non-Preferred	ST 90D
NEFAZODONE HCL 50 MG TAB *nefazodone hcl*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
trazodone hcl 100 mg tab	PDL Preferred	90D
trazodone hcl 150 mg tab	PDL Preferred	90D
trazodone hcl 300 mg tab	PDL Preferred	90D
trazodone hcl 50 mg tab	PDL Preferred	90D
TRINTELLIX 10 MG TAB *vortioxetine hbr*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
TRINTELLIX 20 MG TAB *vortioxetine hbr*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
TRINTELLIX 5 MG TAB *vortioxetine hbr*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
VIIBRYD 10 MG TAB *vilazodone hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
VIIBRYD 20 MG TAB *vilazodone hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
VIIBRYD 40 MG TAB *vilazodone hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
vilazodone hcl 10 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
vilazodone hcl 20 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
vilazodone hcl 40 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA 20 MG CP DR PART *duloxetine hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
CYMBALTA 30 MG CP DR PART *duloxetine hcl*	PDL Non-Preferred	ST 90D
CYMBALTA 60 MG CP DR PART *duloxetine hcl*	PDL Non-Preferred	ST 90D
DESVENLAFAXINE ER 100 MG TAB ER 24H *desvenlafaxine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
DESVENLAFAXINE ER 50 MG TAB ER 24H *desvenlafaxine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
desvenlafaxine succinate er 100 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
desvenlafaxine succinate er 25 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
desvenlafaxine succinate er 50 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
DRIZALMA SPRINKLE 20 MG CAP DR *duloxetine hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
DRIZALMA SPRINKLE 30 MG CAP DR *duloxetine hcl*	PDL Non-Preferred	ST 90D
DRIZALMA SPRINKLE 40 MG CAP DR *duloxetine hcl*	PDL Non-Preferred	ST 90D
DRIZALMA SPRINKLE 60 MG CAP DR *duloxetine hcl*	PDL Non-Preferred	ST 90D
duloxetine hcl 20 mg cp dr part	PDL Preferred	QL 2 UNITS / 1 DAYS 90D
duloxetine hcl 30 mg cp dr part	PDL Preferred	90D
duloxetine hcl 40 mg cp dr part	PDL Non-Preferred	ST 90D
duloxetine hcl 60 mg cp dr part	PDL Preferred	90D

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
EFFEXOR XR 150 MG CAP ER 24H *venlafaxine hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
EFFEXOR XR 37.5 MG CAP ER 24H *venlafaxine hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
EFFEXOR XR 75 MG CAP ER 24H *venlafaxine hcl*	PDL Preferred	QL 3 UNITS / 1 DAYS 90D
FETZIMA 120 MG CAP ER 24H *levomilnacipran hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
FETZIMA 20 MG CAP ER 24H *levomilnacipran hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
FETZIMA 40 MG CAP ER 24H *levomilnacipran hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
FETZIMA 80 MG CAP ER 24H *levomilnacipran hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
FETZIMA TITRATION 20 & 40 MG CP24 THPK *levomilnacipran hcl*	PDL Non-Preferred	QL 28 UNITS / 28 DAYS ST
PRISTIQ 100 MG TAB ER 24H *desvenlafaxine succinate*	PDL Non-Preferred	QL 1 UNIT / 1 DAY ST 90D
PRISTIQ 25 MG TAB ER 24H *desvenlafaxine succinate*	PDL Non-Preferred	QL 1 UNIT / 1 DAY ST 90D
PRISTIQ 50 MG TAB ER 24H *desvenlafaxine succinate*	PDL Non-Preferred	QL 1 UNIT / 1 DAY ST 90D
VENLAFAXINE BESYLATE ER 112.5 MG TAB ER 24H *venlafaxine besylate*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
venlafaxine hcl 100 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS 90D
venlafaxine hcl 25 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS 90D
venlafaxine hcl 37.5 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS 90D
venlafaxine hcl 50 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS 90D
venlafaxine hcl 75 mg tab	PDL Preferred	90D
venlafaxine hcl er 150 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
venlafaxine hcl er 150 mg tab er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
venlafaxine hcl er 225 mg tab er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
venlafaxine hcl er 37.5 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS 90D
venlafaxine hcl er 37.5 mg tab er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST 90D
venlafaxine hcl er 75 mg cap er 24h	PDL Preferred	QL 3 UNITS / 1 DAYS 90D
venlafaxine hcl er 75 mg tab er 24h	PDL Non-Preferred	ST 90D
TRICYCLIC AGENTS		
amitriptyline hcl 10 mg tab	Covered	90D
amitriptyline hcl 100 mg tab	Covered	90D
amitriptyline hcl 150 mg tab	Covered	90D

DRUG NAME	TIER	DRUG EDITS
amitriptyline hcl 25 mg tab	Covered	90D
amitriptyline hcl 50 mg tab	Covered	90D
amitriptyline hcl 75 mg tab	Covered	90D
amoxapine 100 mg tab	Covered	90D
amoxapine 150 mg tab	Covered	90D
amoxapine 25 mg tab	Covered	90D
amoxapine 50 mg tab	Covered	90D
ANAFRANIL 25 MG CAP *clomipramine hcl*	Covered	90D
ANAFRANIL 50 MG CAP *clomipramine hcl*	Covered	90D
ANAFRANIL 75 MG CAP *clomipramine hcl*	Covered	90D
clomipramine hcl 25 mg cap	Covered	90D
clomipramine hcl 50 mg cap	Covered	90D
clomipramine hcl 75 mg cap	Covered	90D
desipramine hcl 10 mg tab	Covered	90D
desipramine hcl 100 mg tab	Covered	90D
desipramine hcl 150 mg tab	Covered	90D
desipramine hcl 25 mg tab	Covered	90D
desipramine hcl 50 mg tab	Covered	90D
desipramine hcl 75 mg tab	Covered	90D
doxepin hcl 10 mg cap	Covered	90D
doxepin hcl 10 mg/ml conc	Covered	90D
doxepin hcl 100 mg cap	Covered	90D
doxepin hcl 150 mg cap	Covered	90D
doxepin hcl 25 mg cap	Covered	90D
doxepin hcl 50 mg cap	Covered	90D
doxepin hcl 75 mg cap	Covered	90D

DRUG NAME	TIER	DRUG EDITS
imipramine hcl 10 mg tab	Covered	90D
imipramine hcl 25 mg tab	Covered	90D
imipramine hcl 50 mg tab	Covered	90D
imipramine pamoate 100 mg cap	Covered	90D
imipramine pamoate 125 mg cap	Covered	90D
imipramine pamoate 150 mg cap	Covered	90D
imipramine pamoate 75 mg cap	Covered	90D
nortriptyline hcl 10 mg cap	Covered	90D
nortriptyline hcl 10 mg/5ml solution	Covered	90D
nortriptyline hcl 25 mg cap	Covered	90D
nortriptyline hcl 50 mg cap	Covered	90D
nortriptyline hcl 75 mg cap	Covered	90D
PAMELOR 10 MG CAP *nortriptyline hcl*	Covered	90D
PAMELOR 25 MG CAP *nortriptyline hcl*	Covered	90D
PAMELOR 50 MG CAP *nortriptyline hcl*	Covered	90D
PAMELOR 75 MG CAP *nortriptyline hcl*	Covered	90D
protriptyline hcl 10 mg tab	Covered	90D
protriptyline hcl 5 mg tab	Covered	90D
trimipramine maleate 100 mg cap	Covered	90D
trimipramine maleate 25 mg cap	Covered	90D
trimipramine maleate 50 mg cap	Covered	90D
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose 100 mg tab	PDL Preferred	90D
acarbose 25 mg tab	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
acarbose 50 mg tab	PDL Preferred	90D
MIGLITOL 100 MG TAB *miglitol*	PDL Non-Preferred	ST 90D
MIGLITOL 25 MG TAB *miglitol*	PDL Non-Preferred	ST 90D
MIGLITOL 50 MG TAB *miglitol*	PDL Non-Preferred	ST 90D
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN *pramlintide acetate*	PDL Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing product unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog 90D
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN *pramlintide acetate*	PDL Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing product unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog 90D
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET 15-850 MG TAB *pioglitazone hcl-metformin hcl*	PDL Non-Preferred	ST 90D
ALOGLIPTIN-METFORMIN HCL 12.5-1000 MG TAB *alogliptin-metformin hcl*	PDL Non-Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D

DRUG NAME	TIER	DRUG EDITS
ALOGLIPTIN-METFORMIN HCL 12.5-500 MG TAB *alogliptin-metformin hcl*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
ALOGLIPTIN-PIOGLITAZONE 12.5-30 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
ALOGLIPTIN-PIOGLITAZONE 25-15 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
ALOGLIPTIN-PIOGLITAZONE 25-30 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D

DRUG NAME	TIER	DRUG EDITS
ALOGLIPTIN-PIOGLITAZONE 25-45 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
DAPAGLIFLOZIN PRO-METFORMIN ER 10-1000 MG TAB ER 24H *dapagliflozin propanediol-metformin hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
DAPAGLIFLOZIN PRO-METFORMIN ER 5-1000 MG TAB ER 24H *dapagliflozin propanediol-metformin hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
DUETACT 30-2 MG TAB *pioglitazone hcl-glimepiride*	PDL Non-Preferred	ST 90D
DUETACT 30-4 MG TAB *pioglitazone hcl-glimepiride*	PDL Non-Preferred	ST 90D
glipizide-metformin hcl 2.5-250 mg tab	PDL Preferred	90D
glipizide-metformin hcl 2.5-500 mg tab	PDL Preferred	90D
glipizide-metformin hcl 5-500 mg tab	PDL Preferred	90D
glyburide-metformin 1.25-250 mg tab	PDL Preferred	90D
glyburide-metformin 2.5-500 mg tab	PDL Preferred	90D
glyburide-metformin 5-500 mg tab	PDL Preferred	90D
GLYXAMBI 10-5 MG TAB *empagliflozin-linagliptin*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D

DRUG NAME	TIER	DRUG EDITS
GLYXAMBI 25-5 MG TAB *empagliflozin-linagliptin*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
INVOKAMET 150-1000 MG TAB *canagliflozin-metformin hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
INVOKAMET 150-500 MG TAB *canagliflozin-metformin hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
INVOKAMET 50-1000 MG TAB *canagliflozin-metformin hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
INVOKAMET 50-500 MG TAB *canagliflozin-metformin hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
INVOKAMET XR 150-1000 MG TAB ER 24H *canagliflozin-metformin hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
INVOKAMET XR 150-500 MG TAB ER 24H *canagliflozin-metformin hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
INVOKAMET XR 50-1000 MG TAB ER 24H *canagliflozin-metformin hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
INVOKAMET XR 50-500 MG TAB ER 24H *canagliflozin-metformin hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
JANUMET 50-1000 MG TAB *sitagliptin-metformin hcl*	PDL Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
JANUMET 50-500 MG TAB *sitagliptin-metformin hcl*	PDL Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
JANUMET XR 100-1000 MG TAB ER 24H *sitagliptin-metformin hcl*	PDL Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
JANUMET XR 50-1000 MG TAB ER 24H *sitagliptin-metformin hcl*	PDL Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D

DRUG NAME	TIER	DRUG EDITS
JANUMET XR 50-500 MG TAB ER 24H *sitagliptin-metformin hcl*	PDL Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
JENTADUETO 2.5-1000 MG TAB *linagliptin-metformin hcl*	PDL Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
JENTADUETO 2.5-500 MG TAB *linagliptin-metformin hcl*	PDL Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
JENTADUETO 2.5-850 MG TAB *linagliptin-metformin hcl*	PDL Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D

DRUG NAME	TIER	DRUG EDITS
JENTADUETO XR 2.5-1000 MG TAB ER 24H *linagliptin-metformin hcl*	PDL Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
JENTADUETO XR 5-1000 MG TAB ER 24H *linagliptin-metformin hcl*	PDL Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
KAZANO 12.5-1000 MG TAB *alogliptin-metformin hcl*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
KAZANO 12.5-500 MG TAB *alogliptin-metformin hcl*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
KOMBIGLYZE XR 2.5-1000 MG TAB ER 24H *saxagliptin-metformin hcl*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when

		using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
DRUG NAME	**TIER**	**DRUG EDITS**
KOMBIGLYZE XR 5-1000 MG TAB ER 24H *saxagliptin-metformin hcl*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
KOMBIGLYZE XR 5-500 MG TAB ER 24H *saxagliptin-metformin hcl*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
OSENI 12.5-30 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
OSENI 25-15 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination

DRUG NAME	TIER	DRUG EDITS
OSENI 25-30 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
OSENI 25-45 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
pioglitazone hcl-glimepiride 30-2 mg tab	PDL Non-Preferred	ST 90D
pioglitazone hcl-glimepiride 30-4 mg tab	PDL Non-Preferred	ST 90D
pioglitazone hcl-metformin hcl 15-500 mg tab	PDL Non-Preferred	ST 90D
pioglitazone hcl-metformin hcl 15-850 mg tab	PDL Non-Preferred	ST 90D
QTERN 10-5 MG TAB *dapagliflozin-saxagliptin*	PDL Non-Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D

DRUG NAME	TIER	DRUG EDITS
QTERN 5-5 MG TAB *dapagliflozin-saxagliptin*	PDL Non-Preferred	ST NOTE 90D Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
saxagliptin-metformin er 2.5-1000 mg tab er 24h	PDL Non-Preferred	ST NOTE 90D Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
saxagliptin-metformin er 5-1000 mg tab er 24h	PDL Non-Preferred	ST NOTE 90D Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
saxagliptin-metformin er 5-500 mg tab er 24h	PDL Non-Preferred	ST NOTE 90D Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
SEGLUROMET 2.5-1000 MG TAB *ertugliflozin-metformin hcl*	PDL Non-Preferred	ST NOTE 90D Clinical Criteria Apply

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DRUG NAME	TIER	DRUG EDITS
SEGLUROMET 2.5-500 MG TAB *ertugliflozin-metformin hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
SEGLUROMET 7.5-1000 MG TAB *ertugliflozin-metformin hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
SEGLUROMET 7.5-500 MG TAB *ertugliflozin-metformin hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
SITAGLIPTIN BASE-METFORMIN HCL 50-1000 MG TAB *sitagliptin free base-metformin hcl*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
SITAGLIPTIN BASE-METFORMIN HCL 50-500 MG TAB *sitagliptin free base-metformin hcl*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
SOLIQUA 100-33 UNT-MCG/ML SOLN PEN *insulin glargine-lixisenatide*	PDL Non-Preferred	QL 15 UNITS / 25 DAYS ST NOTE Continuation of therapy requires documentation that clinical goals have been met 90D

DRUG NAME	TIER	DRUG EDITS
STEGLUJAN 15-100 MG TAB *ertugliflozin-sitagliptin*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
STEGLUJAN 5-100 MG TAB *ertugliflozin-sitagliptin*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
SYNJARDY 12.5-1000 MG TAB *empagliflozin-metformin hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
SYNJARDY 12.5-500 MG TAB *empagliflozin-metformin hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
SYNJARDY 5-1000 MG TAB *empagliflozin-metformin hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
SYNJARDY 5-500 MG TAB *empagliflozin-metformin hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
SYNJARDY XR 10-1000 MG TAB ER 24H *empagliflozin-metformin hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
SYNJARDY XR 12.5-1000 MG TAB ER 24H *empagliflozin-metformin hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
SYNJARDY XR 25-1000 MG TAB ER 24H *empagliflozin-metformin hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
SYNJARDY XR 5-1000 MG TAB ER 24H *empagliflozin-metformin hcl*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
TRIJARDY XR 10-5-1000 MG TAB ER 24H *empagliflozin-linagliptin-metformin*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H *empagliflozin-linagliptin-metformin*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
TRIJARDY XR 25-5-1000 MG TAB ER 24H *empagliflozin-linagliptin-metformin*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D

DRUG NAME	TIER	DRUG EDITS
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H *empagliflozin-linagliptin-metformin*	PDL Non-Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
XIGDUO XR 10-1000 MG TAB ER 24H *dapagliflozin propanediol-metformin hcl*	PDL Preferred	ST NOTE: Clinical Criteria Apply 90D
XIGDUO XR 10-500 MG TAB ER 24H *dapagliflozin-metformin hcl*	PDL Preferred	ST NOTE: Clinical Criteria Apply 90D
XIGDUO XR 2.5-1000 MG TAB ER 24H *dapagliflozin-metformin hcl*	PDL Preferred	ST NOTE: Clinical Criteria Apply 90D
XIGDUO XR 5-1000 MG TAB ER 24H *dapagliflozin propanediol-metformin hcl*	PDL Preferred	ST NOTE: Clinical Criteria Apply 90D
XIGDUO XR 5-500 MG TAB ER 24H *dapagliflozin-metformin hcl*	PDL Preferred	ST NOTE: Clinical Criteria Apply 90D
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN *insulin degludec-liraglutide*	PDL Non-Preferred	QL: 15 UNITS / 28 DAYS ST NOTE: Continuation of therapy requires documentation that clinical goals have been met 90D
ZITUVIMET 50-1000 MG TAB *sitagliptin free base-metformin hcl*	PDL Non-Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred

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		DPP-IV Inhibitor or Combination
DRUG NAME	**TIER**	**DRUG EDITS**
ZITUVIMET 50-500 MG TAB *sitagliptin free base-metformin hcl*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
ZITUVIMET XR 100-1000 MG TAB ER 24H *sitagliptin free base-metformin hcl*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
ZITUVIMET XR 50-1000 MG TAB ER 24H *sitagliptin free base-metformin hcl*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
ZITUVIMET XR 50-500 MG TAB ER 24H *sitagliptin free base-metformin hcl*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
ANTIDIABETIC-ANTIBODIES		
TZIELD 2 MG/2ML SOLUTION *teplizumab-mzwv*	Covered	

DRUG NAME	TIER	DRUG EDITS
BIGUANIDES		
GLUMETZA 1000 MG TAB ER 24H *metformin hcl*	PDL Non-Preferred	ST NOTE Requires documentation as to why the beneficiary cannot use preferred long acting metformin product 90D
GLUMETZA 500 MG TAB ER 24H *metformin hcl*	PDL Non-Preferred	ST NOTE Requires documentation as to why the beneficiary cannot use preferred long acting metformin product 90D
metformin hcl 1000 mg tab	PDL Preferred	90D
metformin hcl 500 mg tab	PDL Preferred	90D
metformin hcl 500 mg/5ml solution	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
METFORMIN HCL 625 MG TAB *metformin hcl*	PDL Non-Preferred	ST 90D
metformin hcl 850 mg tab	PDL Preferred	90D
metformin hcl er 500 mg tab er 24h	PDL Preferred	90D
metformin hcl er 750 mg tab er 24h	PDL Preferred	90D
metformin hcl er (mod) 1000 mg tab er 24h	PDL Non-Preferred	ST 90D
metformin hcl er (mod) 500 mg tab er 24h	PDL Non-Preferred	ST 90D
metformin hcl er (osm) 1000 mg tab er 24h	PDL Non-Preferred	ST 90D
metformin hcl er (osm) 500 mg tab er 24h	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
DIABETIC OTHER		
BAQSIMI ONE PACK 3 MG/DOSE POWDER *glucagon*	Covered	
BAQSIMI TWO PACK 3 MG/DOSE POWDER *glucagon*	Covered	
diazoxide 50 mg/ml suspension	Covered	90D
GLUCAGEN HYPOKIT 1 MG RECON SOLN *glucagon hcl (rdna)*	Covered	
glucagon emergency 1 mg kit	Covered	
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN *glucagon hcl*	Covered	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ *glucagon*	Covered	
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ *glucagon*	Covered	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ *glucagon*	Covered	
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ *glucagon*	Covered	
GVOKE KIT 1 MG/0.2ML SOLUTION *glucagon*	Covered	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR *glucagon*	Covered	
KORLYM 300 MG TAB *mifepristone (hyperglycemia)*	Covered	90D
mifepristone 300 mg tab	Covered	90D
PROGLYCEM 50 MG/ML SUSPENSION *diazoxide*	Covered	90D
ZEGALOGUE 0.6 MG/0.6ML SOLN A-INJ *dasiglucagon hcl*	Covered	
ZEGALOGUE 0.6 MG/0.6ML SOLN PRSYR *dasiglucagon hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN BENZOATE 12.5 MG TAB *alogliptin benzoate*	PDL Non-Preferred	ST NOTE 90D Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
ALOGLIPTIN BENZOATE 25 MG TAB *alogliptin benzoate*	PDL Non-Preferred	ST NOTE 90D Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
ALOGLIPTIN BENZOATE 6.25 MG TAB *alogliptin benzoate*	PDL Non-Preferred	ST NOTE 90D Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
JANUVIA 100 MG TAB *sitagliptin phosphate*	PDL Preferred	ST NOTE 90D Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination

DRUG NAME	TIER	DRUG EDITS
JANUVIA 25 MG TAB *sitagliptin phosphate*	PDL Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
JANUVIA 50 MG TAB *sitagliptin phosphate*	PDL Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
NESINA 12.5 MG TAB *alogliptin benzoate*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
NESINA 25 MG TAB *alogliptin benzoate*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
NESINA 6.25 MG TAB *alogliptin benzoate*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when

		NOTE: using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
DRUG NAME	**TIER**	**DRUG EDITS**
ONGLYZA 2.5 MG TAB *saxagliptin hcl*	PDL Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
ONGLYZA 5 MG TAB *saxagliptin hcl*	PDL Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
saxagliptin hcl 2.5 mg tab	PDL Non-Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
saxagliptin hcl 5 mg tab	PDL Non-Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D

DRUG NAME	TIER	DRUG EDITS
SITAGLIPTIN 100 MG TAB *sitagliptin*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
SITAGLIPTIN 25 MG TAB *sitagliptin*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
SITAGLIPTIN 50 MG TAB *sitagliptin*	PDL Non-Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
TRADJENTA 5 MG TAB *linagliptin*	PDL Preferred	ST NOTE Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D

DRUG NAME	TIER	DRUG EDITS
ZITUVIO 100 MG TAB *sitagliptin*	PDL Non-Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
ZITUVIO 25 MG TAB *sitagliptin*	PDL Non-Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
ZITUVIO 50 MG TAB *sitagliptin*	PDL Non-Preferred	ST NOTE: Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination 90D
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET 0.8 MG TAB *bromocriptine mesylate (diabetes)*	Covered	90D
INCRETIN MIMETIC AGENTS		
BYDUREON BCISE 2 MG/0.85ML A-INJ *exenatide*	PDL Non-Preferred	QL: 3.4 UNITS / 28 DAYS ST NOTE: Continuation of therapy requires documentation that clinical goals have been met 90D

DRUG NAME	TIER	DRUG EDITS
BYETTA 10 MCG PEN 10 MCG/0.04ML SOLN PEN *exenatide*	PDL Preferred	QL 2.4 UNITS / 28 DAYS ST 90D
BYETTA 5 MCG PEN 5 MCG/0.02ML SOLN PEN *exenatide*	PDL Preferred	QL 1.2 UNITS / 28 DAYS ST 90D
liraglutide 18 mg/3ml soln pen	PDL Non-Preferred	QL 6 UNITS / 28 DAYS ST 90D
MOUNJARO 10 MG/0.5ML SOLN A-INJ *tirzepatide*	PDL Non-Preferred	QL 2 UNITS / 28 DAYS ST NOTE Continuation of therapy requires documentation that clinical goals have been met 90D
MOUNJARO 12.5 MG/0.5ML SOLN A-INJ *tirzepatide*	PDL Non-Preferred	QL 2 UNITS / 28 DAYS ST NOTE Continuation of therapy requires documentation that clinical goals have been met 90D
MOUNJARO 15 MG/0.5ML SOLN A-INJ *tirzepatide*	PDL Non-Preferred	QL 2 UNITS / 28 DAYS ST NOTE Continuation of therapy requires documentation that clinical goals have been met 90D
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ *tirzepatide*	PDL Non-Preferred	QL 2 UNITS / 28 DAYS ST NOTE Continuation of therapy requires documentation that clinical goals have been met

DRUG NAME	TIER	DRUG EDITS
MOUNJARO 5 MG/0.5ML SOLN A-INJ *tirzepatide*	PDL Non-Preferred	QL 2 UNITS / 28 DAYS ST NOTE Continuation of therapy requires documentation that clinical goals have been met 90D
MOUNJARO 7.5 MG/0.5ML SOLN A-INJ *tirzepatide*	PDL Non-Preferred	QL 2 UNITS / 28 DAYS ST NOTE Continuation of therapy requires documentation that clinical goals have been met 90D
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN *semaglutide*	PDL Preferred	QL 1.5 ML / 28 day(s) ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN *semaglutide*	PDL Preferred	QL 3 ML / 28 day(s) ST 90D
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN *semaglutide*	PDL Preferred	QL 3 ML / 28 day(s) ST 90D
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN *semaglutide*	PDL Preferred	QL 3 ML / 28 day(s) ST 90D
RYBELSUS 14 MG TAB *semaglutide*	PDL Non-Preferred	QL 1 UNIT / 1 DAY ST NOTE Continuation of therapy requires documentation that clinical goals have been met 90D
RYBELSUS 3 MG TAB *semaglutide*	PDL Non-Preferred	QL 1 UNIT / 1 DAY ST NOTE Continuation of therapy requires documentation that clinical goals have been met 90D

DRUG NAME	TIER	DRUG EDITS
RYBELSUS 7 MG TAB *semaglutide*	PDL Non-Preferred	QL 1 UNIT / 1 DAY ST NOTE Continuation of therapy requires documentation that clinical goals have been met 90D
TRULICITY 0.75 MG/0.5ML SOLN A-INJ *dulaglutide*	PDL Preferred	QL 2 UNITS / 28 DAYS ST 90D
TRULICITY 1.5 MG/0.5ML SOLN A-INJ *dulaglutide*	PDL Preferred	QL 2 UNITS / 28 DAYS ST 90D
TRULICITY 3 MG/0.5ML SOLN A-INJ *dulaglutide*	PDL Preferred	QL 2 UNITS / 28 DAYS ST 90D
TRULICITY 4.5 MG/0.5ML SOLN A-INJ *dulaglutide*	PDL Preferred	QL 2 UNITS / 28 DAYS ST 90D
VICTOZA 18 MG/3ML SOLN PEN *liraglutide*	PDL Preferred	QL 9 UNITS / 28 DAYS ST 90D
INSULIN		
ADMELOG 100 UNIT/ML SOLUTION *insulin lispro*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
ADMELOG SOLOSTAR 100 UNIT/ML SOLN PEN *insulin lispro*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
AFREZZA 12 UNIT POWDER *insulin regular (human)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D

DRUG NAME	TIER	DRUG EDITS
AFREZZA 4 UNIT POWDER *insulin regular (human)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
AFREZZA 60X4 &60X8 & 60X12 UNIT POWDER *insulin regular (human)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
AFREZZA 8 UNIT POWDER *insulin regular (human)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
AFREZZA 90 X 4 UNIT & 90X8 UNIT POWDER *insulin regular (human)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
AFREZZA 90 X 8 UNIT & 90X12 UNIT POWDER *insulin regular (human)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
APIDRA 100 UNIT/ML SOLUTION *insulin glulisine*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
APIDRA SOLOSTAR 100 UNIT/ML SOLN PEN *insulin glulisine*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN *insulin glargine*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
BASAGLAR TEMPO PEN 100 UNIT/ML SOLN PEN *insulin glargine*	Covered	ST 90D

DRUG NAME	TIER	DRUG EDITS
FIASP 100 UNIT/ML SOLUTION *insulin aspart (with niacinamide)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN *insulin aspart (with niacinamide)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
FIASP PENFILL 100 UNIT/ML SOLN CART *insulin aspart (with niacinamide)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
FIASP PUMPCART 100 UNIT/ML SOLN CART *insulin aspart (with niacinamide)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
HUMALOG 100 UNIT/ML SOLN CART *insulin lispro*	PDL Preferred	90D
HUMALOG 100 UNIT/ML SOLUTION *insulin lispro*	PDL Preferred	90D
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN *insulin lispro*	PDL Preferred	90D
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN *insulin lispro*	PDL Preferred	90D
HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN *insulin lispro*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN *insulin lispro protamine & lispro*	PDL Preferred	90D
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION *insulin lispro protamine & lispro*	PDL Preferred	90D
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN *insulin lispro protamine & lispro*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
HUMALOG TEMPO PEN 100 UNIT/ML SOLN PEN *insulin lispro*	Covered	ST 90D
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION *insulin nph isophane & reg (human)*	PDL Preferred	90D
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN *insulin nph isophane & reg (human)*	PDL Preferred	90D
HUMULIN N 100 UNIT/ML SUSPENSION *insulin nph (human) (isophane)*	PDL Preferred	90D
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN *insulin nph (human) (isophane)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
HUMULIN R 100 UNIT/ML SOLUTION *insulin regular (human)*	PDL Preferred	90D
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION *insulin regular (human)*	PDL Preferred	90D
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN *insulin regular (human)*	PDL Preferred	90D
INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN *insulin aspart protamine & aspart (human)*	PDL Preferred	90D
INSULIN ASPART 100 UNIT/ML SOLUTION *insulin aspart*	PDL Preferred	90D
INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN *insulin aspart*	PDL Preferred	90D
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART *insulin aspart*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION *insulin aspart protamine & aspart (human)*	PDL Non-Preferred	ST 90D
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION *insulin degludec*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN *insulin degludec*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN *insulin degludec*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
INSULIN GLARGINE 100 UNIT/ML SOLUTION *insulin glargine*	PDL Preferred	
INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN *insulin glargine*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN *insulin glargine*	PDL Preferred	
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN *insulin glargine*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN *insulin glargine-yfgn*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION *insulin glargine-yfgn*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
INSULIN LISPRO 100 UNIT/ML SOLUTION *insulin lispro*	PDL Preferred	90D
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN *insulin lispro*	PDL Preferred	90D
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN *insulin lispro*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN *insulin lispro protamine & lispro*	PDL Non-Preferred	ST 90D
LANTUS 100 UNIT/ML SOLUTION *insulin glargine*	PDL Preferred	90D
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN *insulin glargine*	PDL Preferred	90D
LEVEMIR 100 UNIT/ML SOLUTION *insulin detemir*	PDL Preferred	90D
LEVEMIR FLEXPEN 100 UNIT/ML SOLN PEN *insulin detemir*	PDL Preferred	90D
LEVEMIR FLEXTOUCH 100 UNIT/ML SOLN PEN *insulin detemir*	PDL Preferred	
LYUMJEV 100 UNIT/ML SOLUTION *insulin lispro-aabc*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
LYUMJEV KWIKPEN 100 UNIT/ML SOLN PEN *insulin lispro-aabc*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
LYUMJEV KWIKPEN 200 UNIT/ML SOLN PEN *insulin lispro-aabc*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
LYUMJEV TEMPO PEN 100 UNIT/ML SOLN PEN *insulin lispro-aabc*	Covered	ST 90D
MYXREDLIN 100-0.9 UT/100ML-% SOLUTION *insulin regular (human) in sodium chloride*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION *insulin nph isophane & reg (human)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN *insulin nph isophane & reg (human)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D

DRUG NAME	TIER	DRUG EDITS
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN *insulin nph isophane & reg (human)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION *insulin nph isophane & reg (human)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
NOVOLIN N 100 UNIT/ML SUSPENSION *insulin nph (human) (isophane)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN *insulin nph (human) (isophane)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN *insulin nph (human) (isophane)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
NOVOLIN N RELION 100 UNIT/ML SUSPENSION *insulin nph (human) (isophane)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
NOVOLIN R 100 UNIT/ML SOLUTION *insulin regular (human)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN *insulin regular (human)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN *insulin regular (human)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D

DRUG NAME	TIER	DRUG EDITS
NOVOLIN R RELION 100 UNIT/ML SOLUTION *insulin regular (human)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
NOVOLOG 100 UNIT/ML SOLUTION *insulin aspart*	PDL Preferred	90D
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN *insulin aspart protamine & aspart (human)*	PDL Preferred	90D
NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN *insulin aspart*	PDL Preferred	90D
NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN *insulin aspart*	PDL Preferred	90D
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION *insulin aspart protamine & aspart (human)*	PDL Non-Preferred	ST 90D
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN *insulin aspart protamine & aspart (human)*	PDL Preferred	90D
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION *insulin aspart protamine & aspart (human)*	PDL Non-Preferred	ST 90D
NOVOLOG PENFILL 100 UNIT/ML SOLN CART *insulin aspart*	PDL Preferred	90D
NOVOLOG RELION 100 UNIT/ML SOLUTION *insulin aspart*	PDL Preferred	90D
REZVOGLAR KWIKPEN 100 UNIT/ML SOLN PEN *insulin glargine-aglr*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
SEMGLEE (YFGN) 100 UNIT/ML SOLN PEN *insulin glargine-yfgn*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
SEMGLEE (YFGN) 100 UNIT/ML SOLUTION *insulin glargine-yfgn*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D

DRUG NAME	TIER	DRUG EDITS
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN *insulin glargine*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN *insulin glargine*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
TRESIBA 100 UNIT/ML SOLUTION *insulin degludec*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN *insulin degludec*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN *insulin degludec*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
INSULIN SENSITIZING AGENTS		
ACTOS 15 MG TAB *pioglitazone hcl*	PDL Non-Preferred	ST 90D
ACTOS 30 MG TAB *pioglitazone hcl*	PDL Non-Preferred	ST 90D
ACTOS 45 MG TAB *pioglitazone hcl*	PDL Non-Preferred	ST 90D
pioglitazone hcl 15 mg tab	PDL Preferred	90D
pioglitazone hcl 30 mg tab	PDL Preferred	90D
pioglitazone hcl 45 mg tab	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
MEGLITINIDE ANALOGUES		
nateglinide 120 mg tab	PDL Preferred	90D
nateglinide 60 mg tab	PDL Preferred	90D
repaglinide 0.5 mg tab	PDL Preferred	90D
repaglinide 1 mg tab	PDL Preferred	90D
repaglinide 2 mg tab	PDL Preferred	90D
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
DAPAGLIFLOZIN PROPANEDIOL 10 MG TAB *dapagliflozin propanediol*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
DAPAGLIFLOZIN PROPANEDIOL 5 MG TAB *dapagliflozin propanediol*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
FARXIGA 10 MG TAB *dapagliflozin propanediol*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
FARXIGA 5 MG TAB *dapagliflozin propanediol*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
INVOKANA 100 MG TAB *canagliflozin*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
INVOKANA 300 MG TAB *canagliflozin*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
JARDIANCE 10 MG TAB *empagliflozin*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
JARDIANCE 25 MG TAB *empagliflozin*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
STEGLATRO 15 MG TAB *ertugliflozin l-pyroglutamic acid*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
STEGLATRO 5 MG TAB *ertugliflozin l-pyroglutamic acid*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
SULFONYLUREAS		
glimepiride 1 mg tab	PDL Preferred	90D
glimepiride 2 mg tab	PDL Preferred	90D
glimepiride 4 mg tab	PDL Preferred	90D
glipizide 10 mg tab	PDL Preferred	90D
GLIPIZIDE 2.5 MG TAB *glipizide*	Covered	90D
glipizide 5 mg tab	PDL Preferred	90D
glipizide er 10 mg tab er 24h	PDL Preferred	90D
glipizide er 2.5 mg tab er 24h	PDL Preferred	90D
glipizide er 5 mg tab er 24h	PDL Preferred	90D
glipizide xl 10 mg tab er 24h	PDL Preferred	90D
GLUCOTROL XL 10 MG TAB ER 24H *glipizide*	PDL Preferred	90D
GLUCOTROL XL 5 MG TAB ER 24H *glipizide*	PDL Preferred	90D
glyburide 1.25 mg tab	PDL Preferred	90D
glyburide 2.5 mg tab	PDL Preferred	90D
glyburide 5 mg tab	PDL Preferred	90D
GLYBURIDE MICRONIZED 1.5 MG TAB *glyburide micronized*	PDL Preferred	90D
GLYBURIDE MICRONIZED 3 MG TAB *glyburide micronized*	PDL Preferred	90D
GLYBURIDE MICRONIZED 6 MG TAB *glyburide micronized*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI 125 MG TAB DR *crofelemer*	Covered	
ANTIPERISTALTIC AGENTS		
diphenoxylate-atropine 2.5-0.025 mg tab	Covered	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID *diphenoxylate w/ atropine*	Covered	
LOMOTIL 2.5-0.025 MG TAB *diphenoxylate w/ atropine*	Covered	
loperamide hcl 2 mg cap	Covered	90D
MOTOFEN 1-0.025 MG TAB *difenoxin w/ atropine*	Covered	
opium 10 mg/ml (1%) tincture	Covered	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTE COMBINATIONS		
PREVDUO 3-0.6 MG/3ML SOLN PRSYR *neostigmine methylsulfate-glycopyrrolate*	Covered	
ANTIDOTES - CHELATING AGENTS		
CHEMET 100 MG CAP *succimer*	Covered	
deferasirox 125 mg tab sol	Covered	90D
deferasirox 180 mg packet	Covered	90D
deferasirox 180 mg tab	Covered	90D
deferasirox 250 mg tab sol	Covered	90D
deferasirox 360 mg packet	Covered	90D
deferasirox 360 mg tab	Covered	90D
deferasirox 500 mg tab sol	Covered	90D
deferasirox 90 mg packet	Covered	90D
deferasirox 90 mg tab	Covered	90D

DRUG NAME	TIER	DRUG EDITS
deferasirox granules 180 mg packet	Covered	90D
deferasirox granules 360 mg packet	Covered	90D
deferasirox granules 90 mg packet	Covered	90D
deferiprone 1000 mg tab	Covered	90D
deferiprone 500 mg tab	Covered	90D
EXJADE 125 MG TAB SOL *deferasirox*	Covered	90D
EXJADE 250 MG TAB SOL *deferasirox*	Covered	90D
EXJADE 500 MG TAB SOL *deferasirox*	Covered	90D
FERRIPROX 100 MG/ML SOLUTION *deferiprone*	Covered	90D
FERRIPROX 1000 MG TAB *deferiprone*	Covered	90D
FERRIPROX 500 MG TAB *deferiprone*	Covered	90D
FERRIPROX TWICE-A-DAY 1000 MG TAB *deferiprone*	Covered	90D
JADENU 180 MG TAB *deferasirox*	Covered	90D
JADENU 360 MG TAB *deferasirox*	Covered	90D
JADENU 90 MG TAB *deferasirox*	Covered	90D
JADENU SPRINKLE 180 MG PACKET *deferasirox*	Covered	90D
JADENU SPRINKLE 360 MG PACKET *deferasirox*	Covered	90D
JADENU SPRINKLE 90 MG PACKET *deferasirox*	Covered	90D
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ACETADOTE 200 MG/ML SOLUTION *acetylcysteine (antidote)*	Covered	
acetylcysteine 200 mg/ml solution	Covered	
ANDEXXA 200 MG RECON SOLN *coagulation factor xa recomb inact-zhzo (andexanet alfa)*	Covered	

DRUG NAME	TIER	DRUG EDITS
BRIDION 200 MG/2ML SOLUTION *sugammadex sodium*	Covered	
BRIDION 500 MG/5ML SOLUTION *sugammadex sodium*	Covered	
deferoxamine mesylate 2 gm recon soln	Covered	
deferoxamine mesylate 500 mg recon soln	Covered	
DESFERAL 500 MG RECON SOLN *deferoxamine mesylate*	Covered	
EDETATE CALCIUM DISODIUM 1 GM/5ML SOLUTION *edetate calcium disodium*	Covered	
fomepizole 1.5 gm/1.5ml solution	Covered	
methylene blue 50 mg/10ml solution	Covered	
methylene blue (antidote) 1 % solution	Covered	
PRAXBIND 2.5 GM/50ML SOLUTION *idarucizumab*	Covered	
PROTOPAM CHLORIDE 1 GM RECON SOLN *pralidoxime chloride*	Covered	
PROVAYBLUE 50 MG/10ML SOLUTION *methylene blue (antidote)*	Covered	
BENZODIAZEPINE ANTAGONISTS		
flumazenil 0.5 mg/5ml solution	Covered	
flumazenil 1 mg/10ml solution	Covered	
OPIOID ANTAGONISTS		
KLOXXADO 8 MG/0.1ML LIQUID *naloxone hcl*	PDL Preferred	
NALMEFENE HCL 1 MG/ML SOLUTION *nalmefene hcl (antidote)*	Covered	
NALOXONE HCL 0.4 MG/ML SOLN CART *naloxone hcl*	PDL Preferred	
NALOXONE HCL 0.4 MG/ML SOLN PRSYR *naloxone hcl*	PDL Preferred	
naloxone hcl 0.4 mg/ml solution	PDL Preferred	
naloxone hcl 2 mg/2ml soln prsyr	PDL Preferred	
naloxone hcl 4 mg/0.1ml liquid	PDL Preferred	
naloxone hcl 4 mg/10ml solution	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
naltrexone hcl 50 mg tab	PDL Preferred	90D
NARCAN 4 MG/0.1ML LIQUID *naloxone hcl*	PDL Preferred	
OPVEE 2.7 MG/0.1ML SOLUTION *nalmefene hcl (antidote)*	PDL Preferred	
REXTOVY 4 MG/0.25ML LIQUID *naloxone hcl*	PDL Preferred	
VIVITROL 380 MG RECON SUSP *naltrexone*	PDL Preferred	QL 1 UNITS / 28 DAYS 90D
ZIMHI 5 MG/0.5ML SOLN PRSYR *naloxone hcl*	PDL Preferred	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET 50 MG TAB *dolasetron mesylate*	PDL Non-Preferred	ST
granisetron hcl 1 mg tab	PDL Non-Preferred	ST
granisetron hcl 1 mg/ml solution	PDL Non-Preferred	ST
granisetron hcl 4 mg/4ml solution	PDL Non-Preferred	ST
ONDANSETRON 16 MG TAB DISP *ondansetron*	PDL Non-Preferred	PA
ondansetron 4 mg tab disp	PDL Preferred	
ondansetron 8 mg tab disp	PDL Preferred	
ondansetron hcl 4 mg tab	PDL Preferred	
ONDANSETRON HCL 4 MG/2ML SOLN PRSYR *ondansetron hcl*	PDL Non-Preferred	ST
ondansetron hcl 4 mg/2ml solution	PDL Non-Preferred	ST
ondansetron hcl 4 mg/5ml solution	PDL Preferred	
ondansetron hcl 40 mg/20ml solution	PDL Non-Preferred	ST
ondansetron hcl 8 mg tab	PDL Preferred	
PALONOSETRON HCL 0.25 MG/2ML SOLUTION *palonosetron hcl*	Covered	ST

DRUG NAME	TIER	DRUG EDITS
PALONOSETRON HCL 0.25 MG/5ML SOLN PRSYR *palonosetron hcl*	PDL Non-Preferred	ST
palonosetron hcl 0.25 mg/5ml soln prsyr	PDL Non-Preferred	ST
palonosetron hcl 0.25 mg/5ml solution	PDL Non-Preferred	ST
POSFREA 0.25 MG/5ML SOLUTION *palonosetron hcl*	PDL Non-Preferred	PA
SANCUSO 3.1 MG/24HR PATCH *granisetron*	PDL Non-Preferred	ST
SUSTOL 10 MG/0.4ML PRSYR *granisetron*	PDL Non-Preferred	ST
ANTIEMETICS - ANTICHOLINERGIC		
ANTIVERT 25 MG CHEW TAB *meclizine hcl*	PDL Non-Preferred	ST
ANTIVERT 50 MG TAB *meclizine hcl*	PDL Non-Preferred	ST
DIMENHYDRINATE 50 MG/ML SOLUTION *dimenhydrinate*	PDL Preferred	
meclizine hcl 12.5 mg tab	PDL Preferred	
meclizine hcl 25 mg tab	PDL Preferred	
meclizine hcl 50 mg tab	PDL Preferred	
scopolamine 1 mg/3days patch 72hr	PDL Preferred	
TIGAN 100 MG/ML SOLUTION *trimethobenzamide hcl*	PDL Non-Preferred	ST
TRANSDERM-SCOP 1 MG/3DAYS PATCH 72HR *scopolamine*	PDL Preferred	
trimethobenzamide hcl 300 mg cap	PDL Non-Preferred	ST
ANTIEMETICS - ANTIDOPAMINERGIC		
BARHEMSYS 10 MG/4ML SOLUTION *amisulpride (antiemetic)*	PDL Non-Preferred	ST
BARHEMSYS 5 MG/2ML SOLUTION *amisulpride (antiemetic)*	PDL Non-Preferred	ST
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 235-0.25 MG RECON SOLN *fosnetupitant choride-palonosetron hcl*	Covered	ST

DRUG NAME	TIER	DRUG EDITS
AKYNZEO 235-0.25 MG/20ML SOLUTION *fosnetupitant choride-palonosetron hcl*	PDL Non-Preferred	ST
AKYNZEO 300-0.5 MG CAP *netupitant-palonosetron*	PDL Non-Preferred	ST
AKYNZEO (READY-TO-USE) 235-0.25 MG/20ML SOLUTION *fosnetupitant choride-palonosetron hcl*	PDL Non-Preferred	ST
BONJESTA 20-20 MG TAB ER *doxylamine-pyridoxine*	PDL Non-Preferred	ST
DICLEGIS 10-10 MG TAB DR *doxylamine-pyridoxine*	PDL Preferred	
doxylamine-pyridoxine 10-10 mg tab dr	PDL Non-Preferred	ST
dronabinol 10 mg cap	PDL Non-Preferred	ST
dronabinol 2.5 mg cap	PDL Non-Preferred	ST
dronabinol 5 mg cap	PDL Non-Preferred	ST
MARINOL 2.5 MG CAP *dronabinol*	PDL Non-Preferred	ST
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
APONVIE 32 MG/4.4ML EMULSION *aprepitant*	PDL Non-Preferred	ST
aprepitant 125 mg cap	PDL Preferred	ST NOTE Clinical Criteria Apply
aprepitant 40 mg cap	PDL Preferred	ST NOTE Clinical Criteria Apply
aprepitant 80 & 125 mg cap	PDL Preferred	ST NOTE Clinical Criteria Apply
aprepitant 80 & 125 mg misc	PDL Preferred	ST NOTE Clinical Criteria Apply
aprepitant 80 mg cap	PDL Preferred	ST NOTE Clinical Criteria Apply
CINVANTI 130 MG/18ML EMULSION *aprepitant*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
EMEND 125 MG/5ML RECON SUSP *aprepitant*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
EMEND 150 MG RECON SOLN *fosaprepitant dimeglumine*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
EMEND BIPACK 80 MG CAP *aprepitant*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
EMEND TRI-PACK 80 & 125 MG CAP *aprepitant*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
FOCINVEZ 150 MG/50ML SOLUTION *fosaprepitant dimeglumine*	PDL Non-Preferred	PA
FOSAPREPITANT DIMEGLUMINE 150 MG RECON SOLN *fosaprepitant dimeglumine*	PDL Non-Preferred	ST
fosaprepitant dimeglumine 150 mg recon soln	PDL Non-Preferred	ST
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME 150 MG TAB *ibrexafungerp citrate*	PDL Non-Preferred	ST
CANCIDAS 50 MG RECON SOLN *caspofungin acetate*	Covered	
CANCIDAS 70 MG RECON SOLN *caspofungin acetate*	Covered	
CASPOFUNGIN ACETATE 50 MG RECON SOLN *caspofungin acetate*	Covered	
caspofungin acetate 50 mg recon soln	Covered	
CASPOFUNGIN ACETATE 70 MG RECON SOLN *caspofungin acetate*	Covered	
caspofungin acetate 70 mg recon soln	Covered	
ERAXIS 100 MG RECON SOLN *anidulafungin*	Covered	
ERAXIS 50 MG RECON SOLN *anidulafungin*	Covered	
MICAFUNGIN SODIUM 100 MG RECON SOLN *micafungin sodium*	Covered	
micafungin sodium 100 mg recon soln	Covered	

DRUG NAME	TIER	DRUG EDITS
MICAFUNGIN SODIUM 50 MG RECON SOLN *micafungin sodium*	Covered	
micafungin sodium 50 mg recon soln	Covered	
MICAFUNGIN SODIUM-NACL 100-0.9 MG/100ML-% SOLUTION *micafungin sodium in sodium chloride*	Covered	
MICAFUNGIN SODIUM-NACL 50-0.9 MG/50ML-% SOLUTION *micafungin sodium in sodium chloride*	Covered	
MYCAMINE 100 MG RECON SOLN *micafungin sodium*	Covered	
MYCAMINE 50 MG RECON SOLN *micafungin sodium*	Covered	
REZZAYO 200 MG RECON SOLN *rezafungin acetate*	Covered	
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION *amphotericin b lipid*	Covered	
AMBISOME 50 MG RECON SUSP *amphotericin b liposome*	Covered	
AMPHOTERICIN B 50 MG RECON SOLN *amphotericin b*	Covered	
amphotericin b liposome 50 mg recon susp	Covered	
ANCOBON 250 MG CAP *flucytosine*	PDL Non-Preferred	ST
ANCOBON 500 MG CAP *flucytosine*	PDL Non-Preferred	ST
flucytosine 250 mg cap	PDL Non-Preferred	ST
flucytosine 500 mg cap	PDL Non-Preferred	ST
griseofulvin microsize 125 mg/5ml suspension	PDL Preferred	
griseofulvin microsize 500 mg tab	PDL Non-Preferred	ST
griseofulvin ultramicrosize 125 mg tab	PDL Preferred	
griseofulvin ultramicrosize 250 mg tab	PDL Preferred	
nystatin 500000 unit tab	PDL Preferred	
terbinafine hcl 250 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 186 MG CAP *isavuconazonium sulfate*	PDL Non-Preferred	ST
CRESEMBA 372 MG RECON SOLN *isavuconazonium sulfate*	Covered	
CRESEMBA 74.5 MG CAP *isavuconazonium sulfate*	PDL Non-Preferred	ST
DIFLUCAN 10 MG/ML RECON SUSP *fluconazole*	Covered	ST
DIFLUCAN 100 MG TAB *fluconazole*	PDL Non-Preferred	ST
DIFLUCAN 200 MG TAB *fluconazole*	PDL Non-Preferred	ST
DIFLUCAN 40 MG/ML RECON SUSP *fluconazole*	PDL Non-Preferred	ST
fluconazole 10 mg/ml recon susp	PDL Preferred	
fluconazole 100 mg tab	PDL Preferred	
fluconazole 150 mg tab	PDL Preferred	
fluconazole 200 mg tab	PDL Preferred	
fluconazole 40 mg/ml recon susp	PDL Preferred	
fluconazole 50 mg tab	PDL Preferred	
fluconazole in sodium chloride 200-0.9 mg/100ml-% solution	Covered	
fluconazole in sodium chloride 400-0.9 mg/200ml-% solution	Covered	
itraconazole 10 mg/ml solution	PDL Non-Preferred	ST
itraconazole 100 mg cap	PDL Non-Preferred	ST
ketoconazole 200 mg tab	PDL Non-Preferred	ST
NOXAFIL 100 MG TAB DR *posaconazole*	PDL Non-Preferred	ST
NOXAFIL 300 MG PACKET *posaconazole*	PDL Non-Preferred	ST
NOXAFIL 300 MG/16.7ML SOLUTION *posaconazole*	Covered	
NOXAFIL 40 MG/ML SUSPENSION *posaconazole*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
posaconazole 100 mg tab dr	PDL Non-Preferred	ST
posaconazole 300 mg/16.7ml solution	Covered	90D
posaconazole 40 mg/ml suspension	PDL Non-Preferred	ST
SPORANOX 10 MG/ML SOLUTION *itraconazole*	PDL Non-Preferred	ST
SPORANOX 100 MG CAP *itraconazole*	PDL Non-Preferred	ST
TOLSURA 65 MG CAP *itraconazole*	PDL Non-Preferred	ST
VFEND 200 MG TAB *voriconazole*	PDL Non-Preferred	ST
VFEND 40 MG/ML RECON SUSP *voriconazole*	PDL Non-Preferred	ST
VFEND 50 MG TAB *voriconazole*	PDL Non-Preferred	ST
VFEND IV 200 MG RECON SOLN *voriconazole*	Covered	
VIVJOA 150 MG CAP THPK *oteseconazole*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
VORICONAZOLE 200 MG RECON SOLN *voriconazole*	Covered	
voriconazole 200 mg recon soln	Covered	
voriconazole 200 mg tab	PDL Non-Preferred	ST
voriconazole 40 mg/ml recon susp	PDL Non-Preferred	ST
voriconazole 50 mg tab	PDL Non-Preferred	ST
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
RYCLORA 2 MG/5ML SOLUTION *dexchlorpheniramine maleate*	PDL Non-Preferred	ST
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate 4 mg tab	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION *carbinoxamine maleate*	PDL Preferred	
CARBINOXAMINE MALEATE ER 4 MG/5ML SUSP *carbinoxamine maleate*	PDL Preferred	ST NOTE Trial and failure of immediate release carbinoxamine solution and cetirizine syrup required for coverage
clemastine fumarate 0.67 mg/5ml syrup	Covered	
CLEMASTINE FUMARATE 2.68 MG TAB *clemastine fumarate*	PDL Non-Preferred	ST
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR *diphenhydramine hcl*	Covered	
diphenhydramine hcl 50 mg/ml solution	Covered	
KARBINAL ER 4 MG/5ML SUSP *carbinoxamine maleate*	PDL Non-Preferred	ST NOTE Trial and failure of immediate release carbinoxamine solution and cetirizine syrup required for coverage
RYVENT 6 MG TAB *carbinoxamine maleate*	PDL Non-Preferred	ST
ANTIHISTAMINES - NON-SEDATING		
12hr allergy relief 60 mg tab	PDL Non-Preferred	ST
24hr allergy relief 180 mg tab	PDL Non-Preferred	ST
all day allergy 10 mg tab	PDL Preferred	
all day allergy childrens 5 mg/5ml solution	PDL Preferred	
allergy childrens 30 mg/5ml suspension	PDL Non-Preferred	ST
allergy childrens 5 mg/5ml solution	PDL Non-Preferred	ST
allergy rel child (loratadine) 5 mg/5ml solution	PDL Non-Preferred	ST
allergy relief 10 mg tab	PDL Preferred	
allergy relief 180 mg tab	PDL Non-Preferred	ST
allergy relief 5 mg tab	PDL Preferred	90D
allergy relief (loratadine) 10 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
allergy relief ceterizine 5 mg tab	PDL Preferred	
allergy relief cetirizine 10 mg tab	PDL Preferred	
allergy relief childrens 1 mg/ml solution	PDL Preferred	
allergy relief/indoor/outdoor 10 mg tab	PDL Preferred	
cetirizine hcl 1 mg/ml solution	PDL Preferred	
cetirizine hcl 10 mg chew tab	PDL Non-Preferred	ST
cetirizine hcl 10 mg tab	PDL Preferred	
cetirizine hcl 5 mg chew tab	PDL Non-Preferred	ST
cetirizine hcl 5 mg tab	PDL Preferred	
cetirizine hcl 5 mg/5ml solution	PDL Preferred	
cetirizine hcl allergy child 5 mg/5ml solution	PDL Preferred	
cetirizine hcl childrens alrgy 1 mg/ml solution	PDL Preferred	
childrens loratadine 5 mg/5ml solution	PDL Non-Preferred	ST
CLARINEX 5 MG TAB *desloratadine*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 2 years of age 90D
DESLORATADINE 2.5 MG TAB DISP *desloratadine*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 2 years of age 90D
desloratadine 5 mg tab	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 2 years of age 90D
DESLORATADINE 5 MG TAB DISP *desloratadine*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 2 years of age 90D

DRUG NAME	TIER	DRUG EDITS
fexofenadine hcl 180 mg tab	PDL Non-Preferred	ST
fexofenadine hcl 60 mg tab	PDL Non-Preferred	ST
ft all day allergy 10 mg tab	PDL Preferred	
ft all day allergy 5 mg/5ml solution	PDL Preferred	
ft all day allergy 24 hour 10 mg tab	PDL Preferred	
ft all day allergy relief 10 mg tab	PDL Preferred	
ft allergy childrens 5 mg/5ml solution	PDL Non-Preferred	ST
ft allergy relief 10 mg tab	PDL Preferred	
ft allergy relief 180 mg tab	PDL Non-Preferred	ST
ft allergy relief 12 hour 60 mg tab	PDL Non-Preferred	ST
ft allergy relief 24 hour 180 mg tab	PDL Non-Preferred	ST
ft allergy relief cetirizine 10 mg tab	PDL Preferred	
ft allergy relief childrens 5 mg chew tab	PDL Non-Preferred	ST
ft allergy relief childrens 5 mg/5ml solution	PDL Preferred	
ft allergy relief loratadine 10 mg tab	PDL Preferred	
gnp all day allergy 10 mg tab	PDL Preferred	
gnp all day allergy childrens 1 mg/ml solution	PDL Preferred	
gnp all day allergy childrens 5 mg/5ml solution	PDL Preferred	
gnp all day allergy relief 10 mg cap	PDL Non-Preferred	ST
gnp allergy relief 180 mg tab	PDL Non-Preferred	ST
gnp allergy relief 24 hr 5 mg tab	PDL Preferred	90D
gnp loratadine 10 mg tab	PDL Preferred	
gnp loratadine 10 mg tab disp	PDL Non-Preferred	ST
gnp loratadine 5 mg/5ml solution	PDL Non-Preferred	ST
gnp loratadine childrens 5 mg/5ml solution	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
goodsense all day allergy 10 mg tab	PDL Preferred	
goodsense all day allergy 5 mg/5ml solution	PDL Preferred	
goodsense aller-ease 180 mg tab	PDL Non-Preferred	ST
goodsense allergy relief 10 mg tab	PDL Preferred	
goodsense allergy relief child 5 mg/5ml solution	PDL Non-Preferred	ST
hm all day allergy 5 mg/5ml solution	PDL Preferred	
hm all day allergy childrens 5 mg/5ml solution	PDL Preferred	
hm allergy relief 180 mg tab	PDL Non-Preferred	ST
hm allergy relief 60 mg tab	PDL Non-Preferred	ST
hm allergy relief (cetirizine) 10 mg tab	PDL Preferred	
hm cetirizine hcl 10 mg tab	PDL Preferred	
hm loratadine 10 mg tab	PDL Preferred	
levocetirizine dihydrochloride 2.5 mg/5ml solution	PDL Non-Preferred	ST 90D
levocetirizine dihydrochloride 5 mg tab	PDL Preferred	90D
loratadine 10 mg cap	Covered	
loratadine 10 mg tab	PDL Preferred	
loratadine 10 mg tab disp	PDL Non-Preferred	ST
loratadine 5 mg/5ml solution	PDL Non-Preferred	ST
loratadine childrens 5 mg chew tab	PDL Non-Preferred	ST
loratadine childrens 5 mg/5ml solution	PDL Non-Preferred	ST
sm all day allergy 10 mg tab	PDL Preferred	
sm all day allergy childrens 1 mg/ml solution	PDL Preferred	
sm all day allergy childrens 5 mg/5ml solution	PDL Preferred	
sm all day allergy relief 10 mg tab	PDL Preferred	
sm allergy childrens 5 mg/5ml solution	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
sm allergy relief 60 mg tab	PDL Non-Preferred	ST
sm fexofenadine hcl 180 mg tab	PDL Non-Preferred	ST
sm loratadine 10 mg tab	PDL Preferred	
sm loratadine 5 mg/5ml solution	PDL Non-Preferred	ST
ANTIHISTAMINES - PHENOTHIAZINES		
PHENERGAN 25 MG/ML SOLUTION *promethazine hcl*	PDL Non-Preferred	ST
PHENERGAN 50 MG/ML SOLUTION *promethazine hcl*	PDL Non-Preferred	ST
promethazine hcl 12.5 mg suppos	PDL Preferred	
promethazine hcl 12.5 mg tab	PDL Preferred	
promethazine hcl 25 mg suppos	PDL Preferred	
promethazine hcl 25 mg tab	PDL Preferred	
promethazine hcl 25 mg/ml solution	PDL Preferred	
promethazine hcl 50 mg tab	PDL Preferred	
promethazine hcl 50 mg/ml solution	PDL Preferred	
promethazine hcl 6.25 mg/5ml solution	PDL Preferred	
promethegan 12.5 mg suppos	PDL Preferred	
promethegan 25 mg suppos	PDL Preferred	
PROMETHEGAN 50 MG SUPPOS *promethazine hcl*	PDL Non-Preferred	PA
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl 2 mg/5ml syrup	PDL Preferred	
cyproheptadine hcl 4 mg tab	PDL Preferred	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL 180 MG TAB *bempedoic acid*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA 1200 MG/8ML SOLUTION *evinacumab-dgnb*	Covered	90D
EVKEEZA 345 MG/2.3ML SOLUTION *evinacumab-dgnb*	Covered	90D
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin 10-10 mg tab	PDL Non-Preferred	ST 90D
ezetimibe-simvastatin 10-20 mg tab	PDL Non-Preferred	ST 90D
ezetimibe-simvastatin 10-40 mg tab	PDL Non-Preferred	ST 90D
ezetimibe-simvastatin 10-80 mg tab	PDL Non-Preferred	ST 90D
NEXLIZET 180-10 MG TAB *bempedoic acid-ezetimibe*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
VYTORIN 10-10 MG TAB *ezetimibe-simvastatin*	PDL Non-Preferred	ST 90D
VYTORIN 10-20 MG TAB *ezetimibe-simvastatin*	PDL Non-Preferred	ST 90D
VYTORIN 10-40 MG TAB *ezetimibe-simvastatin*	PDL Non-Preferred	ST 90D
VYTORIN 10-80 MG TAB *ezetimibe-simvastatin*	PDL Non-Preferred	ST 90D
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl 0.5 gm cap	PDL Preferred	90D
icosapent ethyl 1 gm cap	PDL Preferred	90D
LOVAZA 1 GM CAP *omega-3-acid ethyl esters*	PDL Non-Preferred	ST NOTE Exemption for patients with triglycerides greater than or equal to 500mg/dl 90D

DRUG NAME	TIER	DRUG EDITS
omega-3-acid ethyl esters 1 gm cap	PDL Preferred	90D
BILE ACID SEQUESTRANTS		
cholestyramine 4 gm packet	PDL Preferred	90D
cholestyramine 4 gm/dose powder	PDL Preferred	90D
cholestyramine light 4 gm packet	PDL Preferred	90D
cholestyramine light 4 gm/dose powder	PDL Preferred	ST 90D
colesevelam hcl 3.75 gm packet	PDL Non-Preferred	ST 90D
colesevelam hcl 625 mg tab	PDL Non-Preferred	ST 90D
COLESTID 1 GM TAB *colestipol hcl*	PDL Non-Preferred	ST 90D
COLESTID 5 GM GRANULES *colestipol hcl*	PDL Non-Preferred	ST 90D
COLESTID 5 GM PACKET *colestipol hcl*	PDL Non-Preferred	ST
colestipol hcl 1 gm tab	PDL Preferred	90D
colestipol hcl 5 gm granules	PDL Non-Preferred	ST 90D
colestipol hcl 5 gm packet	PDL Non-Preferred	ST 90D
prevalite 4 gm packet	PDL Non-Preferred	ST 90D
prevalite 4 gm/dose powder	PDL Non-Preferred	ST 90D
QUESTRAN 4 GM PACKET *cholestyramine*	PDL Non-Preferred	ST 90D
QUESTRAN 4 GM/DOSE POWDER *cholestyramine*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
QUESTRAN LIGHT 4 GM/DOSE POWDER *cholestyramine light*	PDL Non-Preferred	ST 90D
WELCHOL 3.75 GM PACKET *colesevelam hcl*	PDL Non-Preferred	ST 90D
WELCHOL 625 MG TAB *colesevelam hcl*	PDL Non-Preferred	ST 90D
FIBRIC ACID DERIVATIVES		
fenofibrate 120 mg tab	PDL Non-Preferred	ST 90D
fenofibrate 134 mg cap	PDL Non-Preferred	ST 90D
fenofibrate 145 mg tab	PDL Preferred	90D
FENOFIBRATE 150 MG CAP *fenofibrate*	PDL Non-Preferred	ST 90D
fenofibrate 160 mg tab	PDL Non-Preferred	ST 90D
fenofibrate 200 mg cap	PDL Non-Preferred	ST 90D
fenofibrate 40 mg tab	PDL Non-Preferred	ST 90D
fenofibrate 48 mg tab	PDL Preferred	90D
FENOFIBRATE 50 MG CAP *fenofibrate*	PDL Non-Preferred	ST 90D
fenofibrate 54 mg tab	PDL Non-Preferred	ST 90D
fenofibrate 67 mg cap	PDL Non-Preferred	ST 90D
fenofibrate micronized 130 mg cap	PDL Non-Preferred	ST 90D
fenofibrate micronized 134 mg cap	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
fenofibrate micronized 200 mg cap	PDL Non-Preferred	ST 90D
fenofibrate micronized 43 mg cap	PDL Non-Preferred	ST 90D
fenofibrate micronized 67 mg cap	PDL Non-Preferred	ST 90D
fenofibric acid 135 mg cap dr	PDL Non-Preferred	ST 90D
fenofibric acid 45 mg cap dr	PDL Non-Preferred	ST 90D
FENOGLIDE 120 MG TAB *fenofibrate*	PDL Non-Preferred	ST 90D
FENOGLIDE 40 MG TAB *fenofibrate*	PDL Non-Preferred	ST 90D
gemfibrozil 600 mg tab	PDL Preferred	90D
LIPOFEN 150 MG CAP *fenofibrate*	PDL Non-Preferred	ST 90D
LIPOFEN 50 MG CAP *fenofibrate*	PDL Non-Preferred	ST 90D
LOPID 600 MG TAB *gemfibrozil*	PDL Non-Preferred	ST 90D
TRICOR 145 MG TAB *fenofibrate*	PDL Non-Preferred	ST 90D
TRICOR 48 MG TAB *fenofibrate*	PDL Non-Preferred	ST 90D
TRILIPIX 135 MG CAP DR *choline fenofibrate*	PDL Non-Preferred	ST 90D
TRILIPIX 45 MG CAP DR *choline fenofibrate*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
HMG COA REDUCTASE INHIBITORS		
ALTOPREV 20 MG TAB ER 24H *lovastatin*	PDL Non-Preferred	ST 90D
ALTOPREV 40 MG TAB ER 24H *lovastatin*	PDL Non-Preferred	ST 90D
ALTOPREV 60 MG TAB ER 24H *lovastatin*	PDL Non-Preferred	ST 90D
ATORVALIQ 20 MG/5ML SUSPENSION *atorvastatin calcium*	PDL Non-Preferred	ST 90D
atorvastatin calcium 10 mg tab	PDL Preferred	90D
atorvastatin calcium 20 mg tab	PDL Preferred	90D
atorvastatin calcium 40 mg tab	PDL Preferred	90D
atorvastatin calcium 80 mg tab	PDL Preferred	90D
CRESTOR 10 MG TAB *rosuvastatin calcium*	PDL Non-Preferred	PA 90D
CRESTOR 20 MG TAB *rosuvastatin calcium*	PDL Non-Preferred	PA 90D
CRESTOR 40 MG TAB *rosuvastatin calcium*	PDL Non-Preferred	PA 90D
CRESTOR 5 MG TAB *rosuvastatin calcium*	PDL Non-Preferred	PA 90D
EZALLOR SPRINKLE 10 MG CAP SPRINK *rosuvastatin calcium*	PDL Non-Preferred	ST 90D
EZALLOR SPRINKLE 20 MG CAP SPRINK *rosuvastatin calcium*	PDL Non-Preferred	ST 90D
EZALLOR SPRINKLE 40 MG CAP SPRINK *rosuvastatin calcium*	PDL Non-Preferred	ST 90D
EZALLOR SPRINKLE 5 MG CAP SPRINK *rosuvastatin calcium*	PDL Non-Preferred	ST 90D
fluvastatin sodium 20 mg cap	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
fluvastatin sodium 40 mg cap	PDL Non-Preferred	ST 90D
fluvastatin sodium er 80 mg tab er 24h	PDL Non-Preferred	ST 90D
LESCOL XL 80 MG TAB ER 24H *fluvastatin sodium*	PDL Non-Preferred	ST 90D
LIPITOR 10 MG TAB *atorvastatin calcium*	PDL Non-Preferred	ST 90D
LIPITOR 20 MG TAB *atorvastatin calcium*	PDL Non-Preferred	ST 90D
LIPITOR 40 MG TAB *atorvastatin calcium*	PDL Non-Preferred	ST 90D
LIPITOR 80 MG TAB *atorvastatin calcium*	PDL Non-Preferred	ST 90D
LIVALO 1 MG TAB *pitavastatin calcium*	PDL Non-Preferred	ST 90D
LIVALO 2 MG TAB *pitavastatin calcium*	PDL Non-Preferred	ST 90D
LIVALO 4 MG TAB *pitavastatin calcium*	PDL Non-Preferred	ST 90D
lovastatin 10 mg tab	PDL Preferred	90D
lovastatin 20 mg tab	PDL Preferred	90D
lovastatin 40 mg tab	PDL Preferred	90D
pitavastatin calcium 1 mg tab	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV 90D
pitavastatin calcium 2 mg tab	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required with concomitant antiretroviral therapy in

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
		NOTE: patients diagnosed with HIV 90D
pitavastatin calcium 4 mg tab	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV 90D
pravastatin sodium 10 mg tab	PDL Preferred	90D
pravastatin sodium 20 mg tab	PDL Preferred	90D
pravastatin sodium 40 mg tab	PDL Preferred	90D
pravastatin sodium 80 mg tab	PDL Preferred	90D
rosuvastatin calcium 10 mg tab	PDL Preferred	90D
rosuvastatin calcium 20 mg tab	PDL Preferred	90D
rosuvastatin calcium 40 mg tab	PDL Preferred	90D
rosuvastatin calcium 5 mg tab	PDL Preferred	90D
simvastatin 10 mg tab	PDL Preferred	90D
simvastatin 20 mg tab	PDL Preferred	90D
simvastatin 40 mg tab	PDL Preferred	90D
simvastatin 5 mg tab	PDL Preferred	90D
simvastatin 80 mg tab	PDL Preferred	90D
ZOCOR 10 MG TAB *simvastatin*	PDL Non-Preferred	ST 90D
ZOCOR 20 MG TAB *simvastatin*	PDL Non-Preferred	ST 90D
ZOCOR 40 MG TAB *simvastatin*	PDL Non-Preferred	ST 90D
ZYPITAMAG 2 MG TAB *pitavastatin magnesium*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
ZYPITAMAG 4 MG TAB *pitavastatin magnesium*	PDL Non-Preferred	ST 90D
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe 10 mg tab	PDL Preferred	90D
ZETIA 10 MG TAB *ezetimibe*	PDL Non-Preferred	ST 90D
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID 10 MG CAP *lomitapide mesylate*	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
JUXTAPID 20 MG CAP *lomitapide mesylate*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
JUXTAPID 30 MG CAP *lomitapide mesylate*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
JUXTAPID 5 MG CAP *lomitapide mesylate*	PDL Non-Preferred	QL 12 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply 90D
NICOTINIC ACID DERIVATIVES		
niacin er (antihyperlipidemic) 1000 mg tab er	PDL Preferred	90D
niacin er (antihyperlipidemic) 500 mg tab er	PDL Preferred	90D
niacin er (antihyperlipidemic) 750 mg tab er	PDL Preferred	90D
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO 284 MG/1.5ML SOLN PRSYR *inclisiran sodium*	Covered	90D
PRALUENT 150 MG/ML SOLN A-INJ *alirocumab*	Covered	ST 90D

DRUG NAME	TIER	DRUG EDITS
PRALUENT 75 MG/ML SOLN A-INJ *alirocumab*	Covered	ST 90D
REPATHA 140 MG/ML SOLN PRSYR *evolocumab*	Covered	ST 90D
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART *evolocumab*	Covered	ST 90D
REPATHA SURECLICK 140 MG/ML SOLN A-INJ *evolocumab*	Covered	ST 90D
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL 10 MG TAB *quinapril hcl*	PDL Non-Preferred	ST 90D
ACCUPRIL 20 MG TAB *quinapril hcl*	PDL Non-Preferred	ST 90D
ACCUPRIL 40 MG TAB *quinapril hcl*	PDL Non-Preferred	ST 90D
ACCUPRIL 5 MG TAB *quinapril hcl*	PDL Non-Preferred	ST 90D
ALTACE 1.25 MG CAP *ramipril*	PDL Non-Preferred	ST 90D
ALTACE 10 MG CAP *ramipril*	PDL Non-Preferred	ST 90D
ALTACE 2.5 MG CAP *ramipril*	PDL Non-Preferred	ST 90D
ALTACE 5 MG CAP *ramipril*	PDL Non-Preferred	ST 90D
benazepril hcl 10 mg tab	PDL Preferred	90D
benazepril hcl 20 mg tab	PDL Preferred	90D
benazepril hcl 40 mg tab	PDL Preferred	90D
benazepril hcl 5 mg tab	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
captopril 100 mg tab	PDL Non-Preferred	ST 90D
captopril 12.5 mg tab	PDL Non-Preferred	ST 90D
captopril 25 mg tab	PDL Non-Preferred	ST 90D
captopril 50 mg tab	PDL Non-Preferred	ST 90D
enalapril maleate 1 mg/ml solution	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
enalapril maleate 10 mg tab	PDL Preferred	90D
enalapril maleate 2.5 mg tab	PDL Preferred	90D
enalapril maleate 20 mg tab	PDL Preferred	90D
enalapril maleate 5 mg tab	PDL Preferred	90D
enalaprilat 1.25 mg/ml solution	Covered	
EPANED 1 MG/ML SOLUTION *enalapril maleate*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
fosinopril sodium 10 mg tab	PDL Non-Preferred	ST 90D
fosinopril sodium 20 mg tab	PDL Non-Preferred	ST 90D
fosinopril sodium 40 mg tab	PDL Non-Preferred	ST 90D
lisinopril 10 mg tab	PDL Preferred	90D
lisinopril 2.5 mg tab	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
lisinopril 20 mg tab	PDL Preferred	90D
lisinopril 30 mg tab	PDL Preferred	90D
lisinopril 40 mg tab	PDL Preferred	90D
lisinopril 5 mg tab	PDL Preferred	90D
LOTENSIN 10 MG TAB *benazepril hcl*	PDL Non-Preferred	ST 90D
LOTENSIN 20 MG TAB *benazepril hcl*	PDL Non-Preferred	ST 90D
LOTENSIN 40 MG TAB *benazepril hcl*	PDL Non-Preferred	ST 90D
moexipril hcl 15 mg tab	PDL Non-Preferred	ST 90D
moexipril hcl 7.5 mg tab	PDL Non-Preferred	ST 90D
PERINDOPRIL ERBUMINE 2 MG TAB *perindopril erbumine*	PDL Non-Preferred	ST 90D
perindopril erbumine 4 mg tab	PDL Non-Preferred	ST 90D
PERINDOPRIL ERBUMINE 8 MG TAB *perindopril erbumine*	PDL Non-Preferred	ST 90D
QBRELIS 1 MG/ML SOLUTION *lisinopril*	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
quinapril hcl 10 mg tab	PDL Non-Preferred	ST 90D
quinapril hcl 20 mg tab	PDL Non-Preferred	ST 90D
quinapril hcl 40 mg tab	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
quinapril hcl 5 mg tab	PDL Non-Preferred	ST 90D
ramipril 1.25 mg cap	PDL Preferred	90D
ramipril 10 mg cap	PDL Preferred	90D
ramipril 2.5 mg cap	PDL Preferred	90D
ramipril 5 mg cap	PDL Preferred	90D
trandolapril 1 mg tab	PDL Non-Preferred	ST 90D
trandolapril 2 mg tab	PDL Non-Preferred	ST 90D
trandolapril 4 mg tab	PDL Non-Preferred	ST 90D
VASOTEC 10 MG TAB *enalapril maleate*	PDL Non-Preferred	ST 90D
VASOTEC 2.5 MG TAB *enalapril maleate*	PDL Non-Preferred	ST 90D
VASOTEC 20 MG TAB *enalapril maleate*	PDL Non-Preferred	ST 90D
VASOTEC 5 MG TAB *enalapril maleate*	PDL Non-Preferred	ST 90D
ZESTRIL 10 MG TAB *lisinopril*	PDL Non-Preferred	ST 90D
ZESTRIL 2.5 MG TAB *lisinopril*	PDL Non-Preferred	ST 90D
ZESTRIL 20 MG TAB *lisinopril*	PDL Non-Preferred	ST 90D
ZESTRIL 30 MG TAB *lisinopril*	PDL Non-Preferred	ST 90D
ZESTRIL 40 MG TAB *lisinopril*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
ZESTRIL 5 MG TAB *lisinopril*	PDL Non-Preferred	ST 90D
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER 250 MG CAP *metyrosine*	Covered	
metyrosine 250 mg cap	Covered	
phenoxybenzamine hcl 10 mg cap	Covered	
phentolamine mesylate 5 mg recon soln	Covered	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND 16 MG TAB *candesartan cilexetil*	PDL Non-Preferred	ST 90D
ATACAND 32 MG TAB *candesartan cilexetil*	PDL Non-Preferred	ST 90D
ATACAND 4 MG TAB *candesartan cilexetil*	PDL Non-Preferred	ST 90D
ATACAND 8 MG TAB *candesartan cilexetil*	PDL Non-Preferred	ST 90D
AVAPRO 150 MG TAB *irbesartan*	PDL Non-Preferred	ST 90D
AVAPRO 300 MG TAB *irbesartan*	PDL Non-Preferred	ST 90D
AVAPRO 75 MG TAB *irbesartan*	PDL Non-Preferred	ST 90D
BENICAR 20 MG TAB *olmesartan medoxomil*	PDL Non-Preferred	ST 90D
BENICAR 40 MG TAB *olmesartan medoxomil*	PDL Non-Preferred	ST 90D
BENICAR 5 MG TAB *olmesartan medoxomil*	PDL Non-Preferred	ST 90D
candesartan cilexetil 16 mg tab	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
candesartan cilexetil 32 mg tab	PDL Non-Preferred	ST 90D
candesartan cilexetil 4 mg tab	PDL Non-Preferred	ST 90D
candesartan cilexetil 8 mg tab	PDL Non-Preferred	ST 90D
COZAAR 100 MG TAB *losartan potassium*	PDL Non-Preferred	ST 90D
COZAAR 25 MG TAB *losartan potassium*	PDL Non-Preferred	ST 90D
COZAAR 50 MG TAB *losartan potassium*	PDL Non-Preferred	ST 90D
DIOVAN 160 MG TAB *valsartan*	PDL Non-Preferred	ST 90D
DIOVAN 320 MG TAB *valsartan*	PDL Non-Preferred	ST 90D
DIOVAN 40 MG TAB *valsartan*	PDL Non-Preferred	ST 90D
DIOVAN 80 MG TAB *valsartan*	PDL Non-Preferred	ST 90D
EDARBI 40 MG TAB *azilsartan medoxomil*	PDL Non-Preferred	ST 90D
EDARBI 80 MG TAB *azilsartan medoxomil*	PDL Non-Preferred	ST 90D
irbesartan 150 mg tab	PDL Preferred	90D
irbesartan 300 mg tab	PDL Preferred	90D
irbesartan 75 mg tab	PDL Preferred	90D
losartan potassium 100 mg tab	PDL Preferred	90D
losartan potassium 25 mg tab	PDL Preferred	90D
losartan potassium 50 mg tab	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
MICARDIS 20 MG TAB *telmisartan*	PDL Non-Preferred	ST 90D
MICARDIS 40 MG TAB *telmisartan*	PDL Non-Preferred	ST 90D
MICARDIS 80 MG TAB *telmisartan*	PDL Non-Preferred	ST 90D
olmesartan medoxomil 20 mg tab	PDL Preferred	90D
olmesartan medoxomil 40 mg tab	PDL Preferred	90D
olmesartan medoxomil 5 mg tab	PDL Preferred	90D
telmisartan 20 mg tab	PDL Non-Preferred	ST 90D
telmisartan 40 mg tab	PDL Non-Preferred	ST 90D
telmisartan 80 mg tab	PDL Non-Preferred	ST 90D
valsartan 160 mg tab	PDL Preferred	90D
valsartan 320 mg tab	PDL Preferred	90D
VALSARTAN 4 MG/ML SOLUTION *valsartan*	PDL Non-Preferred	ST 90D
valsartan 40 mg tab	PDL Preferred	90D
valsartan 80 mg tab	PDL Preferred	90D
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA 1 MG TAB *doxazosin mesylate*	PDL Non-Preferred	ST 90D
CARDURA 2 MG TAB *doxazosin mesylate*	PDL Non-Preferred	ST 90D
CARDURA 4 MG TAB *doxazosin mesylate*	PDL Non-Preferred	ST 90D
CARDURA 8 MG TAB *doxazosin mesylate*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
clonidine 0.1 mg/24hr patch wk	PDL Preferred	90D
clonidine 0.2 mg/24hr patch wk	PDL Preferred	90D
clonidine 0.3 mg/24hr patch wk	PDL Preferred	90D
CLONIDINE ER 0.17 MG TAB ER 24H *clonidine*	PDL Non-Preferred	ST 90D
clonidine hcl 0.1 mg tab	PDL Preferred	90D
clonidine hcl 0.2 mg tab	PDL Preferred	90D
clonidine hcl 0.3 mg tab	PDL Preferred	90D
doxazosin mesylate 1 mg tab	PDL Preferred	90D
doxazosin mesylate 2 mg tab	PDL Preferred	90D
doxazosin mesylate 4 mg tab	PDL Preferred	90D
doxazosin mesylate 8 mg tab	PDL Preferred	90D
guanfacine hcl 1 mg tab	PDL Preferred	90D
guanfacine hcl 2 mg tab	PDL Preferred	90D
METHYLDOPA 250 MG TAB *methyldopa*	PDL Preferred	90D
METHYLDOPA 500 MG TAB *methyldopa*	PDL Preferred	90D
MINIPRESS 2 MG CAP *prazosin hcl*	Covered	90D
MINIPRESS 5 MG CAP *prazosin hcl*	Covered	90D
NEXICLON XR 0.17 MG TAB ER 24H *clonidine hcl*	PDL Non-Preferred	ST 90D
prazosin hcl 1 mg cap	Covered	90D
prazosin hcl 2 mg cap	Covered	90D
prazosin hcl 5 mg cap	Covered	90D
terazosin hcl 1 mg cap	PDL Preferred	90D
terazosin hcl 10 mg cap	PDL Preferred	90D
terazosin hcl 2 mg cap	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
terazosin hcl 5 mg cap	PDL Preferred	90D
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC 10-12.5 MG TAB *quinapril-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
ACCURETIC 20-12.5 MG TAB *quinapril-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
ACCURETIC 20-25 MG TAB *quinapril-hydrochlorothiazide*	PDL Non-Preferred	ST
amlodipine besy-benazepril hcl 10-20 mg cap	PDL Preferred	90D
amlodipine besy-benazepril hcl 10-40 mg cap	PDL Preferred	90D
amlodipine besy-benazepril hcl 2.5-10 mg cap	PDL Preferred	90D
amlodipine besy-benazepril hcl 5-10 mg cap	PDL Preferred	90D
amlodipine besy-benazepril hcl 5-20 mg cap	PDL Preferred	90D
amlodipine besy-benazepril hcl 5-40 mg cap	PDL Preferred	90D
amlodipine besylate-valsartan 10-160 mg tab	PDL Preferred	90D
amlodipine besylate-valsartan 10-320 mg tab	PDL Preferred	90D
amlodipine besylate-valsartan 5-160 mg tab	PDL Preferred	90D
amlodipine besylate-valsartan 5-320 mg tab	PDL Preferred	90D
amlodipine-olmesartan 10-20 mg tab	PDL Preferred	90D
amlodipine-olmesartan 10-40 mg tab	PDL Preferred	90D
amlodipine-olmesartan 5-20 mg tab	PDL Preferred	90D
amlodipine-olmesartan 5-40 mg tab	PDL Preferred	90D
amlodipine-valsartan-hctz 10-160-12.5 mg tab	PDL Preferred	90D
amlodipine-valsartan-hctz 10-160-25 mg tab	PDL Preferred	90D
amlodipine-valsartan-hctz 10-320-25 mg tab	PDL Preferred	90D
amlodipine-valsartan-hctz 5-160-12.5 mg tab	PDL Preferred	90D
amlodipine-valsartan-hctz 5-160-25 mg tab	PDL Preferred	90D
ATACAND HCT 16-12.5 MG TAB *candesartan cilexetil-hydrochlorothiazide*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
ATACAND HCT 32-12.5 MG TAB *candesartan cilexetil-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
ATACAND HCT 32-25 MG TAB *candesartan cilexetil-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
atenolol-chlorthalidone 100-25 mg tab	PDL Preferred	90D
atenolol-chlorthalidone 50-25 mg tab	PDL Preferred	90D
AVALIDE 150-12.5 MG TAB *irbesartan-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
AVALIDE 300-12.5 MG TAB *irbesartan-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
AZOR 10-20 MG TAB *amlodipine besylate-olmesartan medoxomil*	PDL Non-Preferred	ST 90D
AZOR 10-40 MG TAB *amlodipine besylate-olmesartan medoxomil*	PDL Non-Preferred	ST 90D
AZOR 5-20 MG TAB *amlodipine besylate-olmesartan medoxomil*	PDL Non-Preferred	ST 90D
AZOR 5-40 MG TAB *amlodipine besylate-olmesartan medoxomil*	PDL Non-Preferred	ST 90D
benazepril-hydrochlorothiazide 10-12.5 mg tab	PDL Non-Preferred	ST 90D
benazepril-hydrochlorothiazide 20-12.5 mg tab	PDL Non-Preferred	ST 90D
benazepril-hydrochlorothiazide 20-25 mg tab	PDL Non-Preferred	ST 90D
benazepril-hydrochlorothiazide 5-6.25 mg tab	PDL Non-Preferred	ST 90D
BENICAR HCT 20-12.5 MG TAB *olmesartan medoxomil-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
BENICAR HCT 40-12.5 MG TAB *olmesartan medoxomil-hydrochlorothiazide*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
BENICAR HCT 40-25 MG TAB *olmesartan medoxomil-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
bisoprolol-hydrochlorothiazide 10-6.25 mg tab	PDL Preferred	90D
bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab	PDL Preferred	90D
bisoprolol-hydrochlorothiazide 5-6.25 mg tab	PDL Preferred	90D
candesartan cilexetil-hctz 16-12.5 mg tab	PDL Non-Preferred	ST 90D
candesartan cilexetil-hctz 32-12.5 mg tab	PDL Non-Preferred	ST 90D
candesartan cilexetil-hctz 32-25 mg tab	PDL Non-Preferred	ST 90D
CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-15 MG TAB *captopril & hydrochlorothiazide*	PDL Non-Preferred	ST 90D
CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-25 MG TAB *captopril & hydrochlorothiazide*	PDL Non-Preferred	ST 90D
CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-15 MG TAB *captopril & hydrochlorothiazide*	PDL Non-Preferred	ST 90D
CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-25 MG TAB *captopril & hydrochlorothiazide*	PDL Non-Preferred	ST 90D
DIOVAN HCT 160-12.5 MG TAB *valsartan-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
DIOVAN HCT 160-25 MG TAB *valsartan-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
DIOVAN HCT 320-12.5 MG TAB *valsartan-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
DIOVAN HCT 320-25 MG TAB *valsartan-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
DIOVAN HCT 80-12.5 MG TAB *valsartan-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
EDARBYCLOR 40-12.5 MG TAB *azilsartan medoxomil-chlorthalidone*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
EDARBYCLOR 40-25 MG TAB *azilsartan medoxomil-chlorthalidone*	PDL Non-Preferred	ST 90D
enalapril-hydrochlorothiazide 10-25 mg tab	PDL Preferred	90D
enalapril-hydrochlorothiazide 5-12.5 mg tab	PDL Preferred	90D
EXFORGE 10-160 MG TAB *amlodipine besylate-valsartan*	PDL Non-Preferred	ST 90D
EXFORGE 10-320 MG TAB *amlodipine besylate-valsartan*	PDL Non-Preferred	ST 90D
EXFORGE 5-160 MG TAB *amlodipine besylate-valsartan*	PDL Non-Preferred	ST 90D
EXFORGE 5-320 MG TAB *amlodipine besylate-valsartan*	PDL Non-Preferred	ST 90D
EXFORGE HCT 10-160-12.5 MG TAB *amlodipine-valsartan-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
EXFORGE HCT 10-160-25 MG TAB *amlodipine-valsartan-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
EXFORGE HCT 10-320-25 MG TAB *amlodipine-valsartan-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
EXFORGE HCT 5-160-12.5 MG TAB *amlodipine-valsartan-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
EXFORGE HCT 5-160-25 MG TAB *amlodipine-valsartan-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
fosinopril sodium-hctz 10-12.5 mg tab	PDL Non-Preferred	ST 90D
fosinopril sodium-hctz 20-12.5 mg tab	PDL Non-Preferred	ST 90D
HYZAAR 100-12.5 MG TAB *losartan potassium & hydrochlorothiazide*	PDL Non-Preferred	ST 90D
HYZAAR 100-25 MG TAB *losartan potassium & hydrochlorothiazide*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
HYZAAR 50-12.5 MG TAB *losartan potassium & hydrochlorothiazide*	PDL Non-Preferred	ST 90D
irbesartan-hydrochlorothiazide 150-12.5 mg tab	PDL Preferred	90D
irbesartan-hydrochlorothiazide 300-12.5 mg tab	PDL Preferred	90D
lisinopril-hydrochlorothiazide 10-12.5 mg tab	PDL Preferred	90D
lisinopril-hydrochlorothiazide 20-12.5 mg tab	PDL Preferred	90D
lisinopril-hydrochlorothiazide 20-25 mg tab	PDL Preferred	90D
losartan potassium-hctz 100-12.5 mg tab	PDL Preferred	90D
losartan potassium-hctz 100-25 mg tab	PDL Preferred	90D
losartan potassium-hctz 50-12.5 mg tab	PDL Preferred	90D
LOTENSIN HCT 10-12.5 MG TAB *benazepril & hydrochlorothiazide*	PDL Non-Preferred	ST 90D
LOTENSIN HCT 20-12.5 MG TAB *benazepril & hydrochlorothiazide*	PDL Non-Preferred	ST 90D
LOTENSIN HCT 20-25 MG TAB *benazepril & hydrochlorothiazide*	PDL Non-Preferred	ST 90D
LOTREL 10-20 MG CAP *amlodipine besylate-benazepril hcl*	PDL Non-Preferred	ST 90D
LOTREL 10-40 MG CAP *amlodipine besylate-benazepril hcl*	PDL Non-Preferred	ST 90D
LOTREL 5-10 MG CAP *amlodipine besylate-benazepril hcl*	PDL Non-Preferred	ST 90D
LOTREL 5-20 MG CAP *amlodipine besylate-benazepril hcl*	PDL Non-Preferred	ST 90D
metoprolol-hydrochlorothiazide 100-25 mg tab	PDL Non-Preferred	ST 90D
metoprolol-hydrochlorothiazide 100-50 mg tab	PDL Non-Preferred	ST 90D
metoprolol-hydrochlorothiazide 50-25 mg tab	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
MICARDIS HCT 40-12.5 MG TAB *telmisartan-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
MICARDIS HCT 80-12.5 MG TAB *telmisartan-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
MICARDIS HCT 80-25 MG TAB *telmisartan-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
olmesartan medoxomil-hctz 20-12.5 mg tab	PDL Preferred	90D
olmesartan medoxomil-hctz 40-12.5 mg tab	PDL Preferred	90D
olmesartan medoxomil-hctz 40-25 mg tab	PDL Preferred	90D
olmesartan-amlodipine-hctz 20-5-12.5 mg tab	PDL Preferred	90D
olmesartan-amlodipine-hctz 40-10-12.5 mg tab	PDL Preferred	90D
olmesartan-amlodipine-hctz 40-10-25 mg tab	PDL Preferred	90D
olmesartan-amlodipine-hctz 40-5-12.5 mg tab	PDL Preferred	90D
olmesartan-amlodipine-hctz 40-5-25 mg tab	PDL Preferred	90D
quinapril-hydrochlorothiazide 10-12.5 mg tab	PDL Non-Preferred	ST 90D
quinapril-hydrochlorothiazide 20-12.5 mg tab	PDL Non-Preferred	ST 90D
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB *quinapril-hydrochlorothiazide*	PDL Non-Preferred	PA 90D
quinapril-hydrochlorothiazide 20-25 mg tab	PDL Non-Preferred	ST
TELMISARTAN-AMLODIPINE 40-10 MG TAB *telmisartan-amlodipine*	PDL Non-Preferred	ST 90D
telmisartan-amlodipine 40-10 mg tab	Covered	ST 90D
TELMISARTAN-AMLODIPINE 40-5 MG TAB *telmisartan-amlodipine*	PDL Non-Preferred	ST 90D
telmisartan-amlodipine 40-5 mg tab	Covered	ST 90D

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
TELMISARTAN-AMLODIPINE 80-10 MG TAB *telmisartan-amlodipine*	PDL Non-Preferred	ST 90D
telmisartan-amlodipine 80-10 mg tab	Covered	ST 90D
TELMISARTAN-AMLODIPINE 80-5 MG TAB *telmisartan-amlodipine*	PDL Non-Preferred	ST 90D
telmisartan-amlodipine 80-5 mg tab	Covered	ST 90D
telmisartan-hctz 40-12.5 mg tab	PDL Non-Preferred	ST 90D
telmisartan-hctz 80-12.5 mg tab	PDL Non-Preferred	ST 90D
telmisartan-hctz 80-25 mg tab	PDL Non-Preferred	ST 90D
TENORETIC 100 100-25 MG TAB *atenolol & chlorthalidone*	PDL Non-Preferred	ST 90D
TENORETIC 50 50-25 MG TAB *atenolol & chlorthalidone*	PDL Non-Preferred	ST 90D
TRANDOLAPRIL-VERAPAMIL HCL ER 1-240 MG TAB ER *trandolapril-verapamil hcl*	PDL Non-Preferred	ST 90D
TRANDOLAPRIL-VERAPAMIL HCL ER 2-180 MG TAB ER *trandolapril-verapamil hcl*	PDL Non-Preferred	ST 90D
TRANDOLAPRIL-VERAPAMIL HCL ER 2-240 MG TAB ER *trandolapril-verapamil hcl*	PDL Non-Preferred	ST 90D
TRANDOLAPRIL-VERAPAMIL HCL ER 4-240 MG TAB ER *trandolapril-verapamil hcl*	PDL Non-Preferred	ST 90D
TRIBENZOR 20-5-12.5 MG TAB *olmesartan medoxomil-amlodipine-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
TRIBENZOR 40-10-12.5 MG TAB *olmesartan medoxomil-amlodipine-hydrochlorothiazide*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
TRIBENZOR 40-10-25 MG TAB *olmesartan medoxomil-amlodipine-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
TRIBENZOR 40-5-12.5 MG TAB *olmesartan medoxomil-amlodipine-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
TRIBENZOR 40-5-25 MG TAB *olmesartan medoxomil-amlodipine-hydrochlorothiazide*	PDL Non-Preferred	ST 90D
valsartan-hydrochlorothiazide 160-12.5 mg tab	PDL Preferred	90D
valsartan-hydrochlorothiazide 160-25 mg tab	PDL Preferred	90D
valsartan-hydrochlorothiazide 320-12.5 mg tab	PDL Preferred	90D
valsartan-hydrochlorothiazide 320-25 mg tab	PDL Preferred	90D
valsartan-hydrochlorothiazide 80-12.5 mg tab	PDL Preferred	90D
VASERETIC 10-25 MG TAB *enalapril maleate & hydrochlorothiazide*	PDL Non-Preferred	ST 90D
ZESTORETIC 10-12.5 MG TAB *lisinopril & hydrochlorothiazide*	PDL Non-Preferred	ST 90D
ZESTORETIC 20-12.5 MG TAB *lisinopril & hydrochlorothiazide*	PDL Non-Preferred	ST 90D
ZESTORETIC 20-25 MG TAB *lisinopril & hydrochlorothiazide*	PDL Non-Preferred	ST 90D
ZIAC 10-6.25 MG TAB *bisoprolol & hydrochlorothiazide*	PDL Non-Preferred	ST
ZIAC 2.5-6.25 MG TAB *bisoprolol & hydrochlorothiazide*	PDL Non-Preferred	ST
ZIAC 5-6.25 MG TAB *bisoprolol & hydrochlorothiazide*	PDL Non-Preferred	ST
DIRECT RENIN INHIBITORS		
aliskiren fumarate 150 mg tab	PDL Non-Preferred	ST 90D
aliskiren fumarate 300 mg tab	PDL Non-Preferred	ST 90D
TEKTURNA 150 MG TAB *aliskiren fumarate*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
TEKTURNA 300 MG TAB *aliskiren fumarate*	PDL Preferred	90D
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone 25 mg tab	Covered	90D
eplerenone 50 mg tab	Covered	90D
INSPRA 25 MG TAB *eplerenone*	Covered	90D
INSPRA 50 MG TAB *eplerenone*	Covered	90D
VASODILATORS		
hydralazine hcl 10 mg tab	Covered	90D
hydralazine hcl 100 mg tab	Covered	90D
hydralazine hcl 20 mg/ml solution	Covered	
hydralazine hcl 25 mg tab	Covered	90D
hydralazine hcl 50 mg tab	Covered	90D
minoxidil 10 mg tab	Covered	90D
minoxidil 2.5 mg tab	Covered	90D
NIPRIDE RTU 20-0.9 MG/100ML-% SOLUTION *nitroprusside sodium-sodium chloride*	Covered	
NIPRIDE RTU 50-0.9 MG/100ML-% SOLUTION *nitroprusside sodium-sodium chloride*	Covered	
nitroprusside sodium 25 mg/ml solution	Covered	
nitroprusside sodium-nacl 20-0.9 mg/100ml-% solution	Covered	
nitroprusside sodium-nacl 50-0.9 mg/100ml-% solution	Covered	
sodium nitroprusside 25 mg/ml solution	Covered	
sodium nitroprusside 50 mg/2ml solution	Covered	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl 250-100 mg tab	Covered	
atovaquone-proguanil hcl 62.5-25 mg tab	Covered	
COARTEM 20-120 MG TAB *artemether-lumefantrine*	Covered	

DRUG NAME	TIER	DRUG EDITS
MALARONE 250-100 MG TAB *atovaquone-proguanil hcl*	Covered	
MALARONE 62.5-25 MG TAB *atovaquone-proguanil hcl*	Covered	
ANTIMALARIALS		
ARTESUNATE 110 MG RECON SOLN *artesunate*	Covered	
chloroquine phosphate 250 mg tab	Covered	
chloroquine phosphate 500 mg tab	Covered	
hydroxychloroquine sulfate 100 mg tab	Covered	90D
hydroxychloroquine sulfate 200 mg tab	Covered	90D
hydroxychloroquine sulfate 300 mg tab	Covered	90D
hydroxychloroquine sulfate 400 mg tab	Covered	90D
KRINTAFEL 150 MG TAB *tafenoquine succinate*	Covered	
mefloquine hcl 250 mg tab	Covered	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB *primaquine phosphate*	Covered	
primaquine phosphate 26.3 (15 base) mg tab	Covered	
pyrimethamine 25 mg tab	Covered	
QUALAQUIN 324 MG CAP *quinine sulfate*	Covered	
quinine sulfate 324 mg cap	Covered	
SOVUNA 200 MG TAB *hydroxychloroquine sulfate*	Covered	90D
SOVUNA 300 MG TAB *hydroxychloroquine sulfate*	Covered	90D
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
BLOXIVERZ 10 MG/10ML SOLUTION *neostigmine methylsulfate*	Covered	
FIRDAPSE 10 MG TAB *amifampridine phosphate*	Covered	90D
MESTINON 180 MG TAB ER *pyridostigmine bromide*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
MESTINON 60 MG TAB *pyridostigmine bromide*	Covered	90D
MESTINON 60 MG/5ML SOLUTION *pyridostigmine bromide*	Covered	90D
NEOSTIGMINE METHYLSULFATE 10 MG/10ML SOLUTION *neostigmine methylsulfate*	Covered	
neostigmine methylsulfate 10 mg/10ml solution	Covered	
NEOSTIGMINE METHYLSULFATE 3 MG/3ML SOLN PRSYR *neostigmine methylsulfate*	Covered	
neostigmine methylsulfate 3 mg/3ml soln prsyr	Covered	
NEOSTIGMINE METHYLSULFATE 5 MG/10ML SOLUTION *neostigmine methylsulfate*	Covered	
neostigmine methylsulfate 5 mg/10ml solution	Covered	
PYRIDOSTIGMINE BROMIDE 30 MG TAB *pyridostigmine bromide*	Covered	90D
pyridostigmine bromide 60 mg tab	Covered	90D
pyridostigmine bromide 60 mg/5ml solution	Covered	90D
pyridostigmine bromide er 180 mg tab er	Covered	90D
REGONOL 10 MG/2ML SOLUTION *pyridostigmine bromide*	Covered	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE 250 MG CAP *cycloserine*	Covered	
ethambutol hcl 100 mg tab	Covered	
ethambutol hcl 400 mg tab	Covered	
isoniazid 100 mg tab	Covered	
ISONIAZID 100 MG/ML SOLUTION *isoniazid*	Covered	
isoniazid 300 mg tab	Covered	90D
isoniazid 50 mg/5ml syrup	Covered	90D
MYAMBUTOL 400 MG TAB *ethambutol hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
MYCOBUTIN 150 MG CAP *rifabutin*	Covered	
PRETOMANID 200 MG TAB *pretomanid*	Covered	
PRIFTIN 150 MG TAB *rifapentine*	Covered	
pyrazinamide 500 mg tab	Covered	
rifabutin 150 mg cap	Covered	
RIFADIN 600 MG RECON SOLN *rifampin*	Covered	
rifampin 150 mg cap	Covered	
rifampin 300 mg cap	Covered	
rifampin 600 mg recon soln	Covered	
SIRTURO 100 MG TAB *bedaquiline fumarate*	Covered	
SIRTURO 20 MG TAB *bedaquiline fumarate*	Covered	
TRECATOR 250 MG TAB *ethionamide*	Covered	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
BELRAPZO 100 MG/4ML SOLUTION *bendamustine hcl*	Covered	
bendamustine hcl 100 mg recon soln	Covered	
BENDAMUSTINE HCL 100 MG/4ML SOLUTION *bendamustine hcl*	Covered	
bendamustine hcl 25 mg recon soln	Covered	
BENDEKA 100 MG/4ML SOLUTION *bendamustine hcl*	Covered	
BICNU 100 MG RECON SOLN *carmustine*	Covered	
busulfan 6 mg/ml solution	Covered	
BUSULFEX 6 MG/ML SOLUTION *busulfan*	Covered	
carboplatin 150 mg/15ml solution	Covered	
carboplatin 450 mg/45ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
carboplatin 50 mg/5ml solution	Covered	
carboplatin 600 mg/60ml solution	Covered	
carmustine 100 mg recon soln	Covered	
CARMUSTINE 300 MG RECON SOLN *carmustine*	Covered	
cisplatin 100 mg/100ml solution	Covered	
CISPLATIN 200 MG/200ML SOLUTION *cisplatin*	Covered	
CISPLATIN 50 MG RECON SOLN *cisplatin*	Covered	
cisplatin 50 mg/50ml solution	Covered	
cyclophosphamide 1 gm recon soln	Covered	
CYCLOPHOSPHAMIDE 1 GM/2ML SOLUTION *cyclophosphamide*	Covered	
CYCLOPHOSPHAMIDE 1 GM/5ML SOLUTION *cyclophosphamide*	Covered	
CYCLOPHOSPHAMIDE 1000 MG/10ML SOLUTION *cyclophosphamide*	Covered	
cyclophosphamide 2 gm recon soln	Covered	
CYCLOPHOSPHAMIDE 2 GM/10ML SOLUTION *cyclophosphamide*	Covered	
CYCLOPHOSPHAMIDE 2 GM/4ML SOLUTION *cyclophosphamide*	Covered	
CYCLOPHOSPHAMIDE 2000 MG/20ML SOLUTION *cyclophosphamide*	Covered	
CYCLOPHOSPHAMIDE 25 MG CAP *cyclophosphamide*	Covered	
cyclophosphamide 25 mg cap	Covered	
CYCLOPHOSPHAMIDE 25 MG TAB *cyclophosphamide*	Covered	
CYCLOPHOSPHAMIDE 50 MG CAP *cyclophosphamide*	Covered	
cyclophosphamide 50 mg cap	Covered	
CYCLOPHOSPHAMIDE 50 MG TAB *cyclophosphamide*	Covered	
cyclophosphamide 500 mg recon soln	Covered	
CYCLOPHOSPHAMIDE 500 MG/2.5ML SOLUTION *cyclophosphamide*	Covered	

DRUG NAME	TIER	DRUG EDITS
CYCLOPHOSPHAMIDE 500 MG/5ML SOLUTION *cyclophosphamide*	Covered	
CYCLOPHOSPHAMIDE 500 MG/ML SOLUTION *cyclophosphamide*	Covered	
EVOMELA 50 MG RECON SOLN *melphalan hcl*	Covered	
GLIADEL WAFER 7.7 MG WAFER *carmustine in polifeprosan*	Covered	
IFEX 1 GM RECON SOLN *ifosfamide*	Covered	
IFEX 3 GM RECON SOLN *ifosfamide*	Covered	
ifosfamide 1 gm recon soln	Covered	
IFOSFAMIDE 1 GM/20ML SOLUTION *ifosfamide*	Covered	
IFOSFAMIDE 3 GM RECON SOLN *ifosfamide*	Covered	
IFOSFAMIDE 3 GM/60ML SOLUTION *ifosfamide*	Covered	
LEUKERAN 2 MG TAB *chlorambucil*	Covered	
melphalan hcl 50 mg recon soln	Covered	
MYLERAN 2 MG TAB *busulfan*	Covered	
oxaliplatin 100 mg recon soln	Covered	
oxaliplatin 100 mg/20ml solution	Covered	
oxaliplatin 50 mg/10ml solution	Covered	
PARAPLATIN 1000 MG/100ML SOLUTION *carboplatin*	Covered	
paraplatin 450 mg/45ml solution	Covered	
paraplatin 600 mg/60ml solution	Covered	
TEMODAR 100 MG RECON SOLN *temozolomide*	Covered	
temozolomide 100 mg cap	Covered	
temozolomide 140 mg cap	Covered	
temozolomide 180 mg cap	Covered	
temozolomide 20 mg cap	Covered	

DRUG NAME	TIER	DRUG EDITS
temozolomide 250 mg cap	Covered	
temozolomide 5 mg cap	Covered	
TEPADINA 100 MG RECON SOLN *thiotepa*	Covered	
TEPADINA 15 MG RECON SOLN *thiotepa*	Covered	
thiotepa 100 mg recon soln	Covered	
thiotepa 15 mg recon soln	Covered	
TREANDA 100 MG RECON SOLN *bendamustine hcl*	Covered	
TREANDA 25 MG RECON SOLN *bendamustine hcl*	Covered	
VIVIMUSTA 100 MG/4ML SOLUTION *bendamustine hcl*	Covered	
YONDELIS 1 MG RECON SOLN *trabectedin*	Covered	90D
ZANOSAR 1 GM RECON SOLN *streptozocin*	Covered	
ZEPZELCA 4 MG RECON SOLN *lurbinectedin*	Covered	90D
ANTIMETABOLITES		
ALIMTA 100 MG RECON SOLN *pemetrexed disodium*	Covered	90D
ALIMTA 500 MG RECON SOLN *pemetrexed disodium*	Covered	90D
ARRANON 5 MG/ML SOLUTION *nelarabine*	Covered	
azacitidine 100 mg recon susp	Covered	
capecitabine 150 mg tab	Covered	
capecitabine 500 mg tab	Covered	
cladribine 10 mg/10ml solution	Covered	
clofarabine 1 mg/ml solution	Covered	
CYTARABINE 20 MG/ML SOLUTION *cytarabine*	Covered	
cytarabine (pf) 100 mg/ml solution	Covered	
cytarabine (pf) 20 mg/ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
DACOGEN 50 MG RECON SOLN *decitabine*	Covered	
decitabine 50 mg recon soln	Covered	
FLUDARABINE PHOSPHATE 50 MG RECON SOLN *fludarabine phosphate*	Covered	
fludarabine phosphate 50 mg recon soln	Covered	
fludarabine phosphate 50 mg/2ml solution	Covered	
fluorouracil 1 gm/20ml solution	Covered	
fluorouracil 2.5 gm/50ml solution	Covered	
fluorouracil 5 gm/100ml solution	Covered	
fluorouracil 500 mg/10ml solution	Covered	
FOLOTYN 20 MG/ML SOLUTION *pralatrexate*	Covered	
FOLOTYN 40 MG/2ML SOLUTION *pralatrexate*	Covered	
gemcitabine hcl 1 gm recon soln	Covered	
GEMCITABINE HCL 1 GM/10ML SOLUTION *gemcitabine hcl*	Covered	
GEMCITABINE HCL 1 GM/26.3ML SOLUTION *gemcitabine hcl*	Covered	
gemcitabine hcl 1 gm/26.3ml solution	Covered	
GEMCITABINE HCL 1.5 GM/15ML SOLUTION *gemcitabine hcl*	Covered	
gemcitabine hcl 2 gm recon soln	Covered	
GEMCITABINE HCL 2 GM/20ML SOLUTION *gemcitabine hcl*	Covered	
GEMCITABINE HCL 2 GM/52.6ML SOLUTION *gemcitabine hcl*	Covered	
gemcitabine hcl 2 gm/52.6ml solution	Covered	
gemcitabine hcl 200 mg recon soln	Covered	
GEMCITABINE HCL 200 MG/2ML SOLUTION *gemcitabine hcl*	Covered	
GEMCITABINE HCL 200 MG/5.26ML SOLUTION *gemcitabine hcl*	Covered	
gemcitabine hcl 200 mg/5.26ml solution	Covered	
JYLAMVO 2 MG/ML SOLUTION *methotrexate*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
mercaptopurine 50 mg tab	Covered	90D
methotrexate sodium 1 gm recon soln	Covered	
methotrexate sodium 2.5 mg tab	Covered	90D
METHOTREXATE SODIUM 250 MG/10ML SOLUTION *methotrexate sodium*	Covered	
METHOTREXATE SODIUM 50 MG/2ML SOLUTION *methotrexate sodium*	Covered	
METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION *methotrexate sodium*	Covered	
methotrexate sodium (pf) 1 gm/40ml solution	Covered	
METHOTREXATE SODIUM (PF) 1000 MG/40ML SOLUTION *methotrexate sodium*	Covered	
methotrexate sodium (pf) 250 mg/10ml solution	Covered	
methotrexate sodium (pf) 50 mg/2ml solution	Covered	
nelarabine 5 mg/ml solution	Covered	
ONUREG 200 MG TAB *azacitidine*	Covered	90D
ONUREG 300 MG TAB *azacitidine*	Covered	90D
PEMETREXED 1 GM/40ML SOLUTION *pemetrexed*	Covered	90D
PEMETREXED 100 MG/4ML SOLUTION *pemetrexed*	Covered	90D
PEMETREXED 500 MG/20ML SOLUTION *pemetrexed*	Covered	90D
PEMETREXED DISODIUM 1 GM/40ML SOLUTION *pemetrexed disodium*	Covered	90D
pemetrexed disodium 100 mg recon soln	Covered	90D
PEMETREXED DISODIUM 100 MG/4ML SOLUTION *pemetrexed disodium*	Covered	90D
pemetrexed disodium 1000 mg recon soln	Covered	90D
pemetrexed disodium 500 mg recon soln	Covered	90D
PEMETREXED DISODIUM 500 MG/20ML SOLUTION *pemetrexed disodium*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
pemetrexed disodium 750 mg recon soln	Covered	90D
PEMETREXED DISODIUM 850 MG/34ML SOLUTION *pemetrexed disodium*	Covered	90D
PEMETREXED DITROMETHAMINE 100 MG RECON SOLN *pemetrexed ditromethamine*	Covered	90D
PEMETREXED DITROMETHAMINE 500 MG RECON SOLN *pemetrexed ditromethamine*	Covered	90D
PEMFEXY 500 MG/20ML SOLUTION *pemetrexed*	Covered	90D
PEMRYDI RTU 100 MG/10ML SOLUTION *pemetrexed disodium*	Covered	
PEMRYDI RTU 500 MG/50ML SOLUTION *pemetrexed disodium*	Covered	
PRALATREXATE 20 MG/ML SOLUTION *pralatrexate*	Covered	
PRALATREXATE 40 MG/2ML SOLUTION *pralatrexate*	Covered	
PURIXAN 2000 MG/100ML SUSPENSION *mercaptopurine*	Covered	90D
TABLOID 40 MG TAB *thioguanine*	Covered	
TREXALL 10 MG TAB *methotrexate sodium*	Covered	90D
TREXALL 15 MG TAB *methotrexate sodium*	Covered	90D
TREXALL 5 MG TAB *methotrexate sodium*	Covered	90D
TREXALL 7.5 MG TAB *methotrexate sodium*	Covered	90D
VIDAZA 100 MG RECON SUSP *azacitidine*	Covered	
XATMEP 2.5 MG/ML SOLUTION *methotrexate*	Covered	90D
XELODA 150 MG TAB *capecitabine*	Covered	
XELODA 500 MG TAB *capecitabine*	Covered	

DRUG NAME	TIER	DRUG EDITS
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
ALYMSYS 100 MG/4ML SOLUTION *bevacizumab-maly*	Covered	
ALYMSYS 400 MG/16ML SOLUTION *bevacizumab-maly*	Covered	
AVASTIN 100 MG/4ML SOLUTION *bevacizumab*	Covered	
AVASTIN 400 MG/16ML SOLUTION *bevacizumab*	Covered	
CYRAMZA 100 MG/10ML SOLUTION *ramucirumab*	Covered	90D
CYRAMZA 500 MG/50ML SOLUTION *ramucirumab*	Covered	90D
FRUZAQLA 1 MG CAP *fruquintinib*	Covered	90D
FRUZAQLA 5 MG CAP *fruquintinib*	Covered	90D
INLYTA 1 MG TAB *axitinib*	Covered	90D
INLYTA 5 MG TAB *axitinib*	Covered	90D
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK *lenvatinib mesylate*	Covered	90D
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK *lenvatinib mesylate*	Covered	90D
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK *lenvatinib mesylate*	Covered	90D
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK *lenvatinib mesylate*	Covered	90D
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK *lenvatinib mesylate*	Covered	90D
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK *lenvatinib mesylate*	Covered	90D
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK *lenvatinib mesylate*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK *lenvatinib mesylate*	Covered	90D
MVASI 100 MG/4ML SOLUTION *bevacizumab-awwb*	Covered	
MVASI 400 MG/16ML SOLUTION *bevacizumab-awwb*	Covered	
VEGZELMA 100 MG/4ML SOLUTION *bevacizumab-adcd*	Covered	
VEGZELMA 400 MG/16ML SOLUTION *bevacizumab-adcd*	Covered	
ZALTRAP 100 MG/4ML SOLUTION *ziv-aflibercept*	Covered	90D
ZALTRAP 200 MG/8ML SOLUTION *ziv-aflibercept*	Covered	90D
ZIRABEV 100 MG/4ML SOLUTION *bevacizumab-bvzr*	Covered	
ZIRABEV 400 MG/16ML SOLUTION *bevacizumab-bvzr*	Covered	
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCEPTIN 150 MG RECON SOLN *trastuzumab*	Covered	90D
HERZUMA 150 MG RECON SOLN *trastuzumab-pkrb*	Covered	90D
HERZUMA 420 MG RECON SOLN *trastuzumab-pkrb*	Covered	90D
KANJINTI 150 MG RECON SOLN *trastuzumab-anns*	Covered	90D
KANJINTI 420 MG RECON SOLN *trastuzumab-anns*	Covered	90D
MARGENZA 250 MG/10ML SOLUTION *margetuximab-cmkb*	Covered	90D
OGIVRI 150 MG RECON SOLN *trastuzumab-dkst*	Covered	90D
OGIVRI 420 MG RECON SOLN *trastuzumab-dkst*	Covered	90D
ONTRUZANT 150 MG RECON SOLN *trastuzumab-dttb*	Covered	90D
ONTRUZANT 420 MG RECON SOLN *trastuzumab-dttb*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
PERJETA 420 MG/14ML SOLUTION *pertuzumab*	Covered	
TRAZIMERA 150 MG RECON SOLN *trastuzumab-qyyp*	Covered	90D
TRAZIMERA 420 MG RECON SOLN *trastuzumab-qyyp*	Covered	90D
TUKYSA 150 MG TAB *tucatinib*	Covered	90D
TUKYSA 50 MG TAB *tucatinib*	Covered	90D
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS 50 MG RECON SOLN *brentuximab vedotin*	Covered	
ARZERRA 100 MG/5ML CONC *ofatumumab*	Covered	
ARZERRA 1000 MG/50ML CONC *ofatumumab*	Covered	
BAVENCIO 200 MG/10ML SOLUTION *avelumab*	Covered	90D
BESPONSA 0.9 MG RECON SOLN *inotuzumab ozogamicin*	Covered	
BLINCYTO 35 MCG RECON SOLN *blinatumomab*	Covered	
COLUMVI 10 MG/10ML SOLUTION *glofitamab-gxbm*	Covered	
COLUMVI 2.5 MG/2.5ML SOLUTION *glofitamab-gxbm*	Covered	
DANYELZA 40 MG/10ML SOLUTION *naxitamab-gqgk*	Covered	90D
DARZALEX 100 MG/5ML SOLUTION *daratumumab*	Covered	
DARZALEX 400 MG/20ML SOLUTION *daratumumab*	Covered	
ELAHERE 100 MG/20ML SOLUTION *mirvetuximab soravtansine-gynx*	Covered	90D
ELREXFIO 44 MG/1.1ML SOLUTION *elranatamab-bcmm*	Covered	
ELREXFIO 76 MG/1.9ML SOLUTION *elranatamab-bcmm*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
EMPLICITI 300 MG RECON SOLN *elotuzumab*	Covered	
EMPLICITI 400 MG RECON SOLN *elotuzumab*	Covered	
ENHERTU 100 MG RECON SOLN *fam-trastuzumab deruxtecan-nxki*	Covered	
EPKINLY 4 MG/0.8ML SOLUTION *epcoritamab-bysp*	Covered	90D
EPKINLY 48 MG/0.8ML SOLUTION *epcoritamab-bysp*	Covered	90D
GAZYVA 1000 MG/40ML SOLUTION *obinutuzumab*	Covered	
IMDELLTRA 1 MG RECON SOLN *tarlatamab-dlle*	Covered	
IMDELLTRA 10 MG RECON SOLN *tarlatamab-dlle*	Covered	
IMFINZI 120 MG/2.4ML SOLUTION *durvalumab*	Covered	90D
IMFINZI 500 MG/10ML SOLUTION *durvalumab*	Covered	90D
IMJUDO 25 MG/1.25ML SOLUTION *tremelimumab-actl*	Covered	
IMJUDO 300 MG/15ML SOLUTION *tremelimumab-actl*	Covered	
JEMPERLI 500 MG/10ML SOLUTION *dostarlimab-gxly*	Covered	90D
KADCYLA 100 MG RECON SOLN *ado-trastuzumab emtansine*	Covered	
KADCYLA 160 MG RECON SOLN *ado-trastuzumab emtansine*	Covered	
KEYTRUDA 100 MG/4ML SOLUTION *pembrolizumab*	Covered	90D
KIMMTRAK 100 MCG/0.5ML SOLUTION *tebentafusp-tebn*	Covered	90D
LIBTAYO 350 MG/7ML SOLUTION *cemiplimab-rwlc*	Covered	90D
LOQTORZI 240 MG/6ML SOLUTION *toripalimab-tpzi*	Covered	90D
LUMOXITI 1 MG RECON SOLN *moxetumomab pasudotox-tdfk*	Covered	

DRUG NAME	TIER	DRUG EDITS
LUNSUMIO 1 MG/ML SOLUTION *mosunetuzumab-axgb*	Covered	
LUNSUMIO 30 MG/30ML SOLUTION *mosunetuzumab-axgb*	Covered	
MONJUVI 200 MG RECON SOLN *tafasitamab-cxix*	Covered	90D
MYLOTARG 4.5 MG RECON SOLN *gemtuzumab ozogamicin*	Covered	
OPDIVO 100 MG/10ML SOLUTION *nivolumab*	Covered	90D
OPDIVO 120 MG/12ML SOLUTION *nivolumab*	Covered	90D
OPDIVO 240 MG/24ML SOLUTION *nivolumab*	Covered	90D
OPDIVO 40 MG/4ML SOLUTION *nivolumab*	Covered	90D
PADCEV 20 MG RECON SOLN *enfortumab vedotin-ejfv*	Covered	90D
PADCEV 30 MG RECON SOLN *enfortumab vedotin-ejfv*	Covered	90D
POLIVY 140 MG RECON SOLN *polatuzumab vedotin-piiq*	Covered	
POLIVY 30 MG RECON SOLN *polatuzumab vedotin-piiq*	Covered	
POTELIGEO 20 MG/5ML SOLUTION *mogamulizumab-kpkc*	Covered	90D
RIABNI 100 MG/10ML SOLUTION *rituximab-arrx*	Covered	
RIABNI 500 MG/50ML SOLUTION *rituximab-arrx*	Covered	
RITUXAN 100 MG/10ML SOLUTION *rituximab*	Covered	
RITUXAN 500 MG/50ML SOLUTION *rituximab*	Covered	
RUXIENCE 100 MG/10ML SOLUTION *rituximab-pvvr*	Covered	
RUXIENCE 500 MG/50ML SOLUTION *rituximab-pvvr*	Covered	
RYBREVANT 350 MG/7ML SOLUTION *amivantamab-vmjw*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
SARCLISA 100 MG/5ML SOLUTION *isatuximab-irfc*	Covered	90D
SARCLISA 500 MG/25ML SOLUTION *isatuximab-irfc*	Covered	90D
TALVEY 3 MG/1.5ML SOLUTION *talquetamab-tgvs*	Covered	90D
TALVEY 40 MG/ML SOLUTION *talquetamab-tgvs*	Covered	90D
TECENTRIQ 1200 MG/20ML SOLUTION *atezolizumab*	Covered	90D
TECENTRIQ 840 MG/14ML SOLUTION *atezolizumab*	Covered	90D
TECVAYLI 153 MG/1.7ML SOLUTION *teclistamab-cqyv*	Covered	
TECVAYLI 30 MG/3ML SOLUTION *teclistamab-cqyv*	Covered	
TIVDAK 40 MG RECON SOLN *tisotumab vedotin-tftv*	Covered	90D
TRUXIMA 100 MG/10ML SOLUTION *rituximab-abbs*	Covered	
TRUXIMA 500 MG/50ML SOLUTION *rituximab-abbs*	Covered	
UNITUXIN 17.5 MG/5ML SOLUTION *dinutuximab*	Covered	
YERVOY 200 MG/40ML SOLUTION *ipilimumab*	Covered	
YERVOY 50 MG/10ML SOLUTION *ipilimumab*	Covered	
ZEVALIN Y-90 3.2 MG/2ML KIT *ibritumomab tiuxetan for yttrium-90 (y-90)*	Covered	
ZYNLONTA 10 MG RECON SOLN *loncastuximab tesirine-lpyl*	Covered	90D
ZYNYZ 500 MG/20ML SOLUTION *retifanlimab-dlwr*	Covered	90D
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB *venetoclax*	Covered	90D
VENCLEXTA 100 MG TAB *venetoclax*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
VENCLEXTA 50 MG TAB *venetoclax*	Covered	90D
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK *venetoclax*	Covered	
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX 100 MG/50ML SOLUTION *cetuximab*	Covered	
ERBITUX 200 MG/100ML SOLUTION *cetuximab*	Covered	
erlotinib hcl 100 mg tab	Covered	90D
erlotinib hcl 150 mg tab	Covered	90D
erlotinib hcl 25 mg tab	Covered	90D
EXKIVITY 40 MG CAP *mobocertinib succinate*	Covered	90D
gefitinib 250 mg tab	Covered	
GILOTRIF 20 MG TAB *afatinib dimaleate*	Covered	90D
GILOTRIF 30 MG TAB *afatinib dimaleate*	Covered	90D
GILOTRIF 40 MG TAB *afatinib dimaleate*	Covered	90D
IRESSA 250 MG TAB *gefitinib*	Covered	
LAZCLUZE 240 MG TAB *lazertinib mesylate*	Covered	
LAZCLUZE 80 MG TAB *lazertinib mesylate*	Covered	
PORTRAZZA 800 MG/50ML SOLUTION *necitumumab*	Covered	
TAGRISSO 40 MG TAB *osimertinib mesylate*	Covered	
TAGRISSO 80 MG TAB *osimertinib mesylate*	Covered	
TARCEVA 100 MG TAB *erlotinib hcl*	Covered	90D
TARCEVA 150 MG TAB *erlotinib hcl*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
TARCEVA 25 MG TAB *erlotinib hcl*	Covered	90D
VECTIBIX 100 MG/5ML SOLUTION *panitumumab*	Covered	
VECTIBIX 400 MG/20ML SOLUTION *panitumumab*	Covered	
VIZIMPRO 15 MG TAB *dacomitinib*	Covered	90D
VIZIMPRO 30 MG TAB *dacomitinib*	Covered	90D
VIZIMPRO 45 MG TAB *dacomitinib*	Covered	90D
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB *glasdegib maleate*	Covered	90D
DAURISMO 25 MG TAB *glasdegib maleate*	Covered	90D
ERIVEDGE 150 MG CAP *vismodegib*	Covered	90D
ODOMZO 200 MG CAP *sonidegib phosphate*	Covered	90D
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate 250 mg tab	Covered	90D
abiraterone acetate 500 mg tab	Covered	90D
AKEEGA 100-500 MG TAB *niraparib tosylate-abiraterone acetate*	Covered	90D
AKEEGA 50-500 MG TAB *niraparib tosylate-abiraterone acetate*	Covered	90D
anastrozole 1 mg tab	Covered	90D
ARIMIDEX 1 MG TAB *anastrozole*	Covered	90D
AROMASIN 25 MG TAB *exemestane*	Covered	90D
bicalutamide 50 mg tab	Covered	90D
CAMCEVI 42 MG PRSYR *leuprolide mesylate (6 month)*	Covered	ST NOTE Publishing Note 90D

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
CASODEX 50 MG TAB *bicalutamide*	Covered	90D
ELIGARD 22.5 MG KIT *leuprolide acetate (3 month)*	Covered	ST NOTE Publishing Note 90D
ELIGARD 30 MG KIT *leuprolide acetate (4 month)*	Covered	ST NOTE Publishing Note 90D
ELIGARD 45 MG KIT *leuprolide acetate (6 month)*	Covered	ST NOTE Publishing Note 90D
ELIGARD 7.5 MG KIT *leuprolide acetate*	Covered	ST NOTE Publishing Note 90D
EMCYT 140 MG CAP *estramustine phosphate sodium*	Covered	
ERLEADA 240 MG TAB *apalutamide*	Covered	90D
ERLEADA 60 MG TAB *apalutamide*	Covered	90D
exemestane 25 mg tab	Covered	90D
FARESTON 60 MG TAB *toremifene citrate*	Covered	90D
FASLODEX 250 MG/5ML SOLN PRSYR *fulvestrant*	Covered	90D
FEMARA 2.5 MG TAB *letrozole*	Covered	90D
FIRMAGON 80 MG RECON SOLN *degarelix acetate*	Covered	90D
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN *degarelix acetate*	Covered	
FLUTAMIDE 125 MG CAP *flutamide*	Covered	
FULVESTRANT 250 MG/5ML SOLN PRSYR *fulvestrant*	Covered	90D
fulvestrant 250 mg/5ml soln prsyr	Covered	90D

DRUG NAME	TIER	DRUG EDITS
letrozole 2.5 mg tab	Covered	90D
leuprolide acetate 1 mg/0.2ml kit	Covered	ST NOTE Publishing Note 90D
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG INJECTABLE *leuprolide acetate (3 month)*	Covered	ST NOTE Publishing Note
LUPRON DEPOT (1-MONTH) 3.75 MG KIT *leuprolide acetate*	Covered	ST NOTE Publishing Note
LUPRON DEPOT (1-MONTH) 7.5 MG KIT *leuprolide acetate*	Covered	ST NOTE Publishing Note 90D
LUPRON DEPOT (3-MONTH) 11.25 MG KIT *leuprolide acetate (3 month)*	Covered	ST NOTE Publishing Note
LUPRON DEPOT (3-MONTH) 22.5 MG KIT *leuprolide acetate (3 month)*	Covered	ST NOTE Publishing Note 90D
LUPRON DEPOT (4-MONTH) 30 MG KIT *leuprolide acetate (4 month)*	Covered	ST NOTE Publishing Note 90D
LUPRON DEPOT (6-MONTH) 45 MG KIT *leuprolide acetate (6 month)*	Covered	ST NOTE Publishing Note 90D
LYSODREN 500 MG TAB *mitotane*	Covered	90D
megestrol acetate 20 mg tab	Covered	
megestrol acetate 40 mg tab	Covered	
megestrol acetate 40 mg/ml suspension	PDL Preferred	90D
megestrol acetate 400 mg/10ml suspension	PDL Preferred	90D
megestrol acetate 800 mg/20ml suspension	PDL Preferred	90D
nilutamide 150 mg tab	Covered	90D
NUBEQA 300 MG TAB *darolutamide*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
ORGOVYX 120 MG TAB *relugolix*	Covered	90D
ORSERDU 345 MG TAB *elacestrant hydrochloride*	Covered	90D
ORSERDU 86 MG TAB *elacestrant hydrochloride*	Covered	90D
SOLTAMOX 10 MG/5ML SOLUTION *tamoxifen citrate*	Covered	90D
tamoxifen citrate 10 mg tab	Covered	90D
tamoxifen citrate 20 mg tab	Covered	90D
toremifene citrate 60 mg tab	Covered	90D
TRELSTAR MIXJECT 11.25 MG RECON SUSP *triptorelin pamoate*	Covered	ST NOTE Publishing Note
TRELSTAR MIXJECT 22.5 MG RECON SUSP *triptorelin pamoate*	Covered	ST NOTE Publishing Note 90D
TRELSTAR MIXJECT 3.75 MG RECON SUSP *triptorelin pamoate*	Covered	ST NOTE Publishing Note 90D
XTANDI 40 MG CAP *enzalutamide*	Covered	90D
XTANDI 40 MG TAB *enzalutamide*	Covered	90D
XTANDI 80 MG TAB *enzalutamide*	Covered	90D
YONSA 125 MG TAB *abiraterone acetate*	Covered	90D
ZYTIGA 250 MG TAB *abiraterone acetate*	Covered	90D
ZYTIGA 500 MG TAB *abiraterone acetate*	Covered	90D
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG 40 MG TAB *belzutifan*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST 1 MG CAP *pomalidomide*	Covered	90D
POMALYST 2 MG CAP *pomalidomide*	Covered	90D
POMALYST 3 MG CAP *pomalidomide*	Covered	90D
POMALYST 4 MG CAP *pomalidomide*	Covered	90D
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT 100 MG TAB *avapritinib*	Covered	90D
AYVAKIT 200 MG TAB *avapritinib*	Covered	90D
AYVAKIT 25 MG TAB *avapritinib*	Covered	90D
AYVAKIT 300 MG TAB *avapritinib*	Covered	90D
AYVAKIT 50 MG TAB *avapritinib*	Covered	90D
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK *selinexor*	Covered	
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK *selinexor*	Covered	90D
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK *selinexor*	Covered	
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK *selinexor*	Covered	90D
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK *selinexor*	Covered	
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK *selinexor*	Covered	90D
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK *selinexor*	Covered	
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK *selinexor*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK *selinexor*	Covered	90D
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK *selinexor*	Covered	
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK *selinexor*	Covered	90D
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK *selinexor*	Covered	90D
ANTINEOPLASTIC ANTIBIOTICS		
adriamycin 50 mg recon soln	Covered	
bleomycin sulfate 15 unit recon soln	Covered	
bleomycin sulfate 30 unit recon soln	Covered	
COSMEGEN 0.5 MG RECON SOLN *dactinomycin*	Covered	
dactinomycin 0.5 mg recon soln	Covered	
DAUNORUBICIN HCL 20 MG/4ML SOLUTION *daunorubicin hcl*	Covered	
daunorubicin hcl 20 mg/4ml solution	Covered	
DAUNORUBICIN HCL 50 MG/10ML SOLUTION *daunorubicin hcl*	Covered	
DOXIL 2 MG/ML SUSPENSION *doxorubicin hcl liposomal*	Covered	
DOXORUBICIN HCL 10 MG RECON SOLN *doxorubicin hcl*	Covered	
DOXORUBICIN HCL 2 MG/ML SOLUTION *doxorubicin hcl*	Covered	
doxorubicin hcl 2 mg/ml solution	Covered	
doxorubicin hcl 50 mg recon soln	Covered	
doxorubicin hcl liposomal 2 mg/ml suspension	Covered	
ELLENCE 200 MG/100ML SOLUTION *epirubicin hcl*	Covered	
ELLENCE 50 MG/25ML SOLUTION *epirubicin hcl*	Covered	
IDAMYCIN PFS 10 MG/10ML SOLUTION *idarubicin hcl*	Covered	
IDAMYCIN PFS 20 MG/20ML SOLUTION *idarubicin hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
IDAMYCIN PFS 5 MG/5ML SOLUTION *idarubicin hcl*	Covered	
idarubicin hcl 10 mg/10ml solution	Covered	
idarubicin hcl 20 mg/20ml solution	Covered	
idarubicin hcl 5 mg/5ml solution	Covered	
JELMYTO 80 (2 X 40) MG RECON SOLN *mitomycin*	Covered	
mitomycin 20 mg recon soln	Covered	
mitomycin 40 mg recon soln	Covered	
mitomycin 5 mg recon soln	Covered	
mitoxantrone hcl 20 mg/10ml conc	Covered	90D
mitoxantrone hcl 25 mg/12.5ml conc	Covered	90D
mitoxantrone hcl 30 mg/15ml conc	Covered	90D
valrubicin 40 mg/ml solution	Covered	
VALSTAR 40 MG/ML SOLUTION *valrubicin*	Covered	
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO 1800-30000 MG-UT/15ML SOLUTION *daratumumab-hyaluronidase-fihj*	Covered	90D
HERCEPTIN HYLECTA 600-10000 MG-UNT/5ML SOLUTION *trastuzumab-hyaluronidase-oysk*	Covered	90D
INQOVI 35-100 MG TAB *decitabine-cedazuridine*	Covered	90D
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK *ribociclib succinate-letrozole*	Covered	
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK *ribociclib succinate-letrozole*	Covered	90D
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK *ribociclib succinate-letrozole*	Covered	90D
LONSURF 15-6.14 MG TAB *trifluridine-tipiracil*	Covered	
LONSURF 20-8.19 MG TAB *trifluridine-tipiracil*	Covered	

DRUG NAME	TIER	DRUG EDITS
OPDUALAG 240-80 MG/20ML SOLUTION *nivolumab-relatlimab-rmbw*	Covered	90D
PHESGO 60-60-2000 MG-MG-U/ML SOLUTION *pertuzumab-trastuzumab-hyaluronidase-zzxf*	Covered	90D
PHESGO 80-40-2000 MG-MG-U/ML SOLUTION *pertuzumab-trastuzumab-hyaluronidase-zzxf*	Covered	90D
RITUXAN HYCELA 1400-23400 MG -UT/11.7ML SOLUTION *rituximab-hyaluronidase human*	Covered	90D
RITUXAN HYCELA 1600-26800 MG -UT/13.4ML SOLUTION *rituximab-hyaluronidase human*	Covered	90D
TECENTRIQ HYBREZA 1875-30000 MG-UT/15ML SOLUTION *atezolizumab-hyaluronidase-tqjs*	Covered	
VYXEOS 44-100 MG RECON SUSP *daunorubicin-cytarabine liposome*	Covered	
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR 10 MG TAB *everolimus*	Covered	90D
AFINITOR 2.5 MG TAB *everolimus*	Covered	90D
AFINITOR 5 MG TAB *everolimus*	Covered	90D
AFINITOR 7.5 MG TAB *everolimus*	Covered	90D
AFINITOR DISPERZ 2 MG TAB SOL *everolimus*	Covered	90D
AFINITOR DISPERZ 3 MG TAB SOL *everolimus*	Covered	90D
AFINITOR DISPERZ 5 MG TAB SOL *everolimus*	Covered	90D
ALECENSA 150 MG CAP *alectinib hcl*	Covered	90D
ALIQOPA 60 MG RECON SOLN *copanlisib hcl*	Covered	90D
ALUNBRIG 180 MG TAB *brigatinib*	Covered	90D
ALUNBRIG 30 MG TAB *brigatinib*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
ALUNBRIG 90 & 180 MG TAB THPK *brigatinib*	Covered	
ALUNBRIG 90 MG TAB *brigatinib*	Covered	90D
AUGTYRO 40 MG CAP *repotrectinib*	Covered	90D
BALVERSA 3 MG TAB *erdafitinib*	Covered	90D
BALVERSA 4 MG TAB *erdafitinib*	Covered	90D
BALVERSA 5 MG TAB *erdafitinib*	Covered	90D
BELEODAQ 500 MG RECON SOLN *belinostat*	Covered	90D
BORTEZOMIB 1 MG RECON SOLN *bortezomib*	Covered	90D
BORTEZOMIB 2.5 MG RECON SOLN *bortezomib*	Covered	90D
bortezomib 3.5 mg recon soln	Covered	90D
BORTEZOMIB 3.5 MG/1.4ML SOLUTION *bortezomib*	Covered	90D
BOSULIF 100 MG CAP *bosutinib*	Covered	90D
BOSULIF 100 MG TAB *bosutinib*	Covered	90D
BOSULIF 400 MG TAB *bosutinib*	Covered	90D
BOSULIF 50 MG CAP *bosutinib*	Covered	90D
BOSULIF 500 MG TAB *bosutinib*	Covered	90D
BRAFTOVI 75 MG CAP *encorafenib*	Covered	90D
BRUKINSA 80 MG CAP *zanubrutinib*	Covered	90D
CABOMETYX 20 MG TAB *cabozantinib s-malate*	Covered	90D
CABOMETYX 40 MG TAB *cabozantinib s-malate*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
CABOMETYX 60 MG TAB *cabozantinib s-malate*	Covered	90D
CALQUENCE 100 MG CAP *acalabrutinib*	Covered	
CALQUENCE 100 MG TAB *acalabrutinib maleate*	Covered	90D
CAPRELSA 100 MG TAB *vandetanib*	Covered	90D
CAPRELSA 300 MG TAB *vandetanib*	Covered	90D
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT *cabozantinib s-malate*	Covered	90D
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT *cabozantinib s-malate*	Covered	90D
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT *cabozantinib s-malate*	Covered	90D
COPIKTRA 15 MG CAP *duvelisib*	Covered	90D
COPIKTRA 25 MG CAP *duvelisib*	Covered	90D
COTELLIC 20 MG TAB *cobimetinib fumarate*	Covered	90D
dasatinib 100 mg tab	Covered	
dasatinib 140 mg tab	Covered	
dasatinib 20 mg tab	Covered	
dasatinib 50 mg tab	Covered	
dasatinib 70 mg tab	Covered	
dasatinib 80 mg tab	Covered	
everolimus 10 mg tab	Covered	90D
everolimus 2 mg tab sol	Covered	90D
everolimus 2.5 mg tab	Covered	90D
everolimus 3 mg tab sol	Covered	90D
everolimus 5 mg tab	Covered	90D
everolimus 5 mg tab sol	Covered	90D
everolimus 7.5 mg tab	Covered	90D

DRUG NAME	TIER	DRUG EDITS
FOTIVDA 0.89 MG CAP *tivozanib hcl*	Covered	90D
FOTIVDA 1.34 MG CAP *tivozanib hcl*	Covered	90D
FYARRO 100 MG RECON SUSP *sirolimus protein-bound particles*	Covered	90D
GAVRETO 100 MG CAP *pralsetinib*	Covered	90D
GLEEVEC 100 MG TAB *imatinib mesylate*	Covered	90D
GLEEVEC 400 MG TAB *imatinib mesylate*	Covered	90D
IBRANCE 100 MG CAP *palbociclib*	Covered	90D
IBRANCE 100 MG TAB *palbociclib*	Covered	90D
IBRANCE 125 MG CAP *palbociclib*	Covered	90D
IBRANCE 125 MG TAB *palbociclib*	Covered	90D
IBRANCE 75 MG CAP *palbociclib*	Covered	90D
IBRANCE 75 MG TAB *palbociclib*	Covered	90D
ICLUSIG 10 MG TAB *ponatinib hcl*	Covered	90D
ICLUSIG 15 MG TAB *ponatinib hcl*	Covered	90D
ICLUSIG 30 MG TAB *ponatinib hcl*	Covered	90D
ICLUSIG 45 MG TAB *ponatinib hcl*	Covered	90D
IDHIFA 100 MG TAB *enasidenib mesylate*	Covered	90D
IDHIFA 50 MG TAB *enasidenib mesylate*	Covered	90D
imatinib mesylate 100 mg tab	Covered	90D
imatinib mesylate 400 mg tab	Covered	90D
IMBRUVICA 140 MG CAP *ibrutinib*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
IMBRUVICA 140 MG TAB *ibrutinib*	Covered	90D
IMBRUVICA 280 MG TAB *ibrutinib*	Covered	90D
IMBRUVICA 420 MG TAB *ibrutinib*	Covered	90D
IMBRUVICA 560 MG TAB *ibrutinib*	Covered	
IMBRUVICA 70 MG CAP *ibrutinib*	Covered	90D
IMBRUVICA 70 MG/ML SUSPENSION *ibrutinib*	Covered	90D
INREBIC 100 MG CAP *fedratinib hcl*	Covered	90D
ISTODAX 10 MG RECON SOLN *romidepsin*	Covered	
JAKAFI 10 MG TAB *ruxolitinib phosphate*	Covered	90D
JAKAFI 15 MG TAB *ruxolitinib phosphate*	Covered	90D
JAKAFI 20 MG TAB *ruxolitinib phosphate*	Covered	90D
JAKAFI 25 MG TAB *ruxolitinib phosphate*	Covered	90D
JAKAFI 5 MG TAB *ruxolitinib phosphate*	Covered	90D
JAYPIRCA 100 MG TAB *pirtobrutinib*	Covered	90D
JAYPIRCA 50 MG TAB *pirtobrutinib*	Covered	90D
KISQALI (200 MG DOSE) 200 MG TAB THPK *ribociclib succinate*	Covered	90D
KISQALI (400 MG DOSE) 200 MG TAB THPK *ribociclib succinate*	Covered	90D
KISQALI (600 MG DOSE) 200 MG TAB THPK *ribociclib succinate*	Covered	90D
KOSELUGO 10 MG CAP *selumetinib sulfate*	Covered	90D
KOSELUGO 25 MG CAP *selumetinib sulfate*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
KRAZATI 200 MG TAB *adagrasib*	Covered	90D
KYPROLIS 10 MG RECON SOLN *carfilzomib*	Covered	90D
KYPROLIS 30 MG RECON SOLN *carfilzomib*	Covered	90D
KYPROLIS 60 MG RECON SOLN *carfilzomib*	Covered	90D
lapatinib ditosylate 250 mg tab	Covered	90D
LORBRENA 100 MG TAB *lorlatinib*	Covered	90D
LORBRENA 25 MG TAB *lorlatinib*	Covered	90D
LUMAKRAS 120 MG TAB *sotorasib*	Covered	90D
LUMAKRAS 320 MG TAB *sotorasib*	Covered	90D
LYNPARZA 100 MG TAB *olaparib*	Covered	90D
LYNPARZA 150 MG TAB *olaparib*	Covered	90D
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK *futibatinib*	Covered	90D
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK *futibatinib*	Covered	90D
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK *futibatinib*	Covered	90D
MEKINIST 0.05 MG/ML RECON SOLN *trametinib dimethyl sulfoxide*	Covered	90D
MEKINIST 0.5 MG TAB *trametinib dimethyl sulfoxide*	Covered	90D
MEKINIST 2 MG TAB *trametinib dimethyl sulfoxide*	Covered	90D
MEKTOVI 15 MG TAB *binimetinib*	Covered	90D
NERLYNX 40 MG TAB *neratinib maleate*	Covered	
NEXAVAR 200 MG TAB *sorafenib tosylate*	Covered	

DRUG NAME	TIER	DRUG EDITS
NINLARO 2.3 MG CAP *ixazomib citrate*	Covered	90D
NINLARO 3 MG CAP *ixazomib citrate*	Covered	90D
NINLARO 4 MG CAP *ixazomib citrate*	Covered	90D
OGSIVEO 100 MG TAB *nirogacestat hydrobromide*	Covered	
OGSIVEO 150 MG TAB *nirogacestat hydrobromide*	Covered	
OGSIVEO 50 MG TAB *nirogacestat hydrobromide*	Covered	90D
OJEMDA 100 MG TAB *tovorafenib*	Covered	
OJEMDA 25 MG/ML RECON SUSP *tovorafenib*	Covered	
OJJAARA 100 MG TAB *momelotinib dihydrochloride*	Covered	90D
OJJAARA 150 MG TAB *momelotinib dihydrochloride*	Covered	90D
OJJAARA 200 MG TAB *momelotinib dihydrochloride*	Covered	90D
pazopanib hcl 200 mg tab	Covered	90D
PEMAZYRE 13.5 MG TAB *pemigatinib*	Covered	90D
PEMAZYRE 4.5 MG TAB *pemigatinib*	Covered	90D
PEMAZYRE 9 MG TAB *pemigatinib*	Covered	90D
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK *alpelisib*	Covered	90D
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK *alpelisib*	Covered	90D
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK *alpelisib*	Covered	90D
QINLOCK 50 MG TAB *ripretinib*	Covered	90D
RETEVMO 120 MG TAB *selpercatinib*	Covered	

DRUG NAME	TIER	DRUG EDITS
RETEVMO 160 MG TAB *selpercatinib*	Covered	
RETEVMO 40 MG CAP *selpercatinib*	Covered	90D
RETEVMO 40 MG TAB *selpercatinib*	Covered	
RETEVMO 80 MG CAP *selpercatinib*	Covered	90D
RETEVMO 80 MG TAB *selpercatinib*	Covered	
REZLIDHIA 150 MG CAP *olutasidenib*	Covered	90D
romidepsin 10 mg recon soln	Covered	
ROMIDEPSIN 27.5 MG/5.5ML SOLUTION *romidepsin*	Covered	
ROZLYTREK 100 MG CAP *entrectinib*	Covered	90D
ROZLYTREK 200 MG CAP *entrectinib*	Covered	90D
ROZLYTREK 50 MG PACKET *entrectinib*	Covered	90D
RUBRACA 200 MG TAB *rucaparib camsylate*	Covered	90D
RUBRACA 250 MG TAB *rucaparib camsylate*	Covered	90D
RUBRACA 300 MG TAB *rucaparib camsylate*	Covered	90D
RYDAPT 25 MG CAP *midostaurin*	Covered	90D
RYTELO 188 MG RECON SOLN *imetelstat sodium*	Covered	
RYTELO 47 MG RECON SOLN *imetelstat sodium*	Covered	
SCEMBLIX 100 MG TAB *asciminib hcl*	Covered	
SCEMBLIX 20 MG TAB *asciminib hcl*	Covered	90D
SCEMBLIX 40 MG TAB *asciminib hcl*	Covered	90D
sorafenib tosylate 200 mg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
SPRYCEL 100 MG TAB *dasatinib*	Covered	90D
SPRYCEL 140 MG TAB *dasatinib*	Covered	90D
SPRYCEL 20 MG TAB *dasatinib*	Covered	90D
SPRYCEL 50 MG TAB *dasatinib*	Covered	90D
SPRYCEL 70 MG TAB *dasatinib*	Covered	90D
SPRYCEL 80 MG TAB *dasatinib*	Covered	90D
STIVARGA 40 MG TAB *regorafenib*	Covered	
sunitinib malate 12.5 mg cap	Covered	
sunitinib malate 25 mg cap	Covered	
sunitinib malate 37.5 mg cap	Covered	
sunitinib malate 50 mg cap	Covered	
SUTENT 12.5 MG CAP *sunitinib malate*	Covered	
SUTENT 25 MG CAP *sunitinib malate*	Covered	
SUTENT 37.5 MG CAP *sunitinib malate*	Covered	
SUTENT 50 MG CAP *sunitinib malate*	Covered	
TABRECTA 150 MG TAB *capmatinib hcl*	Covered	90D
TABRECTA 200 MG TAB *capmatinib hcl*	Covered	90D
TAFINLAR 10 MG TAB SOL *dabrafenib mesylate*	Covered	90D
TAFINLAR 50 MG CAP *dabrafenib mesylate*	Covered	90D
TAFINLAR 75 MG CAP *dabrafenib mesylate*	Covered	90D
TALZENNA 0.1 MG CAP *talazoparib tosylate*	Covered	
TALZENNA 0.25 MG CAP *talazoparib tosylate*	Covered	

DRUG NAME	TIER	DRUG EDITS
TALZENNA 0.35 MG CAP *talazoparib tosylate*	Covered	
TALZENNA 0.5 MG CAP *talazoparib tosylate*	Covered	
TALZENNA 0.75 MG CAP *talazoparib tosylate*	Covered	
TALZENNA 1 MG CAP *talazoparib tosylate*	Covered	
TASIGNA 150 MG CAP *nilotinib hcl*	Covered	90D
TASIGNA 200 MG CAP *nilotinib hcl*	Covered	90D
TASIGNA 50 MG CAP *nilotinib hcl*	Covered	90D
TAZVERIK 200 MG TAB *tazemetostat hbr*	Covered	90D
temsirolimus 25 mg/ml solution	Covered	
TEPMETKO 225 MG TAB *tepotinib hcl*	Covered	90D
TIBSOVO 250 MG TAB *ivosidenib*	Covered	90D
TORISEL 25 MG/ML SOLUTION *temsirolimus*	Covered	
torpenz 10 mg tab	Covered	
torpenz 2.5 mg tab	Covered	
torpenz 5 mg tab	Covered	
torpenz 7.5 mg tab	Covered	
TRUQAP 160 MG TAB *capivasertib*	Covered	90D
TRUQAP 200 MG TAB *capivasertib*	Covered	90D
TURALIO 125 MG CAP *pexidartinib hcl*	Covered	90D
TYKERB 250 MG TAB *lapatinib ditosylate*	Covered	90D
VANFLYTA 17.7 MG TAB *quizartinib dihydrochloride*	Covered	90D
VANFLYTA 26.5 MG TAB *quizartinib dihydrochloride*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
VELCADE 3.5 MG RECON SOLN *bortezomib*	Covered	90D
VERZENIO 100 MG TAB *abemaciclib*	Covered	90D
VERZENIO 150 MG TAB *abemaciclib*	Covered	90D
VERZENIO 200 MG TAB *abemaciclib*	Covered	90D
VERZENIO 50 MG TAB *abemaciclib*	Covered	90D
VITRAKVI 100 MG CAP *larotrectinib sulfate*	Covered	90D
VITRAKVI 20 MG/ML SOLUTION *larotrectinib sulfate*	Covered	90D
VITRAKVI 25 MG CAP *larotrectinib sulfate*	Covered	90D
VONJO 100 MG CAP *pacritinib citrate*	Covered	
VORANIGO 10 MG TAB *vorasidenib*	Covered	
VORANIGO 40 MG TAB *vorasidenib*	Covered	
VOTRIENT 200 MG TAB *pazopanib hcl*	Covered	90D
XALKORI 150 MG CAP SPRINK *crizotinib*	Covered	90D
XALKORI 20 MG CAP SPRINK *crizotinib*	Covered	90D
XALKORI 200 MG CAP *crizotinib*	Covered	90D
XALKORI 250 MG CAP *crizotinib*	Covered	90D
XALKORI 50 MG CAP SPRINK *crizotinib*	Covered	90D
XOSPATA 40 MG TAB *gilteritinib fumarate*	Covered	90D
ZEJULA 100 MG CAP *niraparib tosylate*	Covered	
ZEJULA 100 MG TAB *niraparib tosylate*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
ZEJULA 200 MG TAB *niraparib tosylate*	Covered	90D
ZEJULA 300 MG TAB *niraparib tosylate*	Covered	90D
ZELBORAF 240 MG TAB *vemurafenib*	Covered	90D
ZOLINZA 100 MG CAP *vorinostat*	Covered	
ZYDELIG 100 MG TAB *idelalisib*	Covered	90D
ZYDELIG 150 MG TAB *idelalisib*	Covered	90D
ZYKADIA 150 MG TAB *ceritinib*	Covered	90D
ANTINEOPLASTIC ENZYMES		
ASPARLAS 3750 UNIT/5ML SOLUTION *calaspargase pegol-mknl*	Covered	
ONCASPAR 750 UNIT/ML SOLUTION *pegaspargase*	Covered	
RYLAZE 10 MG/0.5ML SOLUTION *asparaginase erwinia chrysanthemi (recombinant)-rywn*	Covered	
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
LUTATHERA 370 MBQ/ML SOLUTION *lutetium lu 177 dotatate*	Covered	
PLUVICTO 1000 MBQ/ML SOLUTION *lutetium lu 177 vipivotide tetraxetan*	Covered	90D
STRONTIUM CHLORIDE SR-89 1 MCI/ML SOLUTION *strontium-89 chloride*	Covered	
XOFIGO 30 MCCI/ML SOLUTION *radium ra 223 dichloride*	Covered	
ANTINEOPLASTICS MISC.		
ACTIMMUNE 100 MCG/0.5ML SOLUTION *interferon gamma-1b*	Covered	
ANKTIVA 400 MCG/0.4ML SOLUTION *nogapendekin alfa inbakicept-pmln*	Covered	
arsenic trioxide 10 mg/10ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
arsenic trioxide 12 mg/6ml solution	Covered	
BESREMI 500 MCG/ML SOLN PRSYR *ropeginterferon alfa-2b-njft*	Covered	90D
bexarotene 75 mg cap	Covered	90D
DACARBAZINE 100 MG RECON SOLN *dacarbazine*	Covered	
dacarbazine 200 mg recon soln	Covered	
ELZONRIS 1000 MCG/ML SOLUTION *tagraxofusp-erzs*	Covered	
HYDREA 500 MG CAP *hydroxyurea*	Covered	90D
hydroxyurea 500 mg cap	Covered	90D
MATULANE 50 MG CAP *procarbazine hcl*	Covered	
NIPENT 10 MG RECON SOLN *pentostatin*	Covered	
TARGRETIN 75 MG CAP *bexarotene*	Covered	90D
TICE BCG 50 MG RECON SUSP *bcg live intravesical*	Covered	
tretinoin 10 mg cap	Covered	
TRISENOX 12 MG/6ML SOLUTION *arsenic trioxide*	Covered	
CHEMOTHERAPY ADJUNCTS		
ELITEK 1.5 MG RECON SOLN *rasburicase*	Covered	
ELITEK 7.5 MG RECON SOLN *rasburicase*	Covered	
KEPIVANCE 5.16 MG RECON SOLN *palifermin*	Covered	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA 300 MG RECON SOLN *trilaciclib dihydrochloride*	Covered	
dexrazoxane 250 mg recon soln	Covered	
dexrazoxane hcl 250 mg recon soln	Covered	
dexrazoxane hcl 500 mg recon soln	Covered	

DRUG NAME	TIER	DRUG EDITS
IWILFIN 192 MG TAB *eflornithine hydrochloride*	Covered	90D
KHAPZORY 175 MG RECON SOLN *levoleucovorin*	Covered	
leucovorin calcium 10 mg tab	Covered	
leucovorin calcium 100 mg recon soln	Covered	
LEUCOVORIN CALCIUM 100 MG/10ML SOLUTION *leucovorin calcium*	Covered	
leucovorin calcium 15 mg tab	Covered	
leucovorin calcium 200 mg recon soln	Covered	
leucovorin calcium 25 mg tab	Covered	
leucovorin calcium 350 mg recon soln	Covered	
leucovorin calcium 5 mg tab	Covered	
leucovorin calcium 50 mg recon soln	Covered	
leucovorin calcium 500 mg recon soln	Covered	
LEUCOVORIN CALCIUM 500 MG/50ML SOLUTION *leucovorin calcium*	Covered	
levoleucovorin calcium 50 mg recon soln	Covered	
levoleucovorin calcium pf 175 mg/17.5ml solution	Covered	
levoleucovorin calcium pf 250 mg/25ml solution	Covered	
mesna 100 mg/ml solution	Covered	
MESNEX 100 MG/ML SOLUTION *mesna*	Covered	
MESNEX 400 MG TAB *mesna*	Covered	
PEDMARK 12.5 % SOLUTION *sodium thiosulfate (otoprotective)*	Covered	
MITOTIC INHIBITORS		
ABRAXANE 100 MG RECON SUSP *paclitaxel protein-bound particles*	Covered	
DOCETAXEL 160 MG/16ML SOLUTION *docetaxel*	Covered	
docetaxel 160 mg/16ml solution	Covered	
DOCETAXEL 160 MG/8ML CONC *docetaxel*	Covered	
docetaxel 160 mg/8ml conc	Covered	

DRUG NAME	TIER	DRUG EDITS
DOCETAXEL 20 MG/2ML SOLUTION *docetaxel*	Covered	
docetaxel 20 mg/2ml solution	Covered	
DOCETAXEL 20 MG/ML CONC *docetaxel*	Covered	
docetaxel 20 mg/ml conc	Covered	
DOCETAXEL 80 MG/4ML CONC *docetaxel*	Covered	
docetaxel 80 mg/4ml conc	Covered	
DOCETAXEL 80 MG/8ML SOLUTION *docetaxel*	Covered	
docetaxel 80 mg/8ml solution	Covered	
DOCIVYX 160 MG/16ML SOLUTION *docetaxel*	Covered	
DOCIVYX 20 MG/2ML SOLUTION *docetaxel*	Covered	
DOCIVYX 80 MG/8ML SOLUTION *docetaxel*	Covered	
eribulin mesylate 1 mg/2ml solution	Covered	
ETOPOPHOS 100 MG RECON SOLN *etoposide phosphate*	Covered	
etoposide 1 gm/50ml solution	Covered	
etoposide 100 mg/5ml solution	Covered	
ETOPOSIDE 50 MG CAP *etoposide*	Covered	
etoposide 500 mg/25ml solution	Covered	
HALAVEN 1 MG/2ML SOLUTION *eribulin mesylate*	Covered	
IXEMPRA KIT 15 MG RECON SOLN *ixabepilone*	Covered	
IXEMPRA KIT 45 MG RECON SOLN *ixabepilone*	Covered	
JEVTANA 60 MG/1.5ML SOLUTION *cabazitaxel*	Covered	
paclitaxel 100 mg/16.7ml conc	Covered	
PACLITAXEL 150 MG/25ML CONC *paclitaxel*	Covered	
paclitaxel 30 mg/5ml conc	Covered	

DRUG NAME	TIER	DRUG EDITS
paclitaxel 300 mg/50ml conc	Covered	
PACLITAXEL PROTEIN-BOUND PART 100 MG RECON SUSP *paclitaxel protein-bound particles*	Covered	
paclitaxel protein-bound part 100 mg recon susp	Covered	
VINBLASTINE SULFATE 1 MG/ML SOLUTION *vinblastine sulfate*	Covered	
vincasar pfs 1 mg/ml solution	Covered	
VINCRISTINE SULFATE 1 MG/ML SOLUTION *vincristine sulfate*	Covered	
VINCRISTINE SULFATE 2 MG/2ML SOLUTION *vincristine sulfate*	Covered	
vinorelbine tartrate 10 mg/ml solution	Covered	
vinorelbine tartrate 50 mg/5ml solution	Covered	
TOPOISOMERASE I INHIBITORS		
CAMPTOSAR 100 MG/5ML SOLUTION *irinotecan hcl*	Covered	
CAMPTOSAR 300 MG/15ML SOLUTION *irinotecan hcl*	Covered	
CAMPTOSAR 40 MG/2ML SOLUTION *irinotecan hcl*	Covered	
HYCAMTIN 0.25 MG CAP *topotecan hcl*	Covered	
HYCAMTIN 1 MG CAP *topotecan hcl*	Covered	
irinotecan hcl 100 mg/5ml solution	Covered	
irinotecan hcl 300 mg/15ml solution	Covered	
irinotecan hcl 40 mg/2ml solution	Covered	
IRINOTECAN HCL 500 MG/25ML SOLUTION *irinotecan hcl*	Covered	
ONIVYDE 43 MG/10ML INJECTABLE *irinotecan hcl liposome*	Covered	
topotecan hcl 4 mg recon soln	Covered	
TOPOTECAN HCL 4 MG/4ML SOLUTION *topotecan hcl*	Covered	
topotecan hcl 4 mg/4ml solution	Covered	
TRODELVY 180 MG RECON SOLN *sacituzumab govitecan-hziy*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa 25 mg tab	PDL Non-Preferred	ST 90D
LODOSYN 25 MG TAB *carbidopa*	PDL Non-Preferred	ST 90D
NOURIANZ 20 MG TAB *istradefylline*	PDL Non-Preferred	ST 90D
NOURIANZ 40 MG TAB *istradefylline*	PDL Non-Preferred	ST 90D
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate 0.5 mg tab	PDL Preferred	90D
benztropine mesylate 1 mg tab	PDL Preferred	90D
benztropine mesylate 1 mg/ml solution	Covered	
benztropine mesylate 2 mg tab	PDL Preferred	90D
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION *trihexyphenidyl hcl*	PDL Preferred	90D
trihexyphenidyl hcl 2 mg tab	PDL Preferred	90D
trihexyphenidyl hcl 5 mg tab	PDL Preferred	90D
ANTIPARKINSON COMT INHIBITORS		
COMTAN 200 MG TAB *entacapone*	Covered	ST 90D
entacapone 200 mg tab	PDL Non-Preferred	ST 90D
ONGENTYS 25 MG CAP *opicapone*	PDL Non-Preferred	ST 90D
ONGENTYS 50 MG CAP *opicapone*	PDL Non-Preferred	ST 90D
TASMAR 100 MG TAB *tolcapone*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
tolcapone 100 mg tab	PDL Non-Preferred	ST 90D
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl 100 mg cap	PDL Preferred	90D
amantadine hcl 100 mg tab	PDL Non-Preferred	ST 90D
amantadine hcl 50 mg/5ml solution	PDL Preferred	90D
APOKYN 30 MG/3ML SOLN CART *apomorphine hydrochloride*	PDL Non-Preferred	ST 90D
apomorphine hcl 30 mg/3ml soln cart	PDL Non-Preferred	ST 90D
bromocriptine mesylate 2.5 mg tab	PDL Preferred	90D
bromocriptine mesylate 5 mg cap	PDL Preferred	90D
carbidopa-levodopa 10-100 mg tab	PDL Preferred	90D
CARBIDOPA-LEVODOPA 10-100 MG TAB DISP *carbidopa-levodopa*	PDL Preferred	90D
carbidopa-levodopa 25-100 mg tab	PDL Preferred	90D
CARBIDOPA-LEVODOPA 25-100 MG TAB DISP *carbidopa-levodopa*	PDL Preferred	90D
carbidopa-levodopa 25-250 mg tab	PDL Preferred	90D
CARBIDOPA-LEVODOPA 25-250 MG TAB DISP *carbidopa-levodopa*	PDL Preferred	90D
carbidopa-levodopa er 25-100 mg tab er	PDL Preferred	90D
carbidopa-levodopa er 50-200 mg tab er	PDL Preferred	90D
carbidopa-levodopa-entacapone 12.5-50-200 mg tab	PDL Non-Preferred	ST 90D
carbidopa-levodopa-entacapone 18.75-75-200 mg tab	PDL Non-Preferred	ST 90D
carbidopa-levodopa-entacapone 25-100-200 mg tab	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
carbidopa-levodopa-entacapone 31.25-125-200 mg tab	PDL Non-Preferred	ST 90D
carbidopa-levodopa-entacapone 37.5-150-200 mg tab	PDL Non-Preferred	ST 90D
carbidopa-levodopa-entacapone 50-200-200 mg tab	PDL Non-Preferred	ST 90D
CREXONT 35-140 MG CAP ER *carbidopa-levodopa*	PDL Non-Preferred	ST 90D
CREXONT 52.5-210 MG CAP ER *carbidopa-levodopa*	PDL Non-Preferred	ST 90D
CREXONT 70-280 MG CAP ER *carbidopa-levodopa*	PDL Non-Preferred	ST 90D
CREXONT 87.5-350 MG CAP ER *carbidopa-levodopa*	PDL Non-Preferred	ST 90D
DHIVY 25-100 MG TAB *carbidopa-levodopa*	PDL Non-Preferred	ST 90D
DUOPA 4.63-20 MG/ML SUSPENSION *carbidopa-levodopa*	PDL Non-Preferred	ST 90D
GOCOVRI 137 MG CAP ER 24H *amantadine hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
GOCOVRI 68.5 MG CAP ER 24H *amantadine hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
INBRIJA 42 MG CAP *levodopa*	PDL Non-Preferred	ST 90D
MIRAPEX ER 0.375 MG TAB ER 24H *pramipexole dihydrochloride*	Covered	ST 90D
MIRAPEX ER 0.75 MG TAB ER 24H *pramipexole dihydrochloride*	Covered	ST 90D
MIRAPEX ER 2.25 MG TAB ER 24H *pramipexole dihydrochloride*	Covered	ST 90D

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DRUG NAME	TIER	DRUG EDITS
MIRAPEX ER 3 MG TAB ER 24H *pramipexole dihydrochloride*	Covered	ST 90D
MIRAPEX ER 3.75 MG TAB ER 24H *pramipexole dihydrochloride*	Covered	ST 90D
NEUPRO 1 MG/24HR PATCH 24HR *rotigotine*	PDL Non-Preferred	ST 90D
NEUPRO 2 MG/24HR PATCH 24HR *rotigotine*	PDL Non-Preferred	ST 90D
NEUPRO 3 MG/24HR PATCH 24HR *rotigotine*	PDL Non-Preferred	ST 90D
NEUPRO 4 MG/24HR PATCH 24HR *rotigotine*	PDL Non-Preferred	ST 90D
NEUPRO 6 MG/24HR PATCH 24HR *rotigotine*	PDL Non-Preferred	ST 90D
NEUPRO 8 MG/24HR PATCH 24HR *rotigotine*	PDL Non-Preferred	ST 90D
OSMOLEX ER 129 MG TAB ER 24H *amantadine hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
pramipexole dihydrochloride 0.125 mg tab	PDL Preferred	90D
pramipexole dihydrochloride 0.25 mg tab	PDL Preferred	90D
pramipexole dihydrochloride 0.5 mg tab	PDL Preferred	90D
pramipexole dihydrochloride 0.75 mg tab	PDL Preferred	90D
pramipexole dihydrochloride 1 mg tab	PDL Preferred	90D
pramipexole dihydrochloride 1.5 mg tab	PDL Preferred	90D
pramipexole dihydrochloride er 0.375 mg tab er 24h	PDL Non-Preferred	ST 90D
pramipexole dihydrochloride er 0.75 mg tab er 24h	PDL Non-Preferred	ST 90D
pramipexole dihydrochloride er 1.5 mg tab er 24h	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
pramipexole dihydrochloride er 2.25 mg tab er 24h	PDL Non-Preferred	ST 90D
pramipexole dihydrochloride er 3 mg tab er 24h	PDL Non-Preferred	ST 90D
pramipexole dihydrochloride er 3.75 mg tab er 24h	PDL Non-Preferred	ST 90D
pramipexole dihydrochloride er 4.5 mg tab er 24h	PDL Non-Preferred	ST 90D
ropinirole hcl 0.25 mg tab	PDL Preferred	90D
ropinirole hcl 0.5 mg tab	PDL Preferred	90D
ropinirole hcl 1 mg tab	PDL Preferred	90D
ropinirole hcl 2 mg tab	PDL Preferred	90D
ropinirole hcl 3 mg tab	PDL Preferred	90D
ropinirole hcl 4 mg tab	PDL Preferred	90D
ropinirole hcl 5 mg tab	PDL Preferred	90D
ropinirole hcl er 12 mg tab er 24h	PDL Non-Preferred	ST 90D
ropinirole hcl er 2 mg tab er 24h	PDL Non-Preferred	ST 90D
ropinirole hcl er 4 mg tab er 24h	PDL Non-Preferred	ST 90D
ropinirole hcl er 6 mg tab er 24h	PDL Non-Preferred	ST 90D
ropinirole hcl er 8 mg tab er 24h	PDL Non-Preferred	ST 90D
RYTARY 23.75-95 MG CAP ER *carbidopa-levodopa*	PDL Non-Preferred	ST 90D
RYTARY 36.25-145 MG CAP ER *carbidopa-levodopa*	PDL Non-Preferred	ST 90D

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DRUG NAME	TIER	DRUG EDITS
RYTARY 48.75-195 MG CAP ER *carbidopa-levodopa*	PDL Non-Preferred	ST 90D
RYTARY 61.25-245 MG CAP ER *carbidopa-levodopa*	PDL Non-Preferred	ST 90D
SINEMET 10-100 MG TAB *carbidopa-levodopa*	PDL Non-Preferred	ST 90D
SINEMET 25-100 MG TAB *carbidopa-levodopa*	PDL Non-Preferred	ST 90D
STALEVO 100 25-100-200 MG TAB *carbidopa-levodopa-entacapone*	PDL Non-Preferred	ST
STALEVO 125 31.25-125-200 MG TAB *carbidopa-levodopa-entacapone*	PDL Non-Preferred	ST
STALEVO 150 37.5-150-200 MG TAB *carbidopa-levodopa-entacapone*	Covered	ST 90D
STALEVO 200 50-200-200 MG TAB *carbidopa-levodopa-entacapone*	Covered	ST 90D
STALEVO 50 12.5-50-200 MG TAB *carbidopa-levodopa-entacapone*	PDL Non-Preferred	ST
STALEVO 75 18.75-75-200 MG TAB *carbidopa-levodopa-entacapone*	PDL Non-Preferred	ST
VYALEV 12-240 MG/ML SOLUTION *foslevodopa-foscarbidopa*	PDL Non-Preferred	ST
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT 0.5 MG TAB *rasagiline mesylate*	PDL Non-Preferred	ST 90D
AZILECT 1 MG TAB *rasagiline mesylate*	PDL Non-Preferred	ST 90D
rasagiline mesylate 0.5 mg tab	PDL Non-Preferred	ST 90D
rasagiline mesylate 1 mg tab	PDL Non-Preferred	ST 90D
selegiline hcl 5 mg cap	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
selegiline hcl 5 mg tab	PDL Preferred	90D
XADAGO 100 MG TAB *safinamide mesylate*	PDL Non-Preferred	ST 90D
XADAGO 50 MG TAB *safinamide mesylate*	PDL Non-Preferred	ST 90D
ZELAPAR 1.25 MG TAB DISP *selegiline hcl*	PDL Non-Preferred	ST 90D
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium 8 meq/5ml solution	Covered	90D
LITHIUM CARBONATE 150 MG CAP *lithium carbonate*	Covered	90D
lithium carbonate 150 mg cap	Covered	90D
LITHIUM CARBONATE 300 MG CAP *lithium carbonate*	Covered	90D
lithium carbonate 300 mg cap	Covered	90D
lithium carbonate 300 mg tab	Covered	90D
LITHIUM CARBONATE 600 MG CAP *lithium carbonate*	Covered	90D
lithium carbonate 600 mg cap	Covered	90D
lithium carbonate er 300 mg tab er	Covered	90D
lithium carbonate er 450 mg tab er	Covered	90D
LITHOBID 300 MG TAB ER *lithium carbonate*	Covered	90D
ANTIPSYCHOTICS - MISC.		
CAPLYTA 10.5 MG CAP *lumateperone tosylate*	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required 90D
CAPLYTA 21 MG CAP *lumateperone tosylate*	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required 90D

DRUG NAME	TIER	DRUG EDITS
CAPLYTA 42 MG CAP *lumateperone tosylate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
EQUETRO 100 MG CAP ER 12H *carbamazepine (antipsychotic)*	PDL Preferred	90D
EQUETRO 200 MG CAP ER 12H *carbamazepine (antipsychotic)*	PDL Preferred	90D
EQUETRO 300 MG CAP ER 12H *carbamazepine (antipsychotic)*	PDL Preferred	90D
GEODON 20 MG CAP *ziprasidone hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
GEODON 20 MG RECON SOLN *ziprasidone mesylate*	Covered	QL 2 UNITS / 1 DAY ST
GEODON 40 MG CAP *ziprasidone hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
GEODON 60 MG CAP *ziprasidone hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
GEODON 80 MG CAP *ziprasidone hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
LATUDA 120 MG TAB *lurasidone hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required

DRUG NAME	TIER	DRUG EDITS
		90D
LATUDA 20 MG TAB *lurasidone hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
LATUDA 40 MG TAB *lurasidone hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
LATUDA 60 MG TAB *lurasidone hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
LATUDA 80 MG TAB *lurasidone hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
lurasidone hcl 120 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
lurasidone hcl 20 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
lurasidone hcl 40 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D

DRUG NAME	TIER	DRUG EDITS
lurasidone hcl 60 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
lurasidone hcl 80 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
NUPLAZID 10 MG TAB *pimavanserin tartrate*	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required 90D
NUPLAZID 34 MG CAP *pimavanserin tartrate*	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required 90D
VRAYLAR 1.5 MG CAP *cariprazine hcl*	PDL Preferred	QL 1 UNIT / 1 DAY ST 90D
VRAYLAR 3 MG CAP *cariprazine hcl*	PDL Preferred	QL 1 UNIT / 1 DAY ST 90D
VRAYLAR 4.5 MG CAP *cariprazine hcl*	PDL Preferred	QL 1 UNIT / 1 DAY ST 90D
VRAYLAR 6 MG CAP *cariprazine hcl*	PDL Preferred	QL 1 UNIT / 1 DAY ST 90D
ziprasidone hcl 20 mg cap	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
ziprasidone hcl 40 mg cap	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D
ziprasidone hcl 60 mg cap	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D
ziprasidone hcl 80 mg cap	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D
ziprasidone mesylate 20 mg recon soln	Covered	QL 2 UNITS / 1 DAY ST
BENZISOXAZOLES		
FANAPT 1 MG TAB *iloperidone*	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required 90D
FANAPT 10 MG TAB *iloperidone*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
FANAPT 12 MG TAB *iloperidone*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
FANAPT 2 MG TAB *iloperidone*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
FANAPT 4 MG TAB *iloperidone*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D

DRUG NAME	TIER	DRUG EDITS
FANAPT 6 MG TAB *iloperidone*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
FANAPT 8 MG TAB *iloperidone*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB *iloperidone*	PDL Non-Preferred	QL 8 UNITS / 4 DAYS ST NOTE Trial and failure of only 1 preferred drug is required
INVEGA 3 MG TAB ER 24H *paliperidone*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only 1 preferred drug is required 90D
INVEGA 6 MG TAB ER 24H *paliperidone*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only 1 preferred drug is required 90D
INVEGA 9 MG TAB ER 24H *paliperidone*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only 1 preferred drug is required 90D
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 3.5 UNITS / 180 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 5 UNITS / 180 DAYS ST 90D
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 1.5 UNITS / 28 DAYS ST 90D
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 1.5 UNITS / 28 DAYS ST 90D
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 1.5 UNITS / 28 DAYS ST 90D
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 1.5 UNITS / 28 DAYS ST 90D
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 1.5 UNITS / 28 DAYS ST 90D
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 2.625 UNITS / 90 DAYS ST 90D
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 2.625 UNITS / 90 DAYS ST 90D
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 2.625 UNITS / 90 DAYS ST 90D
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 2.63 UNITS / 90 DAYS ST 90D
paliperidone er 1.5 mg tab er 24h	PDL Preferred	ST 90D

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DRUG NAME	TIER	DRUG EDITS
paliperidone er 3 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS ST 90D
paliperidone er 6 mg tab er 24h	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D
paliperidone er 9 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS ST 90D
PERSERIS 120 MG PRSYR *risperidone*	PDL Preferred	QL 1 UNITS / 30 DAYS ST 90D
PERSERIS 90 MG PRSYR *risperidone*	PDL Preferred	QL 1 UNITS / 30 DAYS ST 90D
RISPERDAL 0.5 MG TAB *risperidone*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
RISPERDAL 1 MG TAB *risperidone*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
RISPERDAL 1 MG/ML SOLUTION *risperidone*	PDL Non-Preferred	QL 360 UNITS / 30 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
RISPERDAL 2 MG TAB *risperidone*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D

DRUG NAME	TIER	DRUG EDITS
RISPERDAL 3 MG TAB *risperidone*	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required 90D
RISPERDAL 4 MG TAB *risperidone*	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required 90D
RISPERDAL CONSTA 12.5 MG SRER *risperidone microspheres*	PDL Preferred	QL 2 UNITS / 28 DAYS ST 90D
RISPERDAL CONSTA 25 MG SRER *risperidone microspheres*	PDL Preferred	QL 2 UNITS / 28 DAYS ST 90D
RISPERDAL CONSTA 37.5 MG SRER *risperidone microspheres*	PDL Preferred	QL 2 UNITS / 28 DAYS ST 90D
RISPERDAL CONSTA 50 MG SRER *risperidone microspheres*	PDL Preferred	QL 2 UNITS / 28 DAYS ST 90D
risperidone 0.25 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D
RISPERIDONE 0.25 MG TAB DISP *risperidone*	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D
risperidone 0.5 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D
risperidone 0.5 mg tab disp	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
risperidone 1 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D
risperidone 1 mg tab disp	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D
risperidone 1 mg/ml solution	PDL Preferred	QL 360 UNITS / 30 DAYS ST 90D
risperidone 2 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D
risperidone 2 mg tab disp	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D
risperidone 3 mg tab	PDL Preferred	ST 90D
risperidone 3 mg tab disp	PDL Preferred	ST 90D
risperidone 4 mg tab	PDL Preferred	ST 90D
risperidone 4 mg tab disp	PDL Preferred	ST 90D
risperidone microspheres er 12.5 mg srer	PDL Preferred	QL 2 UNITS / 28 DAYS ST 90D
risperidone microspheres er 25 mg srer	PDL Preferred	QL 2 UNITS / 28 DAYS ST 90D
risperidone microspheres er 37.5 mg srer	PDL Preferred	QL 2 UNITS / 28 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
risperidone microspheres er 50 mg srer	PDL Preferred	QL 2 UNITS / 28 DAYS ST 90D
UZEDY 100 MG/0.28ML SUSP PRSYR *risperidone*	PDL Preferred	ST 90D
UZEDY 125 MG/0.35ML SUSP PRSYR *risperidone*	PDL Preferred	ST 90D
UZEDY 150 MG/0.42ML SUSP PRSYR *risperidone*	PDL Preferred	ST 90D
UZEDY 200 MG/0.56ML SUSP PRSYR *risperidone*	PDL Preferred	ST 90D
UZEDY 250 MG/0.7ML SUSP PRSYR *risperidone*	PDL Preferred	ST 90D
UZEDY 50 MG/0.14ML SUSP PRSYR *risperidone*	PDL Preferred	ST 90D
UZEDY 75 MG/0.21ML SUSP PRSYR *risperidone*	PDL Preferred	ST 90D
BUTYROPHENONES		
HALDOL DECANOATE 100 MG/ML SOLUTION *haloperidol decanoate*	PDL Preferred	ST 90D
HALDOL DECANOATE 50 MG/ML SOLUTION *haloperidol decanoate*	PDL Preferred	ST 90D
haloperidol 0.5 mg tab	Covered	ST 90D
haloperidol 1 mg tab	Covered	ST 90D
haloperidol 10 mg tab	Covered	ST 90D
haloperidol 2 mg tab	Covered	ST 90D

DRUG NAME	TIER	DRUG EDITS
haloperidol 20 mg tab	Covered	ST 90D
haloperidol 5 mg tab	Covered	ST 90D
haloperidol decanoate 100 mg/ml solution	PDL Preferred	ST 90D
haloperidol decanoate 50 mg/ml solution	PDL Preferred	ST 90D
haloperidol lactate 2 mg/ml conc	Covered	ST 90D
haloperidol lactate 5 mg/ml solution	Covered	ST
DIBENZAPINES		
ADASUVE 10 MG AER POW BA *loxapine*	Covered	ST
asenapine maleate 10 mg sl tab	PDL Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
asenapine maleate 2.5 mg sl tab	PDL Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
asenapine maleate 5 mg sl tab	PDL Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
clozapine 100 mg tab	PDL Preferred	QL 9 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
clozapine 100 mg tab disp	PDL Non-Preferred	QL 9 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
CLOZAPINE 12.5 MG TAB DISP *clozapine*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
clozapine 150 mg tab disp	PDL Non-Preferred	QL 5 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
clozapine 200 mg tab	PDL Preferred	QL 4 UNITS / 1 DAYS ST 90D
clozapine 200 mg tab disp	PDL Non-Preferred	QL 4 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
clozapine 25 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS ST 90D
clozapine 25 mg tab disp	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
clozapine 50 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS ST 90D

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DRUG NAME	TIER	DRUG EDITS
CLOZARIL 100 MG TAB *clozapine*	PDL Non-Preferred	QL 9 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
CLOZARIL 25 MG TAB *clozapine*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
loxapine succinate 10 mg cap	Covered	ST 90D
loxapine succinate 25 mg cap	Covered	ST 90D
loxapine succinate 5 mg cap	Covered	ST 90D
loxapine succinate 50 mg cap	Covered	ST 90D
olanzapine 10 mg recon soln	Covered	QL 1 UNIT / 1 DAY ST
olanzapine 10 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS ST 90D
olanzapine 10 mg tab disp	PDL Preferred	QL 1 UNITS / 1 DAYS ST 90D
olanzapine 15 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS ST 90D
olanzapine 15 mg tab disp	PDL Preferred	QL 1 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
olanzapine 2.5 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS ST 90D
olanzapine 20 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS ST 90D
olanzapine 20 mg tab disp	PDL Preferred	QL 1 UNITS / 1 DAYS ST 90D
olanzapine 5 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS ST 90D
olanzapine 5 mg tab disp	PDL Preferred	QL 1 UNITS / 1 DAYS ST 90D
olanzapine 7.5 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS ST 90D
quetiapine fumarate 100 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS ST 90D
QUETIAPINE FUMARATE 150 MG TAB *quetiapine fumarate*	PDL Preferred	QL 1 UNITS / 1 DAYS ST 90D
quetiapine fumarate 200 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS ST 90D
quetiapine fumarate 25 mg tab	PDL Preferred	ST 90D
quetiapine fumarate 300 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
quetiapine fumarate 400 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D
quetiapine fumarate 50 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS ST 90D
quetiapine fumarate er 150 mg tab er 24h	PDL Preferred	ST 90D
quetiapine fumarate er 200 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS ST 90D
quetiapine fumarate er 300 mg tab er 24h	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D
quetiapine fumarate er 400 mg tab er 24h	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D
quetiapine fumarate er 50 mg tab er 24h	PDL Preferred	ST 90D
SAPHRIS 10 MG SL TAB *asenapine maleate*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
SAPHRIS 2.5 MG SL TAB *asenapine maleate*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
SAPHRIS 5 MG SL TAB *asenapine maleate*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
SECUADO 3.8 MG/24HR PATCH 24HR *asenapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D

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DRUG NAME	TIER	DRUG EDITS
SECUADO 5.7 MG/24HR PATCH 24HR *asenapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
SECUADO 7.6 MG/24HR PATCH 24HR *asenapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
SEROQUEL 100 MG TAB *quetiapine fumarate*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
SEROQUEL 200 MG TAB *quetiapine fumarate*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
SEROQUEL 25 MG TAB *quetiapine fumarate*	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required 90D
SEROQUEL 300 MG TAB *quetiapine fumarate*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
SEROQUEL 400 MG TAB *quetiapine fumarate*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D

DRUG NAME	TIER	DRUG EDITS
SEROQUEL 50 MG TAB *quetiapine fumarate*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
SEROQUEL XR 150 MG TAB ER 24H *quetiapine fumarate*	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required 90D
SEROQUEL XR 200 MG TAB ER 24H *quetiapine fumarate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
SEROQUEL XR 300 MG TAB ER 24H *quetiapine fumarate*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
SEROQUEL XR 400 MG TAB ER 24H *quetiapine fumarate*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
SEROQUEL XR 50 MG TAB ER 24H *quetiapine fumarate*	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required 90D
VERSACLOZ 50 MG/ML SUSPENSION *clozapine*	PDL Non-Preferred	QL 540 UNITS / 30 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
ZYPREXA 10 MG RECON SOLN *olanzapine*	Covered	QL 1 UNIT / 1 DAY ST

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DRUG NAME	TIER	DRUG EDITS
ZYPREXA 10 MG TAB *olanzapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
ZYPREXA 15 MG TAB *olanzapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
ZYPREXA 2.5 MG TAB *olanzapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
ZYPREXA 20 MG TAB *olanzapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
ZYPREXA 5 MG TAB *olanzapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
ZYPREXA 7.5 MG TAB *olanzapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
ZYPREXA RELPREVV 210 MG RECON SUSP *olanzapine pamoate*	PDL Preferred	ST 90D
ZYPREXA RELPREVV 300 MG RECON SUSP *olanzapine pamoate*	PDL Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
ZYPREXA RELPREVV 405 MG RECON SUSP *olanzapine pamoate*	PDL Preferred	QL 1 UNIT / 28 DAYS ST 90D
ZYPREXA ZYDIS 10 MG TAB DISP *olanzapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
ZYPREXA ZYDIS 15 MG TAB DISP *olanzapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
ZYPREXA ZYDIS 20 MG TAB DISP *olanzapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
ZYPREXA ZYDIS 5 MG TAB DISP *olanzapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
DIHYDROINDOLONES		
MOLINDONE HCL 25 MG TAB *molindone hcl*	Covered	ST 90D
MOLINDONE HCL 5 MG TAB *molindone hcl*	Covered	ST 90D
MUSCARINIC AGENTS		
COBENFY 100-20 MG CAP *xanomeline tartrate-trospium chloride*	PDL Non-Preferred	PA
COBENFY 125-30 MG CAP *xanomeline tartrate-trospium chloride*	PDL Non-Preferred	PA

DRUG NAME	TIER	DRUG EDITS
COBENFY 50-20 MG CAP *xanomeline tartrate-trospium chloride*	PDL Non-Preferred	PA
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK *xanomeline tartrate-trospium chloride*	PDL Non-Preferred	PA
PHENOTHIAZINES		
chlorpromazine hcl 10 mg tab	Covered	ST 90D
chlorpromazine hcl 100 mg tab	Covered	ST 90D
CHLORPROMAZINE HCL 100 MG/ML CONC *chlorpromazine hcl*	Covered	ST 90D
chlorpromazine hcl 200 mg tab	Covered	ST 90D
chlorpromazine hcl 25 mg tab	Covered	ST 90D
chlorpromazine hcl 25 mg/ml solution	Covered	ST
CHLORPROMAZINE HCL 30 MG/ML CONC *chlorpromazine hcl*	Covered	ST 90D
chlorpromazine hcl 50 mg tab	Covered	ST 90D
chlorpromazine hcl 50 mg/2ml solution	Covered	ST
compro 25 mg suppos	PDL Non-Preferred	ST
fluphenazine decanoate 25 mg/ml solution	PDL Preferred	QL 5 ML / 28 DAYS ST NOTE 1 VIAL / 28 DAYS 90D
fluphenazine hcl 1 mg tab	Covered	QL 40 UNITS / 1 DAY ST 90D
fluphenazine hcl 10 mg tab	Covered	QL 4 UNITS / 1 DAY ST 90D

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DRUG NAME	TIER	DRUG EDITS
fluphenazine hcl 2.5 mg tab	Covered	QL 16 UNITS / 1 DAY ST 90D
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR *fluphenazine hcl*	Covered	QL 80 UNITS / 1 DAY ST 90D
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION *fluphenazine hcl*	Covered	ST
fluphenazine hcl 5 mg tab	Covered	QL 8 UNITS / 1 DAY ST 90D
FLUPHENAZINE HCL 5 MG/ML CONC *fluphenazine hcl*	Covered	QL 8 UNITS / 1 DAY ST 90D
perphenazine 16 mg tab	Covered	ST 90D
perphenazine 2 mg tab	Covered	ST 90D
perphenazine 4 mg tab	Covered	ST 90D
perphenazine 8 mg tab	Covered	ST 90D
prochlorperazine 25 mg suppos	PDL Non-Preferred	ST
prochlorperazine edisylate 10 mg/2ml solution	PDL Non-Preferred	ST
PROCHLORPERAZINE EDISYLATE 50 MG/10ML SOLUTION *prochlorperazine edisylate*	PDL Non-Preferred	ST
prochlorperazine maleate 10 mg tab	PDL Preferred	90D
prochlorperazine maleate 5 mg tab	PDL Preferred	90D
thioridazine hcl 10 mg tab	Covered	ST 90D

DRUG NAME	TIER	DRUG EDITS
thioridazine hcl 100 mg tab	Covered	ST 90D
thioridazine hcl 25 mg tab	Covered	ST 90D
thioridazine hcl 50 mg tab	Covered	ST 90D
trifluoperazine hcl 1 mg tab	Covered	ST 90D
trifluoperazine hcl 10 mg tab	Covered	ST 90D
trifluoperazine hcl 2 mg tab	Covered	ST 90D
trifluoperazine hcl 5 mg tab	Covered	ST 90D
QUINOLINONE DERIVATIVES		
ABILIFY 10 MG TAB *aripiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
ABILIFY 15 MG TAB *aripiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
ABILIFY 2 MG TAB *aripiprazole*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
ABILIFY 20 MG TAB *aripiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D

DRUG NAME	TIER	DRUG EDITS
ABILIFY 30 MG TAB *aripiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
ABILIFY 5 MG TAB *aripiprazole*	PDL Non-Preferred	QL 1.5 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR *aripiprazole*	PDL Preferred	QL 1 UNIT / 1 DAY ST 90D
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR *aripiprazole*	PDL Preferred	QL 1 UNIT / 1 DAY ST 90D
ABILIFY MAINTENA 300 MG PRSYR *aripiprazole*	PDL Preferred	QL 1 UNITS / 30 DAYS ST 90D
ABILIFY MAINTENA 300 MG SRER *aripiprazole*	PDL Preferred	QL 1 UNITS / 30 DAYS ST 90D
ABILIFY MAINTENA 400 MG PRSYR *aripiprazole*	PDL Preferred	QL 1 UNITS / 30 DAYS ST 90D
ABILIFY MAINTENA 400 MG SRER *aripiprazole*	PDL Preferred	QL 1 UNITS / 30 DAYS ST 90D
ABILIFY MYCITE MAINTENANCE KIT 10 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required 90D

DRUG NAME	TIER	DRUG EDITS
ABILIFY MYCITE MAINTENANCE KIT 15 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	ST NOTE 90D Trial and failure of only 1 preferred drug is required
ABILIFY MYCITE MAINTENANCE KIT 2 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	ST NOTE 90D Trial and failure of only 1 preferred drug is required
ABILIFY MYCITE MAINTENANCE KIT 20 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	ST NOTE 90D Trial and failure of only 1 preferred drug is required
ABILIFY MYCITE MAINTENANCE KIT 30 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	ST NOTE 90D Trial and failure of only 1 preferred drug is required
ABILIFY MYCITE MAINTENANCE KIT 5 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	ST NOTE 90D Trial and failure of only 1 preferred drug is required
ABILIFY MYCITE STARTER KIT 10 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required
ABILIFY MYCITE STARTER KIT 15 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required
ABILIFY MYCITE STARTER KIT 2 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required
ABILIFY MYCITE STARTER KIT 20 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required
ABILIFY MYCITE STARTER KIT 30 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required

DRUG NAME	TIER	DRUG EDITS
ABILIFY MYCITE STARTER KIT 5 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required
aripiprazole 1 mg/ml solution	PDL Preferred	QL 750 UNITS / 30 DAYS ST 90D
aripiprazole 10 mg tab	PDL Preferred	QL 1 UNIT / 1 DAY ST 90D
aripiprazole 10 mg tab disp	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required 90D
aripiprazole 15 mg tab	PDL Preferred	QL 1 UNIT / 1 DAY ST 90D
aripiprazole 15 mg tab disp	PDL Non-Preferred	ST NOTE Trial and failure of only 1 preferred drug is required 90D
aripiprazole 2 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS ST 90D
aripiprazole 20 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS ST 90D
aripiprazole 30 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS ST 90D
aripiprazole 5 mg tab	PDL Preferred	QL 1.5 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
ARISTADA 1064 MG/3.9ML PRSYR *aripiprazole lauroxil*	PDL Preferred	QL 3.9 UNITS / 60 DAYS ST
ARISTADA 441 MG/1.6ML PRSYR *aripiprazole lauroxil*	PDL Preferred	QL 3.2 UNITS / 30 DAYS ST 90D
ARISTADA 662 MG/2.4ML PRSYR *aripiprazole lauroxil*	PDL Preferred	QL 3.2 UNITS / 30 DAYS ST 90D
ARISTADA 882 MG/3.2ML PRSYR *aripiprazole lauroxil*	PDL Preferred	QL 3.2 UNITS / 30 DAYS ST 90D
ARISTADA INITIO 675 MG/2.4ML PRSYR *aripiprazole lauroxil*	PDL Preferred	QL 2.4 UNITS / 30 DAYS ST
REXULTI 0.25 MG TAB *brexpiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
REXULTI 0.5 MG TAB *brexpiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
REXULTI 1 MG TAB *brexpiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
REXULTI 2 MG TAB *brexpiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D

DRUG NAME	TIER	DRUG EDITS
REXULTI 3 MG TAB *brexpiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
REXULTI 4 MG TAB *brexpiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
THIOXANTHENES		
thiothixene 1 mg cap	Covered	ST 90D
thiothixene 10 mg cap	Covered	ST 90D
thiothixene 2 mg cap	Covered	ST 90D
thiothixene 5 mg cap	Covered	ST 90D
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate 20 mg/ml solution	Covered	90D
abacavir sulfate 300 mg tab	Covered	90D
abacavir sulfate-lamivudine 600-300 mg tab	Covered	90D
APRETUDE 600 MG/3ML SUSP *cabotegravir*	Covered	90D
APTIVUS 250 MG CAP *tipranavir*	Covered	90D
atazanavir sulfate 150 mg cap	Covered	90D
atazanavir sulfate 200 mg cap	Covered	90D
atazanavir sulfate 300 mg cap	Covered	90D

DRUG NAME	TIER	DRUG EDITS
BIKTARVY 30-120-15 MG TAB *bictegravir-emtricitabine-tenofovir alafenamide fumarate*	Covered	90D
BIKTARVY 50-200-25 MG TAB *bictegravir-emtricitabine-tenofovir alafenamide fumarate*	Covered	90D
CABENUVA 400 & 600 MG/2ML SUSP *cabotegravir & rilpivirine*	Covered	90D
CABENUVA 600 & 900 MG/3ML SUSP *cabotegravir & rilpivirine*	Covered	
CIMDUO 300-300 MG TAB *lamivudine-tenofovir disoproxil fumarate*	Covered	90D
COMBIVIR 150-300 MG TAB *lamivudine-zidovudine*	Covered	
COMPLERA 200-25-300 MG TAB *emtricitabine-rilpivirine-tenofovir disoproxil fumarate*	Covered	90D
darunavir 600 mg tab	Covered	90D
darunavir 800 mg tab	Covered	90D
DELSTRIGO 100-300-300 MG TAB *doravirine-lamivudine-tenofovir disoproxil fumarate*	Covered	90D
DESCOVY 120-15 MG TAB *emtricitabine-tenofovir alafenamide fumarate*	Covered	90D
DESCOVY 200-25 MG TAB *emtricitabine-tenofovir alafenamide fumarate*	Covered	90D
DOVATO 50-300 MG TAB *dolutegravir sodium-lamivudine*	Covered	90D
EDURANT 25 MG TAB *rilpivirine hcl*	Covered	90D
EFAVIRENZ 200 MG CAP *efavirenz*	Covered	90D
EFAVIRENZ 50 MG CAP *efavirenz*	Covered	90D
efavirenz 600 mg tab	Covered	90D
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	Covered	90D
efavirenz-lamivudine-tenofovir 400-300-300 mg tab	Covered	90D
efavirenz-lamivudine-tenofovir 600-300-300 mg tab	Covered	90D
emtricitabine 200 mg cap	Covered	90D

DRUG NAME	TIER	DRUG EDITS
emtricitabine-tenofovir df 100-150 mg tab	Covered	90D
emtricitabine-tenofovir df 133-200 mg tab	Covered	90D
emtricitabine-tenofovir df 167-250 mg tab	Covered	90D
emtricitabine-tenofovir df 200-300 mg tab	Covered	90D
EMTRIVA 10 MG/ML SOLUTION *emtricitabine*	Covered	90D
EMTRIVA 200 MG CAP *emtricitabine*	Covered	90D
EPIVIR 10 MG/ML SOLUTION *lamivudine*	Covered	90D
EPIVIR 150 MG TAB *lamivudine*	Covered	90D
EPIVIR 300 MG TAB *lamivudine*	Covered	90D
EPZICOM 600-300 MG TAB *abacavir sulfate-lamivudine*	Covered	
etravirine 100 mg tab	Covered	90D
etravirine 200 mg tab	Covered	90D
EVOTAZ 300-150 MG TAB *atazanavir sulfate-cobicistat*	Covered	90D
fosamprenavir calcium 700 mg tab	Covered	90D
FUZEON 90 MG RECON SOLN *enfuvirtide*	Covered	90D
GENVOYA 150-150-200-10 MG TAB *elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide*	Covered	90D
INTELENCE 100 MG TAB *etravirine*	Covered	90D
INTELENCE 200 MG TAB *etravirine*	Covered	90D
INTELENCE 25 MG TAB *etravirine*	Covered	90D
ISENTRESS 100 MG CHEW TAB *raltegravir potassium*	Covered	90D
ISENTRESS 100 MG PACKET *raltegravir potassium*	Covered	90D
ISENTRESS 25 MG CHEW TAB *raltegravir potassium*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
ISENTRESS 400 MG TAB *raltegravir potassium*	Covered	90D
ISENTRESS HD 600 MG TAB *raltegravir potassium*	Covered	90D
JULUCA 50-25 MG TAB *dolutegravir sodium-rilpivirine hcl*	Covered	90D
KALETRA 100-25 MG TAB *lopinavir-ritonavir*	Covered	90D
KALETRA 200-50 MG TAB *lopinavir-ritonavir*	Covered	90D
KALETRA 400-100 MG/5ML SOLUTION *lopinavir-ritonavir*	Covered	90D
lamivudine 10 mg/ml solution	Covered	90D
lamivudine 150 mg tab	Covered	90D
lamivudine 300 mg tab	Covered	90D
lamivudine-zidovudine 150-300 mg tab	Covered	90D
LEXIVA 50 MG/ML SUSPENSION *fosamprenavir calcium*	Covered	
LEXIVA 700 MG TAB *fosamprenavir calcium*	Covered	
lopinavir-ritonavir 100-25 mg tab	Covered	90D
lopinavir-ritonavir 200-50 mg tab	Covered	90D
lopinavir-ritonavir 400-100 mg/5ml solution	Covered	90D
maraviroc 150 mg tab	Covered	90D
maraviroc 300 mg tab	Covered	90D
nevirapine 200 mg tab	Covered	90D
NEVIRAPINE 50 MG/5ML SUSPENSION *nevirapine*	Covered	90D
nevirapine er 400 mg tab er 24h	Covered	90D
NORVIR 100 MG PACKET *ritonavir*	Covered	90D
NORVIR 100 MG TAB *ritonavir*	Covered	90D
ODEFSEY 200-25-25 MG TAB *emtricitabine-rilpivirine-tenofovir alafenamide fumarate*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
PIFELTRO 100 MG TAB *doravirine*	Covered	90D
PREZCOBIX 800-150 MG TAB *darunavir-cobicistat*	Covered	90D
PREZISTA 100 MG/ML SUSPENSION *darunavir ethanolate*	Covered	90D
PREZISTA 150 MG TAB *darunavir ethanolate*	Covered	90D
PREZISTA 600 MG TAB *darunavir*	Covered	90D
PREZISTA 75 MG TAB *darunavir ethanolate*	Covered	90D
PREZISTA 800 MG TAB *darunavir*	Covered	90D
RETROVIR 10 MG/ML SOLUTION *zidovudine*	Covered	
RETROVIR 100 MG CAP *zidovudine*	Covered	90D
RETROVIR 50 MG/5ML SYRUP *zidovudine*	Covered	90D
REYATAZ 200 MG CAP *atazanavir sulfate*	Covered	90D
REYATAZ 300 MG CAP *atazanavir sulfate*	Covered	90D
REYATAZ 50 MG PACKET *atazanavir sulfate*	Covered	90D
ritonavir 100 mg tab	Covered	90D
RUKOBIA 600 MG TAB ER 12H *fostemsavir tromethamine*	Covered	90D
SELZENTRY 150 MG TAB *maraviroc*	Covered	90D
SELZENTRY 20 MG/ML SOLUTION *maraviroc*	Covered	90D
SELZENTRY 25 MG TAB *maraviroc*	Covered	
SELZENTRY 300 MG TAB *maraviroc*	Covered	90D
SELZENTRY 75 MG TAB *maraviroc*	Covered	

DRUG NAME	TIER	DRUG EDITS
STRIBILD 150-150-200-300 MG TAB *elvitegravir-cobicistat-emtricitabine-tenofovir df*	Covered	90D
SUNLENCA 4 X 300 MG TAB THPK *lenacapavir sodium*	Covered	
SUNLENCA 463.5 MG/1.5ML SOLUTION *lenacapavir sodium*	Covered	90D
SUNLENCA 5 X 300 MG TAB THPK *lenacapavir sodium*	Covered	
SYMFI 600-300-300 MG TAB *efavirenz-lamivudine-tenofovir disoproxil fumarate*	Covered	90D
SYMFI LO 400-300-300 MG TAB *efavirenz-lamivudine-tenofovir disoproxil fumarate*	Covered	90D
SYMTUZA 800-150-200-10 MG TAB *darunavir-cobicistat-emtricitabine-tenofovir alafenamide*	Covered	90D
tenofovir disoproxil fumarate 300 mg tab	PDL Preferred	90D
TIVICAY 10 MG TAB *dolutegravir sodium*	Covered	
TIVICAY 25 MG TAB *dolutegravir sodium*	Covered	
TIVICAY 50 MG TAB *dolutegravir sodium*	Covered	90D
TIVICAY PD 5 MG TAB SOL *dolutegravir sodium*	Covered	90D
TRIUMEQ 600-50-300 MG TAB *abacavir-dolutegravir-lamivudine*	Covered	90D
TRIUMEQ PD 60-5-30 MG TAB SOL *abacavir-dolutegravir-lamivudine*	Covered	90D
TRIZIVIR 300-150-300 MG TAB *abacavir sulfate-lamivudine-zidovudine*	Covered	
TROGARZO 200 MG/1.33ML SOLUTION *ibalizumab-uiyk*	Covered	90D
TRUVADA 100-150 MG TAB *emtricitabine-tenofovir disoproxil fumarate*	Covered	90D
TRUVADA 133-200 MG TAB *emtricitabine-tenofovir disoproxil fumarate*	Covered	90D
TRUVADA 167-250 MG TAB *emtricitabine-tenofovir disoproxil fumarate*	Covered	90D
TRUVADA 200-300 MG TAB *emtricitabine-tenofovir disoproxil fumarate*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
TYBOST 150 MG TAB *cobicistat*	Covered	90D
VIRACEPT 250 MG TAB *nelfinavir mesylate*	Covered	90D
VIRACEPT 625 MG TAB *nelfinavir mesylate*	Covered	90D
VIRAMUNE XR 400 MG TAB ER 24H *nevirapine*	Covered	
VIREAD 150 MG TAB *tenofovir disoproxil fumarate*	PDL Preferred	90D
VIREAD 200 MG TAB *tenofovir disoproxil fumarate*	PDL Preferred	90D
VIREAD 250 MG TAB *tenofovir disoproxil fumarate*	PDL Preferred	90D
VIREAD 300 MG TAB *tenofovir disoproxil fumarate*	PDL Preferred	90D
VIREAD 40 MG/GM POWDER *tenofovir disoproxil fumarate*	PDL Preferred	90D
ZIAGEN 20 MG/ML SOLUTION *abacavir sulfate*	Covered	90D
zidovudine 100 mg cap	Covered	90D
zidovudine 300 mg tab	Covered	90D
zidovudine 50 mg/5ml syrup	Covered	90D
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK *nirmatrelvir-ritonavir*	Covered	
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK *nirmatrelvir-ritonavir*	Covered	
CMV AGENTS		
cidofovir 75 mg/ml solution	Covered	
foscarnet sodium 6000 mg/250ml solution	Covered	
ganciclovir sodium 500 mg recon soln	Covered	
GANCICLOVIR SODIUM 500 MG/10ML SOLUTION *ganciclovir sodium*	Covered	
LIVTENCITY 200 MG TAB *maribavir*	Covered	

DRUG NAME	TIER	DRUG EDITS
PREVYMIS 240 MG TAB *letermovir*	Covered	
PREVYMIS 240 MG/12ML SOLUTION *letermovir*	Covered	
PREVYMIS 480 MG TAB *letermovir*	Covered	
PREVYMIS 480 MG/24ML SOLUTION *letermovir*	Covered	
VALCYTE 450 MG TAB *valganciclovir hcl*	Covered	90D
VALCYTE 50 MG/ML RECON SOLN *valganciclovir hcl*	Covered	90D
valganciclovir hcl 450 mg tab	Covered	90D
valganciclovir hcl 50 mg/ml recon soln	Covered	90D
HEPATITIS AGENTS		
adefovir dipivoxil 10 mg tab	PDL Non-Preferred	ST
BARACLUDE 0.05 MG/ML SOLUTION *entecavir*	PDL Non-Preferred	ST 90D
BARACLUDE 0.5 MG TAB *entecavir*	PDL Non-Preferred	ST 90D
BARACLUDE 1 MG TAB *entecavir*	PDL Non-Preferred	ST 90D
entecavir 0.5 mg tab	PDL Preferred	90D
entecavir 1 mg tab	PDL Preferred	90D
EPCLUSA 150-37.5 MG PACKET *sofosbuvir-velpatasvir*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
EPCLUSA 200-50 MG PACKET *sofosbuvir-velpatasvir*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
EPCLUSA 200-50 MG TAB *sofosbuvir-velpatasvir*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
EPCLUSA 400-100 MG TAB *sofosbuvir-velpatasvir*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply

DRUG NAME	TIER	DRUG EDITS
HARVONI 33.75-150 MG PACKET *ledipasvir-sofosbuvir*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
HARVONI 45-200 MG PACKET *ledipasvir-sofosbuvir*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
HARVONI 45-200 MG TAB *ledipasvir-sofosbuvir*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
HARVONI 90-400 MG TAB *ledipasvir-sofosbuvir*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
lamivudine 100 mg tab	PDL Preferred	90D
LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB *ledipasvir-sofosbuvir*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
MAVYRET 100-40 MG TAB *glecaprevir-pibrentasvir*	PDL Preferred	
MAVYRET 50-20 MG PACKET *glecaprevir-pibrentasvir*	PDL Preferred	
PEGASYS 180 MCG/0.5ML SOLN PRSYR *peginterferon alfa-2a*	PDL Preferred	
PEGASYS 180 MCG/ML SOLUTION *peginterferon alfa-2a*	PDL Preferred	
RIBAVIRIN 200 MG CAP *ribavirin (hepatitis c)*	PDL Preferred	
RIBAVIRIN 200 MG TAB *ribavirin (hepatitis c)*	PDL Preferred	
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB *sofosbuvir-velpatasvir*	PDL Preferred	
SOVALDI 150 MG PACKET *sofosbuvir*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
SOVALDI 200 MG PACKET *sofosbuvir*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
SOVALDI 200 MG TAB *sofosbuvir*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
SOVALDI 400 MG TAB *sofosbuvir*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
VEMLIDY 25 MG TAB *tenofovir alafenamide fumarate*	PDL Non-Preferred	ST 90D

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DRUG NAME	TIER	DRUG EDITS
VOSEVI 400-100-100 MG TAB *sofosbuvir-velpatasvir-voxilaprevir*	PDL Preferred	ST NOTE Clinical Criteria Apply
ZEPATIER 50-100 MG TAB *elbasvir-grazoprevir*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
HERPES AGENTS		
acyclovir 200 mg cap	PDL Preferred	90D
acyclovir 200 mg/5ml suspension	PDL Preferred	90D
acyclovir 400 mg tab	PDL Preferred	90D
acyclovir 800 mg tab	PDL Preferred	90D
acyclovir sodium 50 mg/ml solution	Covered	
famciclovir 125 mg tab	PDL Preferred	90D
famciclovir 250 mg tab	PDL Preferred	90D
famciclovir 500 mg tab	PDL Preferred	90D
valacyclovir hcl 1 gm tab	PDL Preferred	90D
valacyclovir hcl 500 mg tab	PDL Preferred	90D
VALTREX 1 GM TAB *valacyclovir hcl*	PDL Non-Preferred	ST 90D
VALTREX 500 MG TAB *valacyclovir hcl*	PDL Non-Preferred	ST 90D
INFLUENZA AGENTS		
oseltamivir phosphate 30 mg cap	PDL Preferred	
oseltamivir phosphate 45 mg cap	PDL Preferred	
oseltamivir phosphate 6 mg/ml recon susp	PDL Preferred	
oseltamivir phosphate 75 mg cap	PDL Preferred	
RAPIVAB 200 MG/20ML SOLUTION *peramivir*	Covered	
RELENZA DISKHALER 5 MG/ACT AER POW BA *zanamivir*	PDL Non-Preferred	ST
RIMANTADINE HCL 100 MG TAB *rimantadine hydrochloride*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
TAMIFLU 30 MG CAP *oseltamivir phosphate*	PDL Non-Preferred	ST
TAMIFLU 45 MG CAP *oseltamivir phosphate*	PDL Non-Preferred	ST
TAMIFLU 6 MG/ML RECON SUSP *oseltamivir phosphate*	PDL Non-Preferred	ST
TAMIFLU 75 MG CAP *oseltamivir phosphate*	PDL Non-Preferred	ST
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK *baloxavir marboxil*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required.
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK *baloxavir marboxil*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required.
MISC. ANTIVIRALS		
VEKLURY 100 MG RECON SOLN *remdesivir*	Covered	
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin 6 gm recon soln	Covered	
VIRAZOLE 6 GM RECON SOLN *ribavirin*	Covered	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol 12.5 mg tab	PDL Preferred	90D
carvedilol 25 mg tab	PDL Preferred	90D
carvedilol 3.125 mg tab	PDL Preferred	90D
carvedilol 6.25 mg tab	PDL Preferred	90D
carvedilol phosphate er 10 mg cap er 24h	PDL Non-Preferred	ST 90D
carvedilol phosphate er 20 mg cap er 24h	PDL Non-Preferred	ST 90D
carvedilol phosphate er 40 mg cap er 24h	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
carvedilol phosphate er 80 mg cap er 24h	PDL Non-Preferred	ST 90D
COREG CR 10 MG CAP ER 24H *carvedilol phosphate*	PDL Non-Preferred	ST
COREG CR 20 MG CAP ER 24H *carvedilol phosphate*	PDL Non-Preferred	ST
COREG CR 40 MG CAP ER 24H *carvedilol phosphate*	PDL Non-Preferred	ST 90D
COREG CR 80 MG CAP ER 24H *carvedilol phosphate*	PDL Non-Preferred	ST
LABETALOL HCL 10 MG/2ML SOLN PRSYR *labetalol hcl*	Covered	
labetalol hcl 100 mg tab	PDL Preferred	90D
labetalol hcl 200 mg tab	PDL Preferred	90D
labetalol hcl 300 mg tab	PDL Preferred	90D
labetalol hcl 5 mg/ml solution	Covered	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl 200 mg cap	PDL Non-Preferred	ST 90D
acebutolol hcl 400 mg cap	PDL Non-Preferred	ST 90D
atenolol 100 mg tab	PDL Preferred	90D
atenolol 25 mg tab	PDL Preferred	90D
atenolol 50 mg tab	PDL Preferred	90D
betaxolol hcl 10 mg tab	PDL Non-Preferred	ST 90D
betaxolol hcl 20 mg tab	PDL Non-Preferred	ST 90D
bisoprolol fumarate 10 mg tab	PDL Non-Preferred	ST 90D
bisoprolol fumarate 5 mg tab	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
BREVIBLOC 100 MG/10ML SOLUTION *esmolol hcl*	Covered	
BREVIBLOC IN NACL 2000 MG/100ML SOLUTION *esmolol hcl-sodium chloride*	Covered	
BREVIBLOC IN NACL 2500 MG/250ML SOLUTION *esmolol hcl-sodium chloride*	Covered	
BREVIBLOC PREMIXED 2500 MG/250ML SOLUTION *esmolol hcl-sodium chloride*	Covered	
BREVIBLOC PREMIXED DS 2000 MG/100ML SOLUTION *esmolol hcl-sodium chloride*	Covered	
BYSTOLIC 10 MG TAB *nebivolol hcl*	PDL Non-Preferred	ST 90D
BYSTOLIC 2.5 MG TAB *nebivolol hcl*	PDL Non-Preferred	ST 90D
BYSTOLIC 20 MG TAB *nebivolol hcl*	PDL Non-Preferred	ST 90D
BYSTOLIC 5 MG TAB *nebivolol hcl*	PDL Non-Preferred	ST 90D
esmolol hcl 100 mg/10ml solution	Covered	
ESMOLOL HCL 2000 MG/100ML SOLUTION *esmolol hcl*	Covered	
ESMOLOL HCL 2500 MG/250ML SOLUTION *esmolol hcl*	Covered	
esmolol hcl-sodium chloride 2000 mg/100ml solution	Covered	
esmolol hcl-sodium chloride 2500 mg/250ml solution	Covered	
KAPSPARGO SPRINKLE 100 MG CP24 SPRNK *metoprolol succinate*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
KAPSPARGO SPRINKLE 200 MG CP24 SPRNK *metoprolol succinate*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D

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DRUG NAME	TIER	DRUG EDITS
KAPSPARGO SPRINKLE 25 MG CP24 SPRNK *metoprolol succinate*	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
KAPSPARGO SPRINKLE 50 MG CP24 SPRNK *metoprolol succinate*	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
LOPRESSOR 100 MG TAB *metoprolol tartrate*	PDL Non-Preferred	ST 90D
LOPRESSOR 50 MG TAB *metoprolol tartrate*	PDL Non-Preferred	ST 90D
metoprolol succinate er 100 mg tab er 24h	PDL Preferred	90D
metoprolol succinate er 200 mg tab er 24h	PDL Preferred	90D
metoprolol succinate er 25 mg tab er 24h	PDL Preferred	90D
metoprolol succinate er 50 mg tab er 24h	PDL Preferred	90D
metoprolol tartrate 100 mg tab	PDL Preferred	90D
metoprolol tartrate 25 mg tab	PDL Preferred	90D
metoprolol tartrate 37.5 mg tab	PDL Preferred	90D
metoprolol tartrate 5 mg/5ml solution	Covered	
metoprolol tartrate 50 mg tab	PDL Preferred	90D
metoprolol tartrate 75 mg tab	PDL Preferred	90D
nebivolol hcl 10 mg tab	PDL Preferred	90D
nebivolol hcl 2.5 mg tab	PDL Preferred	90D
nebivolol hcl 20 mg tab	PDL Preferred	90D
nebivolol hcl 5 mg tab	PDL Preferred	90D
TENORMIN 100 MG TAB *atenolol*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
TENORMIN 25 MG TAB *atenolol*	PDL Non-Preferred	ST 90D
TENORMIN 50 MG TAB *atenolol*	PDL Non-Preferred	ST 90D
TOPROL XL 100 MG TAB ER 24H *metoprolol succinate*	PDL Non-Preferred	ST 90D
TOPROL XL 200 MG TAB ER 24H *metoprolol succinate*	PDL Non-Preferred	ST 90D
TOPROL XL 25 MG TAB ER 24H *metoprolol succinate*	PDL Non-Preferred	ST 90D
TOPROL XL 50 MG TAB ER 24H *metoprolol succinate*	PDL Non-Preferred	ST 90D
BETA BLOCKERS NON-SELECTIVE		
BETAPACE 120 MG TAB *sotalol hcl*	PDL Non-Preferred	ST 90D
BETAPACE 160 MG TAB *sotalol hcl*	PDL Non-Preferred	ST 90D
BETAPACE 80 MG TAB *sotalol hcl*	PDL Non-Preferred	ST 90D
BETAPACE AF 120 MG TAB *sotalol hcl (afib/afl)*	PDL Non-Preferred	ST 90D
BETAPACE AF 160 MG TAB *sotalol hcl (afib/afl)*	PDL Non-Preferred	ST 90D
BETAPACE AF 80 MG TAB *sotalol hcl (afib/afl)*	PDL Non-Preferred	ST 90D
CORGARD 20 MG TAB *nadolol*	Covered	ST 90D
CORGARD 40 MG TAB *nadolol*	Covered	ST 90D
HEMANGEOL 4.28 MG/ML SOLUTION *propranolol hcl*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
INDERAL LA 120 MG CAP ER 24H *propranolol hcl*	PDL Non-Preferred	ST 90D
INDERAL LA 160 MG CAP ER 24H *propranolol hcl*	PDL Non-Preferred	ST 90D
INDERAL LA 60 MG CAP ER 24H *propranolol hcl*	PDL Non-Preferred	ST 90D
INDERAL LA 80 MG CAP ER 24H *propranolol hcl*	PDL Non-Preferred	ST 90D
INDERAL XL 120 MG CAP ER 24H *propranolol hcl sustained-release beads*	PDL Non-Preferred	ST 90D
INDERAL XL 80 MG CAP ER 24H *propranolol hcl sustained-release beads*	PDL Non-Preferred	ST 90D
INNOPRAN XL 120 MG CAP ER 24H *propranolol hcl sustained-release beads*	PDL Non-Preferred	ST 90D
INNOPRAN XL 80 MG CAP ER 24H *propranolol hcl sustained-release beads*	PDL Non-Preferred	ST 90D
nadolol 20 mg tab	PDL Non-Preferred	ST 90D
nadolol 40 mg tab	PDL Non-Preferred	ST 90D
nadolol 80 mg tab	PDL Non-Preferred	ST 90D
pindolol 10 mg tab	PDL Non-Preferred	ST 90D
pindolol 5 mg tab	PDL Non-Preferred	ST 90D
propranolol hcl 1 mg/ml solution	Covered	
propranolol hcl 10 mg tab	PDL Preferred	90D
propranolol hcl 20 mg tab	PDL Preferred	90D
PROPRANOLOL HCL 20 MG/5ML SOLUTION *propranolol hcl*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
propranolol hcl 40 mg tab	PDL Preferred	90D
PROPRANOLOL HCL 40 MG/5ML SOLUTION *propranolol hcl*	PDL Preferred	90D
propranolol hcl 60 mg tab	PDL Preferred	90D
propranolol hcl 80 mg tab	PDL Preferred	90D
propranolol hcl er 120 mg cap er 24h	PDL Preferred	90D
propranolol hcl er 160 mg cap er 24h	PDL Preferred	90D
propranolol hcl er 60 mg cap er 24h	PDL Preferred	90D
propranolol hcl er 80 mg cap er 24h	PDL Preferred	90D
sorine 120 mg tab	PDL Preferred	
sorine 160 mg tab	PDL Preferred	
sorine 240 mg tab	PDL Preferred	
sorine 80 mg tab	PDL Preferred	
sotalol hcl 120 mg tab	PDL Preferred	90D
sotalol hcl 160 mg tab	PDL Preferred	90D
sotalol hcl 240 mg tab	PDL Preferred	90D
sotalol hcl 80 mg tab	PDL Preferred	90D
sotalol hcl (af) 120 mg tab	PDL Preferred	90D
sotalol hcl (af) 160 mg tab	PDL Preferred	90D
sotalol hcl (af) 80 mg tab	PDL Preferred	90D
SOTYLIZE 5 MG/ML SOLUTION *sotalol hcl*	PDL Non-Preferred	ST 90D
timolol maleate 10 mg tab	PDL Non-Preferred	ST 90D
timolol maleate 20 mg tab	PDL Non-Preferred	ST 90D
timolol maleate 5 mg tab	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate 10 mg tab	PDL Preferred	90D
amlodipine besylate 2.5 mg tab	PDL Preferred	90D
amlodipine besylate 5 mg tab	PDL Preferred	90D
CARDENE IV 20-0.86 MG/200ML-% SOLUTION *nicardipine hcl in sodium chloride*	Covered	
CARDENE IV 40-0.83 MG/200ML-% SOLUTION *nicardipine hcl in sodium chloride*	Covered	
CARDIZEM 120 MG TAB *diltiazem hcl*	PDL Non-Preferred	ST 90D
CARDIZEM 30 MG TAB *diltiazem hcl*	PDL Non-Preferred	ST 90D
CARDIZEM 60 MG TAB *diltiazem hcl*	PDL Non-Preferred	ST 90D
CARDIZEM CD 120 MG CAP ER 24H *diltiazem hcl coated beads*	PDL Non-Preferred	ST 90D
CARDIZEM CD 180 MG CAP ER 24H *diltiazem hcl coated beads*	PDL Non-Preferred	ST 90D
CARDIZEM CD 240 MG CAP ER 24H *diltiazem hcl coated beads*	PDL Non-Preferred	ST 90D
CARDIZEM CD 300 MG CAP ER 24H *diltiazem hcl coated beads*	PDL Non-Preferred	ST 90D
CARDIZEM CD 360 MG CAP ER 24H *diltiazem hcl coated beads*	PDL Non-Preferred	ST 90D
CARDIZEM LA 120 MG TAB ER 24H *diltiazem hcl*	PDL Non-Preferred	ST 90D
CARDIZEM LA 180 MG TAB ER 24H *diltiazem hcl*	PDL Non-Preferred	ST 90D
CARDIZEM LA 240 MG TAB ER 24H *diltiazem hcl*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
CARDIZEM LA 300 MG TAB ER 24H *diltiazem hcl*	PDL Non-Preferred	ST 90D
CARDIZEM LA 360 MG TAB ER 24H *diltiazem hcl*	PDL Non-Preferred	ST 90D
CARDIZEM LA 420 MG TAB ER 24H *diltiazem hcl*	PDL Non-Preferred	ST 90D
cartia xt 120 mg cap er 24h	PDL Preferred	90D
cartia xt 180 mg cap er 24h	PDL Preferred	90D
cartia xt 240 mg cap er 24h	PDL Preferred	90D
cartia xt 300 mg cap er 24h	PDL Preferred	90D
CLEVIPREX 25 MG/50ML EMULSION *clevidipine*	Covered	
CLEVIPREX 50 MG/100ML EMULSION *clevidipine*	Covered	
dilt-xr 120 mg cap er 24h	PDL Preferred	90D
dilt-xr 180 mg cap er 24h	PDL Preferred	90D
dilt-xr 240 mg cap er 24h	PDL Preferred	90D
DILTIAZEM HCL 100 MG RECON SOLN *diltiazem hcl*	Covered	
diltiazem hcl 120 mg tab	PDL Preferred	90D
diltiazem hcl 125 mg/25ml solution	Covered	
diltiazem hcl 25 mg/5ml solution	Covered	
diltiazem hcl 30 mg tab	PDL Preferred	90D
diltiazem hcl 50 mg/10ml solution	Covered	
diltiazem hcl 60 mg tab	PDL Preferred	90D
diltiazem hcl 90 mg tab	PDL Preferred	90D
diltiazem hcl er 120 mg cap er 12h	PDL Preferred	90D
diltiazem hcl er 120 mg cap er 24h	PDL Preferred	90D
diltiazem hcl er 120 mg tab er 24h	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
diltiazem hcl er 180 mg cap er 24h	PDL Preferred	90D
diltiazem hcl er 180 mg tab er 24h	PDL Non-Preferred	ST 90D
diltiazem hcl er 240 mg cap er 24h	PDL Preferred	90D
diltiazem hcl er 240 mg tab er 24h	PDL Non-Preferred	ST 90D
diltiazem hcl er 300 mg tab er 24h	PDL Non-Preferred	ST 90D
diltiazem hcl er 360 mg tab er 24h	PDL Non-Preferred	ST 90D
diltiazem hcl er 420 mg tab er 24h	PDL Non-Preferred	ST 90D
diltiazem hcl er 60 mg cap er 12h	PDL Preferred	90D
diltiazem hcl er 90 mg cap er 12h	PDL Preferred	90D
diltiazem hcl er beads 120 mg cap er 24h	PDL Preferred	90D
diltiazem hcl er beads 180 mg cap er 24h	PDL Preferred	90D
diltiazem hcl er beads 240 mg cap er 24h	PDL Preferred	90D
diltiazem hcl er beads 300 mg cap er 24h	PDL Preferred	90D
diltiazem hcl er beads 360 mg cap er 24h	PDL Preferred	90D
diltiazem hcl er beads 420 mg cap er 24h	PDL Preferred	90D
diltiazem hcl er coated beads 120 mg cap er 24h	PDL Preferred	90D
diltiazem hcl er coated beads 180 mg cap er 24h	PDL Preferred	90D
diltiazem hcl er coated beads 240 mg cap er 24h	PDL Preferred	90D
diltiazem hcl er coated beads 300 mg cap er 24h	PDL Preferred	90D
diltiazem hcl er coated beads 360 mg cap er 24h	PDL Preferred	90D
felodipine er 10 mg tab er 24h	PDL Non-Preferred	ST 90D
felodipine er 2.5 mg tab er 24h	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
felodipine er 5 mg tab er 24h	PDL Non-Preferred	ST 90D
isradipine 2.5 mg cap	PDL Non-Preferred	ST 90D
isradipine 5 mg cap	PDL Non-Preferred	ST 90D
KATERZIA 1 MG/ML SUSPENSION *amlodipine benzoate*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
LEVAMLODIPINE MALEATE 2.5 MG TAB *levamlodipine maleate*	PDL Non-Preferred	ST 90D
LEVAMLODIPINE MALEATE 5 MG TAB *levamlodipine maleate*	PDL Non-Preferred	ST 90D
matzim la 180 mg tab er 24h	PDL Non-Preferred	ST 90D
matzim la 240 mg tab er 24h	PDL Non-Preferred	ST 90D
matzim la 300 mg tab er 24h	PDL Non-Preferred	ST 90D
matzim la 360 mg tab er 24h	PDL Non-Preferred	ST 90D
matzim la 420 mg tab er 24h	PDL Non-Preferred	ST 90D
NICARDIPINE HCL 2.5 MG/ML SOLUTION *nicardipine hcl*	Covered	
nicardipine hcl 2.5 mg/ml solution	Covered	
nicardipine hcl 20 mg cap	PDL Non-Preferred	ST 90D
nicardipine hcl 30 mg cap	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
NICARDIPINE HCL IN NACL 20-0.9 MG/200ML-% SOLUTION *nicardipine hcl in sodium chloride*	Covered	
NICARDIPINE HCL IN NACL 40-0.9 MG/200ML-% SOLUTION *nicardipine hcl in sodium chloride*	Covered	
nifedipine 10 mg cap	PDL Preferred	90D
nifedipine 20 mg cap	PDL Preferred	90D
nifedipine er 30 mg tab er 24h	PDL Preferred	90D
nifedipine er 60 mg tab er 24h	PDL Preferred	90D
nifedipine er 90 mg tab er 24h	PDL Preferred	90D
nifedipine er osmotic release 30 mg tab er 24h	PDL Preferred	90D
nifedipine er osmotic release 60 mg tab er 24h	PDL Preferred	90D
nifedipine er osmotic release 90 mg tab er 24h	PDL Preferred	90D
nimodipine 30 mg cap	PDL Non-Preferred	ST
nisoldipine er 17 mg tab er 24h	PDL Non-Preferred	ST 90D
NISOLDIPINE ER 20 MG TAB ER 24H *nisoldipine*	PDL Non-Preferred	ST 90D
NISOLDIPINE ER 25.5 MG TAB ER 24H *nisoldipine*	PDL Non-Preferred	ST 90D
NISOLDIPINE ER 30 MG TAB ER 24H *nisoldipine*	PDL Non-Preferred	ST 90D
nisoldipine er 34 mg tab er 24h	PDL Non-Preferred	ST 90D
NISOLDIPINE ER 40 MG TAB ER 24H *nisoldipine*	PDL Non-Preferred	ST 90D
nisoldipine er 8.5 mg tab er 24h	PDL Non-Preferred	ST 90D
NORLIQVA 1 MG/ML SOLUTION *amlodipine besylate*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
NORVASC 10 MG TAB *amlodipine besylate*	PDL Non-Preferred	ST 90D
NORVASC 2.5 MG TAB *amlodipine besylate*	PDL Non-Preferred	ST 90D
NORVASC 5 MG TAB *amlodipine besylate*	PDL Non-Preferred	ST 90D
NYMALIZE 6 MG/ML SOLUTION *nimodipine*	PDL Non-Preferred	ST
PROCARDIA XL 30 MG TAB ER 24H *nifedipine*	PDL Non-Preferred	ST 90D
PROCARDIA XL 60 MG TAB ER 24H *nifedipine*	PDL Non-Preferred	ST 90D
PROCARDIA XL 90 MG TAB ER 24H *nifedipine*	PDL Non-Preferred	ST 90D
SULAR 17 MG TAB ER 24H *nisoldipine*	PDL Non-Preferred	ST 90D
SULAR 34 MG TAB ER 24H *nisoldipine*	PDL Non-Preferred	ST 90D
SULAR 8.5 MG TAB ER 24H *nisoldipine*	PDL Non-Preferred	ST 90D
taztia xt 120 mg cap er 24h	PDL Preferred	90D
taztia xt 180 mg cap er 24h	PDL Preferred	90D
taztia xt 240 mg cap er 24h	PDL Preferred	90D
taztia xt 300 mg cap er 24h	PDL Preferred	90D
taztia xt 360 mg cap er 24h	PDL Preferred	90D
tiadylt er 120 mg cap er 24h	PDL Preferred	90D
tiadylt er 180 mg cap er 24h	PDL Preferred	90D
tiadylt er 240 mg cap er 24h	PDL Preferred	90D
tiadylt er 300 mg cap er 24h	PDL Preferred	90D
tiadylt er 360 mg cap er 24h	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
tiadylt er 420 mg cap er 24h	PDL Preferred	90D
TIAZAC 120 MG CAP ER 24H *diltiazem hcl extended release beads*	PDL Non-Preferred	ST 90D
TIAZAC 180 MG CAP ER 24H *diltiazem hcl extended release beads*	PDL Non-Preferred	ST 90D
TIAZAC 240 MG CAP ER 24H *diltiazem hcl extended release beads*	PDL Non-Preferred	ST 90D
TIAZAC 300 MG CAP ER 24H *diltiazem hcl extended release beads*	PDL Non-Preferred	ST 90D
TIAZAC 360 MG CAP ER 24H *diltiazem hcl extended release beads*	PDL Non-Preferred	ST 90D
TIAZAC 420 MG CAP ER 24H *diltiazem hcl extended release beads*	PDL Non-Preferred	ST 90D
verapamil hcl 120 mg tab	PDL Preferred	90D
verapamil hcl 2.5 mg/ml solution	Covered	
verapamil hcl 40 mg tab	PDL Preferred	90D
verapamil hcl 80 mg tab	PDL Preferred	90D
VERAPAMIL HCL ER 100 MG CAP ER 24H *verapamil hcl*	PDL Non-Preferred	ST 90D
verapamil hcl er 120 mg cap er 24h	PDL Non-Preferred	ST 90D
verapamil hcl er 120 mg tab er	PDL Preferred	90D
verapamil hcl er 180 mg cap er 24h	PDL Non-Preferred	ST 90D
verapamil hcl er 180 mg tab er	PDL Preferred	90D
VERAPAMIL HCL ER 200 MG CAP ER 24H *verapamil hcl*	PDL Non-Preferred	ST 90D
verapamil hcl er 240 mg cap er 24h	PDL Non-Preferred	ST 90D
verapamil hcl er 240 mg tab er	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
VERAPAMIL HCL ER 300 MG CAP ER 24H *verapamil hcl*	PDL Non-Preferred	ST 90D
VERAPAMIL HCL ER 360 MG CAP ER 24H *verapamil hcl*	PDL Non-Preferred	PA 90D
VERELAN PM 100 MG CAP ER 24H *verapamil hcl*	PDL Non-Preferred	ST 90D
VERELAN PM 200 MG CAP ER 24H *verapamil hcl*	PDL Non-Preferred	ST 90D
VERELAN PM 300 MG CAP ER 24H *verapamil hcl*	PDL Non-Preferred	ST 90D
CARDIOTONICS		
CARDIAC GLYCOSIDES		
DIGOXIN 0.05 MG/ML SOLUTION *digoxin*	Covered	90D
digoxin 0.05 mg/ml solution	Covered	90D
digoxin 0.25 mg/ml solution	Covered	
digoxin 125 mcg tab	Covered	90D
digoxin 250 mcg tab	Covered	90D
digoxin 62.5 mcg tab	Covered	90D
LANOXIN 0.25 MG/ML SOLUTION *digoxin*	Covered	
LANOXIN PEDIATRIC 0.1 MG/ML SOLUTION *digoxin*	Covered	
INOTROPES		
dobutamine hcl 12.5 mg/ml solution	Covered	
dobutamine hcl 250 mg/20ml solution	Covered	
DOBUTAMINE IN D5W 2 MG/ML SOLUTION *dobutamine in d5w*	Covered	
DOBUTAMINE-DEXTROSE 1-5 MG/ML-% SOLUTION *dobutamine in dextrose*	Covered	
DOBUTAMINE-DEXTROSE 4-5 MG/ML-% SOLUTION *dobutamine in dextrose*	Covered	

DRUG NAME	TIER	DRUG EDITS
DOPAMINE HCL 40 MG/ML SOLUTION *dopamine hcl*	Covered	
dopamine hcl 40 mg/ml solution	Covered	
DOPAMINE IN D5W 0.8-5 MG/ML-% SOLUTION *dopamine in d5w*	Covered	
DOPAMINE IN D5W 1.6-5 MG/ML-% SOLUTION *dopamine in d5w*	Covered	
DOPAMINE IN D5W 3.2-5 MG/ML-% SOLUTION *dopamine in d5w*	Covered	
milrinone lactate 10 mg/10ml solution	Covered	
milrinone lactate 20 mg/20ml solution	Covered	
milrinone lactate 50 mg/50ml solution	Covered	
milrinone lactate in dextrose 20-5 mg/100ml-% solution	Covered	
milrinone lactate in dextrose 40-5 mg/200ml-% solution	Covered	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS 10 MG CAP *mavacamten*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
CAMZYOS 15 MG CAP *mavacamten*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
CAMZYOS 2.5 MG CAP *mavacamten*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
CAMZYOS 5 MG CAP *mavacamten*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
CARDIOPLEGIC SOLUTIONS		
cardioplegic solution	Covered	
PLEGISOL SOLUTION *cardioplegic soln*	Covered	

DRUG NAME	TIER	DRUG EDITS
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine-atorvastatin 10-10 mg tab	PDL Non-Preferred	ST 90D
amlodipine-atorvastatin 10-20 mg tab	PDL Non-Preferred	ST 90D
amlodipine-atorvastatin 10-40 mg tab	PDL Non-Preferred	ST 90D
amlodipine-atorvastatin 10-80 mg tab	PDL Non-Preferred	ST 90D
amlodipine-atorvastatin 2.5-10 mg tab	PDL Non-Preferred	ST 90D
amlodipine-atorvastatin 2.5-20 mg tab	PDL Non-Preferred	ST 90D
amlodipine-atorvastatin 2.5-40 mg tab	PDL Non-Preferred	ST 90D
amlodipine-atorvastatin 5-10 mg tab	PDL Non-Preferred	ST 90D
amlodipine-atorvastatin 5-20 mg tab	PDL Non-Preferred	ST 90D
amlodipine-atorvastatin 5-40 mg tab	PDL Non-Preferred	ST 90D
amlodipine-atorvastatin 5-80 mg tab	PDL Non-Preferred	ST 90D
BIDIL 20-37.5 MG TAB *isosorbide dinitrate-hydralazine hcl*	PDL Preferred	90D
CADUET 10-10 MG TAB *amlodipine besylate-atorvastatin calcium*	PDL Non-Preferred	ST 90D
CADUET 10-20 MG TAB *amlodipine besylate-atorvastatin calcium*	PDL Non-Preferred	ST 90D
CADUET 10-40 MG TAB *amlodipine besylate-atorvastatin calcium*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
CADUET 10-80 MG TAB *amlodipine besylate-atorvastatin calcium*	PDL Non-Preferred	ST 90D
CADUET 5-10 MG TAB *amlodipine besylate-atorvastatin calcium*	PDL Non-Preferred	ST 90D
CADUET 5-20 MG TAB *amlodipine besylate-atorvastatin calcium*	PDL Non-Preferred	ST 90D
CADUET 5-40 MG TAB *amlodipine besylate-atorvastatin calcium*	PDL Non-Preferred	ST 90D
CADUET 5-80 MG TAB *amlodipine besylate-atorvastatin calcium*	PDL Non-Preferred	ST 90D
ENTRESTO 15-16 MG CAP SPRINK *sacubitril-valsartan*	PDL Non-Preferred	PA NOTE T/F of preferred agents not required for children < 12 years of age 90D
ENTRESTO 24-26 MG TAB *sacubitril-valsartan*	PDL Preferred	90D
ENTRESTO 49-51 MG TAB *sacubitril-valsartan*	PDL Preferred	90D
ENTRESTO 6-6 MG CAP SPRINK *sacubitril-valsartan*	PDL Non-Preferred	PA NOTE T/F of preferred agents not required for children < 12 years of age 90D
ENTRESTO 97-103 MG TAB *sacubitril-valsartan*	PDL Preferred	90D
isosorb dinitrate-hydralazine 20-37.5 mg tab	PDL Non-Preferred	ST 90D
OPSYNVI 10-20 MG TAB *macitentan-tadalafil*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension only 90D
OPSYNVI 10-40 MG TAB *macitentan-tadalafil*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension only 90D

DRUG NAME	TIER	DRUG EDITS
CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS		
INPEFA 200 MG TAB *sotagliflozin*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
INPEFA 400 MG TAB *sotagliflozin*	PDL Non-Preferred	QL 1 UNIT / 1 DAY ST NOTE Clinical Criteria Apply 90D
IMPOTENCE AGENTS		
CIALIS 5 MG TAB *tadalafil*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
tadalafil 2.5 mg tab	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
tadalafil 5 mg tab	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
PERIPHERAL VASODILATORS		
papaverine hcl 30 mg/ml solution	Covered	
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium 0.5 mg recon soln	Covered	90D
epoprostenol sodium 1.5 mg recon soln	Covered	90D
FLOLAN 0.5 MG RECON SOLN *epoprostenol sodium*	Covered	90D
FLOLAN 1.5 MG RECON SOLN *epoprostenol sodium*	Covered	90D
ORENITRAM 0.125 MG TAB ER *treprostinil diolamine*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension 90D
ORENITRAM 0.25 MG TAB ER *treprostinil diolamine*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension

Last updated 04/01/2025

90D

DRUG NAME	TIER	DRUG EDITS
ORENITRAM 1 MG TAB ER *treprostinil diolamine*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension 90D
ORENITRAM 2.5 MG TAB ER *treprostinil diolamine*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension 90D
ORENITRAM 5 MG TAB ER *treprostinil diolamine*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension 90D
ORENITRAM MONTH 1 0.125 & 0.25 MG TBER THPK *treprostinil diolamine*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension
ORENITRAM MONTH 2 0.125 & 0.25 MG TBER THPK *treprostinil diolamine*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension
ORENITRAM MONTH 3 0.125 & 0.25 &1 MG TBER THPK *treprostinil diolamine*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension
REMODULIN 100 MG/20ML SOLUTION *treprostinil*	Covered	
REMODULIN 20 MG/20ML SOLUTION *treprostinil*	Covered	
REMODULIN 200 MG/20ML SOLUTION *treprostinil*	Covered	
REMODULIN 50 MG/20ML SOLUTION *treprostinil*	Covered	
treprostinil 100 mg/20ml solution	Covered	
treprostinil 20 mg/20ml solution	Covered	
treprostinil 200 mg/20ml solution	Covered	
treprostinil 50 mg/20ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
TYVASO 0.6 MG/ML SOLUTION *treprostinil*	PDL Preferred	90D
TYVASO DPI INSTITUTIONAL KIT 16 MCG POWDER *treprostinil*	PDL Non-Preferred	ST 90D
TYVASO DPI INSTITUTIONAL KIT 32 MCG POWDER *treprostinil*	PDL Non-Preferred	ST 90D
TYVASO DPI INSTITUTIONAL KIT 48 MCG POWDER *treprostinil*	PDL Non-Preferred	ST 90D
TYVASO DPI INSTITUTIONAL KIT 64 MCG POWDER *treprostinil*	PDL Non-Preferred	ST 90D
TYVASO DPI MAINTENANCE KIT 16 MCG POWDER *treprostinil*	PDL Non-Preferred	ST 90D
TYVASO DPI MAINTENANCE KIT 32 MCG POWDER *treprostinil*	PDL Non-Preferred	ST 90D
TYVASO DPI MAINTENANCE KIT 48 MCG POWDER *treprostinil*	PDL Non-Preferred	ST 90D
TYVASO DPI MAINTENANCE KIT 64 MCG POWDER *treprostinil*	PDL Non-Preferred	ST 90D
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER *treprostinil*	PDL Non-Preferred	ST
TYVASO REFILL 0.6 MG/ML SOLUTION *treprostinil*	PDL Preferred	90D
TYVASO STARTER 0.6 MG/ML SOLUTION *treprostinil*	PDL Preferred	
VELETRI 0.5 MG RECON SOLN *epoprostenol sodium*	Covered	90D
VELETRI 1.5 MG RECON SOLN *epoprostenol sodium*	Covered	90D
VENTAVIS 10 MCG/ML SOLUTION *iloprost*	PDL Preferred	90D
VENTAVIS 20 MCG/ML SOLUTION *iloprost*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR 2 X 45 MG KIT *sotatercept-csrk*	Covered	
WINREVAIR 2 X 60 MG KIT *sotatercept-csrk*	Covered	
WINREVAIR 45 MG KIT *sotatercept-csrk*	Covered	
WINREVAIR 60 MG KIT *sotatercept-csrk*	Covered	
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan 10 mg tab	PDL Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension only 90D
ambrisentan 5 mg tab	PDL Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension only 90D
bosentan 125 mg tab	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension only 90D
bosentan 62.5 mg tab	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension only 90D
LETAIRIS 10 MG TAB *ambrisentan*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension only 90D
LETAIRIS 5 MG TAB *ambrisentan*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension only 90D

DRUG NAME	TIER	DRUG EDITS
OPSUMIT 10 MG TAB *macitentan*	PDL Non-Preferred	ST NOTE: Covered for diagnosis of Pulmonary Arterial Hypertension only 90D
TRACLEER 125 MG TAB *bosentan*	PDL Preferred	ST NOTE: Covered for diagnosis of Pulmonary Arterial Hypertension only 90D
TRACLEER 32 MG TAB SOL *bosentan*	PDL Non-Preferred	ST NOTE: Covered for diagnosis of Pulmonary Arterial Hypertension only 90D
TRACLEER 62.5 MG TAB *bosentan*	PDL Preferred	ST NOTE: Covered for diagnosis of Pulmonary Arterial Hypertension only 90D
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA 20 MG TAB *tadalafil (pulmonary hypertension)*	PDL Non-Preferred	ST NOTE: Covered for diagnosis of Pulmonary Arterial Hypertension 90D
alyq 20 mg tab	PDL Preferred	ST NOTE: Covered for diagnosis of Pulmonary Arterial Hypertension only 90D
LIQREV 10 MG/ML SUSPENSION *sildenafil citrate (pulmonary hypertension)*	PDL Non-Preferred	ST NOTE: Covered for diagnosis of Pulmonary Arterial Hypertension 90D
REVATIO 10 MG/12.5ML SOLUTION *sildenafil citrate (pulmonary hypertension)*	Covered	
REVATIO 10 MG/ML RECON SUSP *sildenafil citrate (pulmonary hypertension)*	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children less than 12 years of age; Covered for diagnosis of Pulmonary Arterial Hypertension

DRUG NAME	TIER	DRUG EDITS
		NOTE only 90D
REVATIO 20 MG TAB *sildenafil citrate (pulmonary hypertension)*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension only 90D
sildenafil citrate 10 mg/12.5ml solution	Covered	
sildenafil citrate 10 mg/ml recon susp	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children less than 12 years of age; Covered for diagnosis of Pulmonary Arterial Hypertension only 90D
sildenafil citrate 20 mg tab	PDL Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension 90D
tadalafil (pah) 20 mg tab	PDL Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension 90D
TADLIQ 20 MG/5ML SUSPENSION *tadalafil (pulmonary hypertension)*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension 90D
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI 1000 MCG TAB *selexipag*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension 90D
UPTRAVI 1200 MCG TAB *selexipag*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension 90D

DRUG NAME	TIER	DRUG EDITS
UPTRAVI 1400 MCG TAB *selexipag*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension 90D
UPTRAVI 1600 MCG TAB *selexipag*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension 90D
UPTRAVI 1800 MCG RECON SOLN *selexipag*	Covered	
UPTRAVI 200 & 800 MCG TAB THPK *selexipag*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension
UPTRAVI 200 MCG TAB *selexipag*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension 90D
UPTRAVI 400 MCG TAB *selexipag*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension 90D
UPTRAVI 600 MCG TAB *selexipag*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension 90D
UPTRAVI 800 MCG TAB *selexipag*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension 90D
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS 0.5 MG TAB *riociguat*	PDL Non-Preferred	ST NOTE Covered for diagnosis of Pulmonary Arterial Hypertension and Chronic Thromboembolic Pulmonary Hypertension 90D

DRUG NAME	TIER	DRUG EDITS
ADEMPAS 1 MG TAB *riociguat*	PDL Non-Preferred	ST NOTE: Covered for diagnosis of Pulmonary Arterial Hypertension and Chronic Thromboembolic Pulmonary Hypertension 90D
ADEMPAS 1.5 MG TAB *riociguat*	PDL Non-Preferred	ST NOTE: Covered for diagnosis of Pulmonary Arterial Hypertension and Chronic Thromboembolic Pulmonary Hypertension 90D
ADEMPAS 2 MG TAB *riociguat*	PDL Non-Preferred	ST NOTE: Covered for diagnosis of Pulmonary Arterial Hypertension and Chronic Thromboembolic Pulmonary Hypertension 90D
ADEMPAS 2.5 MG TAB *riociguat*	PDL Non-Preferred	ST NOTE: Covered for diagnosis of Pulmonary Arterial Hypertension and Chronic Thromboembolic Pulmonary Hypertension 90D
SINUS NODE INHIBITORS		
CORLANOR 5 MG TAB *ivabradine hcl*	Covered	90D
CORLANOR 5 MG/5ML SOLUTION *ivabradine hcl*	Covered	90D
CORLANOR 7.5 MG TAB *ivabradine hcl*	Covered	90D
ivabradine hcl 5 mg tab	Covered	90D
ivabradine hcl 7.5 mg tab	Covered	90D

DRUG NAME	TIER	DRUG EDITS
TRANSTHYRETIN STABILIZERS		
VYNDAMAX 61 MG CAP *tafamidis*	Covered	90D
VYNDAQEL 20 MG CAP *tafamidis meglumine (cardiac)*	Covered	90D
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO 10 MG TAB *vericiguat*	PDL Non-Preferred	ST 90D
VERQUVO 2.5 MG TAB *vericiguat*	PDL Non-Preferred	ST 90D
VERQUVO 5 MG TAB *vericiguat*	PDL Non-Preferred	ST 90D
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ 2.5 (2-0.5) GM RECON SOLN *ceftazidime-avibactam sodium*	Covered	
ZERBAXA 1.5 (1-0.5) GM RECON SOLN *ceftolozane sulfate-tazobactam sodium*	Covered	
CEPHALOSPORINS - 1ST GENERATION		
CEFADROXIL 1 GM TAB *cefadroxil*	PDL Non-Preferred	ST
cefadroxil 250 mg/5ml recon susp	PDL Preferred	
cefadroxil 500 mg cap	PDL Preferred	
cefadroxil 500 mg/5ml recon susp	PDL Preferred	
CEFAZOLIN SODIUM 1 GM RECON SOLN *cefazolin sodium*	Covered	
cefazolin sodium 1 gm recon soln	Covered	
cefazolin sodium 10 gm recon soln	Covered	
CEFAZOLIN SODIUM 2 GM RECON SOLN *cefazolin sodium*	Covered	
CEFAZOLIN SODIUM 3 GM RECON SOLN *cefazolin sodium*	Covered	
cefazolin sodium 500 mg recon soln	Covered	
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN *cefazolin sodium-dextrose*	Covered	

DRUG NAME	TIER	DRUG EDITS
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% SOLUTION *cefazolin sodium-dextrose*	Covered	
CEFAZOLIN SODIUM-DEXTROSE 2-3 GM-%(50ML) RECON SOLN *cefazolin sodium-dextrose*	Covered	
CEFAZOLIN SODIUM-DEXTROSE 2-4 GM/100ML-% SOLUTION *cefazolin sodium-dextrose*	Covered	
cephalexin 125 mg/5ml recon susp	PDL Preferred	
cephalexin 250 mg cap	PDL Preferred	
cephalexin 250 mg tab	PDL Preferred	
cephalexin 250 mg/5ml recon susp	PDL Preferred	
cephalexin 500 mg cap	PDL Preferred	
cephalexin 500 mg tab	PDL Preferred	
cephalexin 750 mg cap	PDL Preferred	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR 250 MG CAP *cefaclor*	PDL Non-Preferred	ST
CEFACLOR 500 MG CAP *cefaclor*	PDL Non-Preferred	ST
CEFACLOR ER 500 MG TAB ER 12H *cefaclor monohydrate*	PDL Non-Preferred	ST
CEFOTAN 1 GM RECON SOLN *cefotetan disodium*	Covered	
CEFOTAN 2 GM RECON SOLN *cefotetan disodium*	Covered	
cefotetan disodium 1 gm recon soln	Covered	
cefotetan disodium 2 gm recon soln	Covered	
cefoxitin sodium 1 gm recon soln	Covered	
cefoxitin sodium 10 gm recon soln	Covered	
cefoxitin sodium 2 gm recon soln	Covered	
CEFOXITIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN *cefoxitin sodium and dextrose*	Covered	
CEFOXITIN SODIUM-DEXTROSE 2-2.2 GM-%(50ML) RECON SOLN *cefoxitin sodium and dextrose*	Covered	

DRUG NAME	TIER	DRUG EDITS
cefprozil 125 mg/5ml recon susp	PDL Preferred	
cefprozil 250 mg tab	PDL Preferred	
cefprozil 250 mg/5ml recon susp	PDL Preferred	
cefprozil 500 mg tab	PDL Preferred	
cefuroxime axetil 250 mg tab	PDL Preferred	
cefuroxime axetil 500 mg tab	PDL Preferred	
cefuroxime sodium 1.5 gm recon soln	Covered	
cefuroxime sodium 750 mg recon soln	Covered	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir 125 mg/5ml recon susp	PDL Preferred	
cefdinir 250 mg/5ml recon susp	PDL Preferred	
cefdinir 300 mg cap	PDL Preferred	
cefixime 100 mg/5ml recon susp	PDL Preferred	
cefixime 200 mg/5ml recon susp	PDL Preferred	
cefixime 400 mg cap	PDL Preferred	
cefpodoxime proxetil 100 mg tab	PDL Non-Preferred	ST
CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP *cefpodoxime proxetil*	PDL Non-Preferred	ST
cefpodoxime proxetil 200 mg tab	PDL Non-Preferred	ST
CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP *cefpodoxime proxetil*	PDL Non-Preferred	ST
ceftazidime 1 gm recon soln	Covered	
ceftazidime 2 gm recon soln	Covered	
CEFTAZIDIME 6 GM RECON SOLN *ceftazidime*	Covered	
ceftriaxone sodium 1 gm recon soln	Covered	
ceftriaxone sodium 10 gm recon soln	Covered	
ceftriaxone sodium 2 gm recon soln	Covered	
ceftriaxone sodium 250 mg recon soln	Covered	
ceftriaxone sodium 500 mg recon soln	Covered	

DRUG NAME	TIER	DRUG EDITS
CEFTRIAXONE SODIUM IN DEXTROSE 20 MG/ML SOLUTION *ceftriaxone sodium in dextrose*	Covered	
CEFTRIAXONE SODIUM IN DEXTROSE 40 MG/ML SOLUTION *ceftriaxone sodium in dextrose*	Covered	
CEFTRIAXONE SODIUM-DEXTROSE 1-3.74 GM-%(50ML) RECON SOLN *ceftriaxone sodium and dextrose*	Covered	
CEFTRIAXONE SODIUM-DEXTROSE 2-2.22 GM-%(50ML) RECON SOLN *ceftriaxone sodium and dextrose*	Covered	
TAZICEF 1 GM RECON SOLN *ceftazidime*	Covered	
tazicef 1 gm recon soln	Covered	
tazicef 2 gm recon soln	Covered	
TAZICEF 6 GM RECON SOLN *ceftazidime*	Covered	
CEPHALOSPORINS - 4TH GENERATION		
cefepime hcl 1 gm recon soln	Covered	
CEFEPIME HCL 1 GM/50ML SOLUTION *cefepime hcl*	Covered	
cefepime hcl 2 gm recon soln	Covered	
CEFEPIME HCL 2 GM/100ML SOLUTION *cefepime hcl*	Covered	
CEFEPIME-DEXTROSE 1-5 GM-%(50ML) RECON SOLN *cefepime hcl-dextrose*	Covered	
CEFEPIME-DEXTROSE 2-5 GM-%(50ML) RECON SOLN *cefepime hcl-dextrose*	Covered	
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO 400 MG RECON SOLN *ceftaroline fosamil*	Covered	
TEFLARO 600 MG RECON SOLN *ceftaroline fosamil*	Covered	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA 1 GM RECON SOLN *cefiderocol sulfate tosylate*	Covered	

DRUG NAME	TIER	DRUG EDITS
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle 0.1-20 mg-mcg tab	Covered	90D
altavera 0.15-30 mg-mcg tab	Covered	90D
alyacen 1/35 1-35 mg-mcg tab	Covered	90D
alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab	Covered	90D
amethia 0.15-0.03 &0.01 mg tab	Covered	
amethyst 90-20 mcg tab	Covered	90D
apri 0.15-30 mg-mcg tab	Covered	90D
aranelle 0.5/1/0.5-35 mg-mcg tab	Covered	90D
ashlyna 0.15-0.03 &0.01 mg tab	Covered	90D
aubra eq 0.1-20 mg-mcg tab	Covered	90D
aurovela 1.5/30 1.5-30 mg-mcg tab	Covered	90D
aurovela 1/20 1-20 mg-mcg tab	Covered	90D
aurovela 24 fe 1-20 mg-mcg(24) tab	Covered	90D
aurovela fe 1.5/30 1.5-30 mg-mcg tab	Covered	90D
aurovela fe 1/20 1-20 mg-mcg tab	Covered	90D
aviane 0.1-20 mg-mcg tab	Covered	90D
ayuna 0.15-30 mg-mcg tab	Covered	90D
azurette 0.15-0.02/0.01 mg (21/5) tab	Covered	90D
BALCOLTRA 0.1-20 MG-MCG(21) TAB *levonorgestrel-ethinyl estradiol-ferrous bisglycinate*	Covered	90D
balziva 0.4-35 mg-mcg tab	Covered	90D
BEYAZ 3-0.02-0.451 MG TAB *drospirenone-ethinyl estradiol-levomefolate calcium*	Covered	90D
blisovi 24 fe 1-20 mg-mcg(24) tab	Covered	90D
blisovi fe 1.5/30 1.5-30 mg-mcg tab	Covered	90D
blisovi fe 1/20 1-20 mg-mcg tab	Covered	90D

DRUG NAME	TIER	DRUG EDITS
briellyn 0.4-35 mg-mcg tab	Covered	90D
camrese 0.15-0.03 &0.01 mg tab	Covered	90D
camrese lo 0.1-0.02 & 0.01 mg tab	Covered	90D
charlotte 24 fe 1-20 mg-mcg(24) chew tab	Covered	90D
chateal eq 0.15-30 mg-mcg tab	Covered	90D
cryselle-28 0.3-30 mg-mcg tab	Covered	90D
cyred eq 0.15-30 mg-mcg tab	Covered	90D
dasetta 1/35 1-35 mg-mcg tab	Covered	90D
dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab	Covered	90D
daysee 0.15-0.03 &0.01 mg tab	Covered	90D
desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab	Covered	90D
dolishale 90-20 mcg tab	Covered	90D
drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab	Covered	90D
DROSPIREN-ETH ESTRAD-LEVOMEFOL 3-0.03-0.451 MG TAB *drospirenone-ethinyl estradiol-levomefolate calcium*	Covered	90D
drospirenone-ethinyl estradiol 3-0.02 mg tab	Covered	90D
drospirenone-ethinyl estradiol 3-0.03 mg tab	Covered	90D
elinest 0.3-30 mg-mcg tab	Covered	90D
enpresse-28 50-30/75-40/ 125-30 mcg tab	Covered	90D
estarylla 0.25-35 mg-mcg tab	Covered	90D
ethynodiol diac-eth estradiol 1-35 mg-mcg tab	Covered	90D
ethynodiol diac-eth estradiol 1-50 mg-mcg tab	Covered	90D
FALESSA 20-1-0.1 MCG-MG KIT *levonorgestrel-ethinyl estradiol & folic acid*	Covered	
falmina 0.1-20 mg-mcg tab	Covered	90D
fayosim 42-21-21-7 days tab	Covered	
finzala 1-20 mg-mcg(24) chew tab	Covered	90D

DRUG NAME	TIER	DRUG EDITS
gemmily 1-20 mg-mcg(24) cap	Covered	90D
hailey 1.5/30 1.5-30 mg-mcg tab	Covered	90D
hailey 24 fe 1-20 mg-mcg(24) tab	Covered	90D
hailey fe 1.5/30 1.5-30 mg-mcg tab	Covered	90D
hailey fe 1/20 1-20 mg-mcg tab	Covered	90D
iclevia 0.15-0.03 mg tab	Covered	90D
introvale 0.15-0.03 mg tab	Covered	90D
isibloom 0.15-30 mg-mcg tab	Covered	90D
jaimiess 0.15-0.03 &0.01 mg tab	Covered	90D
jasmiel 3-0.02 mg tab	Covered	90D
jolessa 0.15-0.03 mg tab	Covered	90D
joyeaux 0.1-20 mg-mcg(21) tab	Covered	90D
juleber 0.15-30 mg-mcg tab	Covered	90D
junel 1.5/30 1.5-30 mg-mcg tab	Covered	90D
junel 1/20 1-20 mg-mcg tab	Covered	90D
junel fe 1.5/30 1.5-30 mg-mcg tab	Covered	90D
junel fe 1/20 1-20 mg-mcg tab	Covered	90D
junel fe 24 1-20 mg-mcg(24) tab	Covered	90D
kaitlib fe 0.8-25 mg-mcg chew tab	Covered	90D
kariva 0.15-0.02/0.01 mg (21/5) tab	Covered	90D
kelnor 1/35 1-35 mg-mcg tab	Covered	90D
kelnor 1/50 1-50 mg-mcg tab	Covered	90D
kurvelo 0.15-30 mg-mcg tab	Covered	90D
larin 1.5/30 1.5-30 mg-mcg tab	Covered	90D
larin 1/20 1-20 mg-mcg tab	Covered	90D
larin 24 fe 1-20 mg-mcg(24) tab	Covered	90D
larin fe 1.5/30 1.5-30 mg-mcg tab	Covered	90D

DRUG NAME	TIER	DRUG EDITS
larin fe 1/20 1-20 mg-mcg tab	Covered	90D
layolis fe 0.8-25 mg-mcg chew tab	Covered	90D
leena 0.5/1/0.5-35 mg-mcg tab	Covered	90D
lessina 0.1-20 mg-mcg tab	Covered	90D
levonest 50-30/75-40/ 125-30 mcg tab	Covered	90D
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	Covered	90D
levonorgest-eth est & eth est 42-21-21-7 days tab	Covered	90D
levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab	Covered	90D
levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab	Covered	90D
levonorgest-eth estrad 91-day 0.15-0.03 mg tab	Covered	90D
levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab	Covered	90D
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab	Covered	90D
levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab	Covered	90D
levonorgestrel-ethinyl estrad 90-20 mcg tab	Covered	90D
levora 0.15/30 (28) 0.15-30 mg-mcg tab	Covered	90D
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB *norethindrone acetate-ethinyl estradiol-fe fum (biphasic)*	Covered	90D
lo-zumandimine 3-0.02 mg tab	Covered	90D
loestrin 1.5/30 (21) 1.5-30 mg-mcg tab	Covered	90D
loestrin 1/20 (21) 1-20 mg-mcg tab	Covered	90D
loestrin fe 1.5/30 1.5-30 mg-mcg tab	Covered	90D
loestrin fe 1/20 1-20 mg-mcg tab	Covered	90D
lojaimiess 0.1-0.02 & 0.01 mg tab	Covered	90D
loryna 3-0.02 mg tab	Covered	90D
low-ogestrel 0.3-30 mg-mcg tab	Covered	90D
lutera 0.1-20 mg-mcg tab	Covered	90D
marlissa 0.15-30 mg-mcg tab	Covered	90D

DRUG NAME	TIER	DRUG EDITS
melodetta 24 fe 1-20 mg-mcg(24) chew tab	Covered	
merzee 1-20 mg-mcg(24) cap	Covered	90D
mibelas 24 fe 1-20 mg-mcg(24) chew tab	Covered	90D
microgestin 1.5/30 1.5-30 mg-mcg tab	Covered	90D
microgestin 1/20 1-20 mg-mcg tab	Covered	90D
microgestin fe 1.5/30 1.5-30 mg-mcg tab	Covered	90D
microgestin fe 1/20 1-20 mg-mcg tab	Covered	90D
mili 0.25-35 mg-mcg tab	Covered	90D
MIRCETTE 0.15-0.02/0.01 MG (21/5) TAB *desogestrel-ethinyl estradiol (biphasic)*	Covered	
mono-linyah 0.25-35 mg-mcg tab	Covered	90D
NATAZIA 3/2-2/2-3/1 MG TAB *estradiol valerate-dienogest*	Covered	90D
necon 0.5/35 (28) 0.5-35 mg-mcg tab	Covered	90D
NEXTSTELLIS 3-14.2 MG TAB *drospirenone-estetrol*	Covered	90D
nikki 3-0.02 mg tab	Covered	90D
norethin ace-eth estrad-fe 1-20 mg-mcg tab	Covered	90D
norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap	Covered	90D
norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab	Covered	90D
norethin ace-eth estrad-fe 1.5-30 mg-mcg tab	Covered	90D
norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab	Covered	90D
norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab	Covered	90D
norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab	Covered	90D
norethindrone acet-ethinyl est 1-20 mg-mcg tab	Covered	90D
norethindrone acet-ethinyl est 1.5-30 mg-mcg tab	Covered	90D
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab	Covered	90D
norgestimate-eth estradiol 0.25-35 mg-mcg tab	Covered	90D

DRUG NAME	TIER	DRUG EDITS
nortrel 0.5/35 (28) 0.5-35 mg-mcg tab	Covered	90D
nortrel 1/35 (21) 1-35 mg-mcg tab	Covered	90D
nortrel 1/35 (28) 1-35 mg-mcg tab	Covered	90D
nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab	Covered	90D
nylia 1/35 1-35 mg-mcg tab	Covered	90D
nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab	Covered	90D
ocella 3-0.03 mg tab	Covered	90D
philith 0.4-35 mg-mcg tab	Covered	90D
pimtrea 0.15-0.02/0.01 mg (21/5) tab	Covered	90D
pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab	Covered	
portia-28 0.15-30 mg-mcg tab	Covered	90D
QUARTETTE 42-21-21-7 DAYS TAB *levonorgestrel-ethinyl estradiol (91-day)*	Covered	
reclipsen 0.15-30 mg-mcg tab	Covered	90D
rivelsa 42-21-21-7 days tab	Covered	90D
SAFYRAL 3-0.03-0.451 MG TAB *drospirenone-ethinyl estradiol-levomefolate calcium*	Covered	90D
setlakin 0.15-0.03 mg tab	Covered	90D
simliya 0.15-0.02/0.01 mg (21/5) tab	Covered	90D
simpesse 0.15-0.03 &0.01 mg tab	Covered	90D
sprintec 28 0.25-35 mg-mcg tab	Covered	90D
sronyx 0.1-20 mg-mcg tab	Covered	90D
syeda 3-0.03 mg tab	Covered	90D
tarina 24 fe 1-20 mg-mcg(24) tab	Covered	90D
tarina fe 1/20 eq 1-20 mg-mcg tab	Covered	90D
taysofy 1-20 mg-mcg(24) cap	Covered	90D
TAYTULLA 1-20 MG-MCG(24) CAP *norethin acet & estrad-fe*	Covered	90D
tilia fe 1-20/1-30/1-35 mg-mcg tab	Covered	90D

DRUG NAME	TIER	DRUG EDITS
tri femynor 0.18/0.215/0.25 mg-35 mcg tab	Covered	
tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab	Covered	90D
tri-legest fe 1-20/1-30/1-35 mg-mcg tab	Covered	90D
tri-linyah 0.18/0.215/0.25 mg-35 mcg tab	Covered	90D
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab	Covered	90D
tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab	Covered	90D
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab	Covered	90D
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab	Covered	90D
tri-mili 0.18/0.215/0.25 mg-35 mcg tab	Covered	90D
tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab	Covered	90D
tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab	Covered	90D
tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab	Covered	90D
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab	Covered	90D
trivora (28) 50-30/75-40/ 125-30 mcg tab	Covered	90D
turqoz 0.3-30 mg-mcg tab	Covered	90D
TYBLUME 0.1-20 MG-MCG CHEW TAB *levonorgestrel & eth estradiol*	Covered	90D
tydemy 3-0.03-0.451 mg tab	Covered	90D
VELIVET 0.1/0.125/0.15 -0.025 MG TAB *desogestrel-ethinyl estradiol (triphasic)*	Covered	90D
vestura 3-0.02 mg tab	Covered	90D
vienva 0.1-20 mg-mcg tab	Covered	90D
viorele 0.15-0.02/0.01 mg (21/5) tab	Covered	90D
volnea 0.15-0.02/0.01 mg (21/5) tab	Covered	90D
vyfemla 0.4-35 mg-mcg tab	Covered	90D
vylibra 0.25-35 mg-mcg tab	Covered	90D
wera 0.5-35 mg-mcg tab	Covered	90D
wymzya fe 0.4-35 mg-mcg chew tab	Covered	90D

DRUG NAME	TIER	DRUG EDITS
YASMIN 28 3-0.03 MG TAB *drospirenone-ethinyl estradiol*	Covered	90D
YAZ 3-0.02 MG TAB *drospirenone-ethinyl estradiol*	Covered	90D
zovia 1/35 (28) 1-35 mg-mcg tab	Covered	90D
zumandimine 3-0.03 mg tab	Covered	90D
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-eth estradiol 150-35 mcg/24hr patch wk	Covered	90D
TWIRLA 120-30 MCG/24HR PATCH WK *levonorgestrel-ethinyl estradiol*	Covered	90D
xulane 150-35 mcg/24hr patch wk	Covered	90D
zafemy 150-35 mcg/24hr patch wk	Covered	90D
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA 0.013-0.15 MG/24HR RING *segesterone acetate-ethinyl estradiol*	Covered	90D
eluryng 0.12-0.015 mg/24hr ring	Covered	90D
enilloring 0.12-0.015 mg/24hr ring	Covered	90D
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring	Covered	90D
haloette 0.12-0.015 mg/24hr ring	Covered	90D
NUVARING 0.12-0.015 MG/24HR RING *etonogestrel-ethinyl estradiol*	Covered	90D
COPPER CONTRACEPTIVES - IUD		
PARAGARD INTRAUTERINE COPPER IUD *copper (iud)*	Covered	90D
EMERGENCY CONTRACEPTIVES		
curae 1.5 mg tab	Covered	
econtra one-step 1.5 mg tab	Covered	
ELLA 30 MG TAB *ulipristal acetate*	Covered	
her style 1.5 mg tab	Covered	
levonorgestrel 1.5 mg tab	Covered	
my choice 1.5 mg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
my way 1.5 mg tab	Covered	
new day 1.5 mg tab	Covered	
option 2 1.5 mg tab	Covered	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA 150 MG/ML SUSP PRSYR *medroxyprogesterone acetate (contraceptive)*	Covered	90D
DEPO-PROVERA 150 MG/ML SUSPENSION *medroxyprogesterone acetate (contraceptive)*	Covered	90D
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR *medroxyprogesterone acetate (contraceptive)*	Covered	90D
medroxyprogesterone acetate 150 mg/ml susp prsyr	Covered	90D
medroxyprogesterone acetate 150 mg/ml suspension	Covered	90D
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA 19.5 MG IUD *levonorgestrel (iud)*	Covered	90D
MIRENA (52 MG) 20 MCG/DAY IUD *levonorgestrel (iud)*	Covered	90D
SKYLA 13.5 MG IUD *levonorgestrel (iud)*	Covered	90D
PROGESTIN CONTRACEPTIVES - ORAL		
camila 0.35 mg tab	Covered	90D
deblitane 0.35 mg tab	Covered	90D
emzahh 0.35 mg tab	Covered	90D
errin 0.35 mg tab	Covered	90D
heather 0.35 mg tab	Covered	90D
incassia 0.35 mg tab	Covered	90D
jencycla 0.35 mg tab	Covered	90D
lyleq 0.35 mg tab	Covered	90D
nora-be 0.35 mg tab	Covered	90D
norethindrone 0.35 mg tab	Covered	90D
norlyda 0.35 mg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
OPILL 0.075 MG TAB *norgestrel*	Covered	QL 84 UNITS / 84 DAYS 90D
sharobel 0.35 mg tab	Covered	90D
SLYND 4 MG TAB *drospirenone*	Covered	90D
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
AGAMREE 40 MG/ML SUSPENSION *vamorolone*	Covered	90D
ALKINDI SPRINKLE 0.5 MG CAP SPRINK *hydrocortisone*	PDL Non-Preferred	ST 90D
ALKINDI SPRINKLE 1 MG CAP SPRINK *hydrocortisone*	PDL Non-Preferred	ST 90D
ALKINDI SPRINKLE 2 MG CAP SPRINK *hydrocortisone*	PDL Non-Preferred	ST 90D
ALKINDI SPRINKLE 5 MG CAP SPRINK *hydrocortisone*	PDL Non-Preferred	ST 90D
betamethasone sod phos & acet 6 (3-3) mg/ml suspension	Covered	
budesonide 3 mg cp dr part	PDL Preferred	
budesonide er 9 mg tab er 24h	PDL Non-Preferred	ST
CELESTONE SOLUSPAN 6 (3-3) MG/ML SUSPENSION *betamethasone sod phosphate & acetate*	Covered	
CORTEF 10 MG TAB *hydrocortisone*	PDL Non-Preferred	ST 90D
CORTEF 20 MG TAB *hydrocortisone*	PDL Non-Preferred	ST 90D
CORTEF 5 MG TAB *hydrocortisone*	PDL Non-Preferred	ST 90D
deflazacort 18 mg tab	PDL Non-Preferred	QL 1 UNIT / 1 DAY ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
deflazacort 22.75 mg/ml suspension	PDL Non-Preferred	ST NOTE Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age.
deflazacort 30 mg tab	PDL Non-Preferred	QL 1 UNIT / 1 DAY ST NOTE Clinical Criteria Apply 90D
deflazacort 36 mg tab	PDL Non-Preferred	QL 1 UNIT / 1 DAY ST NOTE Clinical Criteria Apply
deflazacort 6 mg tab	PDL Non-Preferred	QL 2 UNITS / 1 DAY ST NOTE Clinical Criteria Apply 90D
DEPO-MEDROL 20 MG/ML SUSPENSION *methylprednisolone acetate*	Covered	
DEPO-MEDROL 40 MG/ML SUSPENSION *methylprednisolone acetate*	Covered	
DEPO-MEDROL 80 MG/ML SUSPENSION *methylprednisolone acetate*	Covered	
dexamethasone 0.5 mg tab	PDL Preferred	
dexamethasone 0.5 mg/5ml elixir	PDL Preferred	
DEXAMETHASONE 0.5 MG/5ML SOLUTION *dexamethasone*	PDL Preferred	
dexamethasone 0.75 mg tab	PDL Preferred	
dexamethasone 1 mg tab	PDL Preferred	
dexamethasone 1.5 mg (21) tab thpk	PDL Non-Preferred	ST
DEXAMETHASONE 1.5 MG (35) TAB THPK *dexamethasone*	PDL Non-Preferred	ST
DEXAMETHASONE 1.5 MG (51) TAB THPK *dexamethasone*	PDL Non-Preferred	ST
dexamethasone 1.5 mg tab	PDL Preferred	
dexamethasone 2 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
dexamethasone 4 mg tab	PDL Preferred	
dexamethasone 6 mg tab	PDL Preferred	
DEXAMETHASONE INTENSOL 1 MG/ML CONC *dexamethasone*	PDL Non-Preferred	ST
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR *dexamethasone sodium phosphate*	Covered	
DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML SOLN PRSYR *dexamethasone sodium phosphate*	Covered	
dexamethasone sod phosphate pf 10 mg/ml solution	Covered	
dexamethasone sodium phosphate 10 mg/ml solution	Covered	
dexamethasone sodium phosphate 100 mg/10ml solution	Covered	
dexamethasone sodium phosphate 120 mg/30ml solution	Covered	
dexamethasone sodium phosphate 20 mg/5ml solution	Covered	
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR *dexamethasone sodium phosphate*	Covered	
dexamethasone sodium phosphate 4 mg/ml solution	Covered	
EMFLAZA 18 MG TAB *deflazacort*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
EMFLAZA 22.75 MG/ML SUSPENSION *deflazacort*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
EMFLAZA 30 MG TAB *deflazacort*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
EMFLAZA 36 MG TAB *deflazacort*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
EMFLAZA 6 MG TAB *deflazacort*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
EOHILIA 2 MG/10ML SUSPENSION *budesonide*	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for diagnosis of eosinophilic esophagitis
HEMADY 20 MG TAB *dexamethasone*	PDL Non-Preferred	ST
hydrocortisone 10 mg tab	PDL Preferred	90D
hydrocortisone 20 mg tab	PDL Preferred	90D
hydrocortisone 5 mg tab	PDL Preferred	90D
hydrocortisone sod suc (pf) 100 mg recon soln	Covered	
KENALOG-10 10 MG/ML SUSPENSION *triamcinolone acetonide*	Covered	
KENALOG-40 40 MG/ML SUSPENSION *triamcinolone acetonide*	Covered	
KENALOG-80 80 MG/ML SUSPENSION *triamcinolone acetonide*	Covered	
MEDROL 16 MG TAB *methylprednisolone*	PDL Non-Preferred	ST
MEDROL 2 MG TAB *methylprednisolone*	PDL Non-Preferred	ST
MEDROL 4 MG TAB *methylprednisolone*	PDL Non-Preferred	ST
MEDROL 4 MG TAB THPK *methylprednisolone*	PDL Non-Preferred	ST
MEDROL 8 MG TAB *methylprednisolone*	PDL Non-Preferred	ST
methylprednisolone 16 mg tab	PDL Non-Preferred	ST
methylprednisolone 32 mg tab	PDL Non-Preferred	ST
methylprednisolone 4 mg tab	PDL Preferred	
methylprednisolone 4 mg tab thpk	PDL Preferred	
methylprednisolone 8 mg tab	PDL Non-Preferred	ST
methylprednisolone acetate 40 mg/ml suspension	Covered	
methylprednisolone acetate 80 mg/ml suspension	Covered	

DRUG NAME	TIER	DRUG EDITS
methylprednisolone sodium succ 1000 mg recon soln	Covered	
methylprednisolone sodium succ 125 mg recon soln	Covered	
methylprednisolone sodium succ 40 mg recon soln	Covered	
methylprednisolone sodium succ 500 mg recon soln	Covered	
millipred 5 mg tab	PDL Non-Preferred	ST
prednisolone 15 mg/5ml solution	PDL Preferred	
prednisolone 5 mg tab	PDL Non-Preferred	ST
PREDNISOLONE SODIUM PHOSPHATE 10 MG TAB DISP *prednisolone sodium phosphate*	Covered	ST
prednisolone sodium phosphate 10 mg/5ml solution	PDL Preferred	
PREDNISOLONE SODIUM PHOSPHATE 15 MG TAB DISP *prednisolone sodium phosphate*	Covered	ST
prednisolone sodium phosphate 15 mg/5ml solution	PDL Preferred	
prednisolone sodium phosphate 20 mg/5ml solution	PDL Preferred	
prednisolone sodium phosphate 25 mg/5ml solution	PDL Preferred	
PREDNISOLONE SODIUM PHOSPHATE 30 MG TAB DISP *prednisolone sodium phosphate*	Covered	ST
prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution	PDL Preferred	
prednisone 1 mg tab	PDL Preferred	
prednisone 10 mg (21) tab thpk	PDL Preferred	
prednisone 10 mg (48) tab thpk	PDL Preferred	
prednisone 10 mg tab	PDL Preferred	
prednisone 2.5 mg tab	PDL Preferred	
prednisone 20 mg tab	PDL Preferred	
prednisone 5 mg (21) tab thpk	PDL Preferred	
prednisone 5 mg (48) tab thpk	PDL Preferred	
prednisone 5 mg tab	PDL Preferred	
PREDNISONE 5 MG/5ML SOLUTION *prednisone*	PDL Preferred	
prednisone 50 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
PREDNISONE INTENSOL 5 MG/ML CONC *prednisone*	PDL Non-Preferred	ST
RAYOS 1 MG TAB DR *prednisone*	PDL Non-Preferred	ST
RAYOS 2 MG TAB DR *prednisone*	PDL Non-Preferred	ST
RAYOS 5 MG TAB DR *prednisone*	PDL Non-Preferred	ST
SOLU-CORTEF 100 MG RECON SOLN *hydrocortisone sod succinate*	Covered	
SOLU-CORTEF 1000 MG RECON SOLN *hydrocortisone sod succinate*	Covered	
SOLU-CORTEF 250 MG RECON SOLN *hydrocortisone sod succinate*	Covered	
SOLU-CORTEF 500 MG RECON SOLN *hydrocortisone sod succinate*	Covered	
SOLU-MEDROL 1000 MG RECON SOLN *methylprednisolone sod succ*	Covered	
SOLU-MEDROL 2 GM RECON SOLN *methylprednisolone sod succ*	Covered	
SOLU-MEDROL 500 MG RECON SOLN *methylprednisolone sod succ*	Covered	
SOLU-MEDROL (PF) 1000 MG RECON SOLN *methylprednisolone sod succ*	Covered	
SOLU-MEDROL (PF) 125 MG RECON SOLN *methylprednisolone sod succ*	Covered	
SOLU-MEDROL (PF) 40 MG RECON SOLN *methylprednisolone sod succ*	Covered	
SOLU-MEDROL (PF) 500 MG RECON SOLN *methylprednisolone sod succ*	Covered	
TAPERDEX 12-DAY 1.5 MG (49) TAB THPK *dexamethasone*	PDL Non-Preferred	ST
taperdex 6-day 1.5 mg (21) tab thpk	PDL Non-Preferred	ST
TAPERDEX 7-DAY 1.5 MG (27) TAB THPK *dexamethasone*	PDL Non-Preferred	ST
TARPEYO 4 MG CAP DR *budesonide*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for diagnosis of IgA nephropathy

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
triamcinolone acetonide 40 mg/ml suspension	Covered	
UCERIS 9 MG TAB ER 24H *budesonide*	PDL Non-Preferred	ST
ZILRETTA 32 MG SRER *triamcinolone acetonide*	Covered	
MINERALOCORTICOIDS		
fludrocortisone acetate 0.1 mg tab	Covered	90D
COUGH/COLD/ALLERGY		
COUGH/COLD/ALLERGY COMBINATIONS		
12hr allergy & congestion 60-120 mg tab er 12h	PDL Non-Preferred	QL 102 UNITS / 365 DAYS ST NOTE Quantity limit of 102 days supply per 12 months
24hr allergy & congestion reli 180-240 mg tab er 24h	PDL Non-Preferred	QL 102 UNITS / 365 DAYS ST NOTE Quantity limit of 102 days supply per 12 months
allergy relief d 5-120 mg tab er 12h	PDL Non-Preferred	QL 102 UNITS / 365 DAYS ST NOTE Quantity limit of 102 days supply per 12 months
allergy relief d-12 5-120 mg tab er 12h	PDL Preferred	QL 102 UNITS / 365 DAYS NOTE Quantity limit of 102 days supply per 12 months
allergy relief d-24 10-240 mg tab er 24h	PDL Preferred	QL 102 UNITS / 365 DAYS NOTE Quantity limit of 102 days supply per 12 months
allergy relief-d 10-240 mg tab er 24h	PDL Preferred	QL 102 UNITS / 365 DAYS NOTE Quantity limit of 102 days supply per 12 months
allergy relief/nasal decongest 10-240 mg tab er 24h	PDL Preferred	QL 102 UNITS / 365 DAYS NOTE Quantity limit of 102 days supply per 12 months

DRUG NAME	TIER	DRUG EDITS
allergy/congestion relief 5-120 mg tab er 12h	PDL Preferred	QL 102 UNITS / 365 DAYS NOTE Quantity limit of 102 days supply per 12 months
antihistamine & nasal deconges 60-120 mg tab er 12h	PDL Non-Preferred	QL 102 UNITS / 365 DAYS ST NOTE Quantity limit of 102 days supply per 12 months
cetirizine-pseudoephedrine er 5-120 mg tab er 12h	PDL Non-Preferred	QL 102 UNITS / 365 DAYS ST NOTE Quantity limit of 102 days supply per 12 months
CLARINEX-D 12 HOUR 2.5-120 MG TAB ER 12H *desloratadine-pseudoephedrine*	PDL Non-Preferred	QL 102 UNITS / 365 DAYS ST NOTE Quantity limit of 102 days supply per 12 months
fexofenadine-pseudoephed er 180-240 mg tab er 24h	PDL Non-Preferred	QL 102 UNITS / 365 DAYS ST NOTE Quantity limit of 102 days supply per 12 months
fexofenadine-pseudoephed er 60-120 mg tab er 12h	PDL Non-Preferred	QL 102 UNITS / 365 DAYS ST NOTE Quantity limit of 102 days supply per 12 months
ft all day allergy-d 5-120 mg tab er 12h	PDL Non-Preferred	QL 102 UNITS / 365 DAYS ST NOTE Quantity limit of 102 days supply per 12 months
ft allergy d-12 hour 5-120 mg tab er 12h	PDL Preferred	QL 102 UNITS / 365 DAYS NOTE Quantity limit of 102 days supply per 12 months
ft allergy relief-d 10-240 mg tab er 24h	PDL Preferred	QL 102 UNITS / 365 DAYS NOTE Quantity limit of 102 days supply per 12 months

DRUG NAME	TIER	DRUG EDITS
gnp all day allergy-d 5-120 mg tab er 12h	PDL Non-Preferred	QL 102 UNITS / 365 DAYS ST NOTE Quantity limit of 102 days supply per 12 months
gnp allergy & congestion 10-240 mg tab er 24h	PDL Preferred	QL 102 UNITS / 365 DAYS NOTE Quantity limit of 102 days supply per 12 months
gnp allergy/congestion relief 10-240 mg tab er 24h	PDL Preferred	QL 102 UNITS / 365 DAYS NOTE Quantity limit of 102 days supply per 12 months
gnp fexofenadine/pse er 60-120 mg tab er 12h	PDL Non-Preferred	QL 102 UNITS / 365 DAYS ST NOTE Quantity limit of 102 days supply per 12 months
goodsense all day allergy-d 5-120 mg tab er 12h	PDL Non-Preferred	QL 102 UNITS / 365 DAYS ST NOTE Quantity limit of 102 days supply per 12 months
hm allergy relief/nasal decong 10-240 mg tab er 24h	PDL Preferred	QL 102 UNITS / 365 DAYS NOTE Quantity limit of 102 days supply per 12 months
loratadine-d 12hr 5-120 mg tab er 12h	PDL Preferred	QL 102 UNITS / 365 DAYS NOTE Quantity limit of 102 days supply per 12 months
loratadine-d 24hr 10-240 mg tab er 24h	PDL Preferred	QL 102 UNITS / 365 DAYS NOTE Quantity limit of 102 days supply per 12 months
sm all day allergy-d 5-120 mg tab er 12h	PDL Non-Preferred	QL 102 UNITS / 365 DAYS ST NOTE Quantity limit of 102 days supply per 12 months

DRUG NAME	TIER	DRUG EDITS
sm lorata-dine d 10-240 mg tab er 24h	PDL Preferred	QL 102 UNITS / 365 DAYS NOTE Quantity limit of 102 days supply per 12 months
sm loratadine d 12hr 5-120 mg tab er 12h	PDL Preferred	QL 102 UNITS / 365 DAYS NOTE Quantity limit of 102 days supply per 12 months
MUCOLYTICS		
acetylcysteine 10 % solution	Covered	
acetylcysteine 20 % solution	Covered	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA 10 MG CAP *isotretinoin*	Covered	
ABSORICA 20 MG CAP *isotretinoin*	Covered	
ABSORICA 25 MG CAP *isotretinoin*	Covered	
ABSORICA 30 MG CAP *isotretinoin*	Covered	
ABSORICA 35 MG CAP *isotretinoin*	Covered	
ABSORICA 40 MG CAP *isotretinoin*	Covered	
ABSORICA LD 16 MG CAP *isotretinoin micronized*	Covered	
ABSORICA LD 24 MG CAP *isotretinoin micronized*	Covered	
ABSORICA LD 32 MG CAP *isotretinoin micronized*	Covered	
ABSORICA LD 8 MG CAP *isotretinoin micronized*	Covered	
ACANYA 1.2-2.5 % GEL *clindamycin phosphate-benzoyl peroxide*	PDL Non-Preferred	ST
adapalene 0.1 % cream	PDL Preferred	
adapalene 0.3 % gel	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
adapalene-benzoyl peroxide 0.1-2.5 % gel	PDL Preferred	
ADAPALENE-BENZOYL PEROXIDE 0.1-2.5 % PAD *adapalene-benzoyl peroxide*	Covered	
adapalene-benzoyl peroxide 0.3-2.5 % gel	PDL Preferred	
ALTRENO 0.05 % LOTION *tretinoin*	PDL Non-Preferred	ST
amnesteem 10 mg cap	Covered	
amnesteem 20 mg cap	Covered	
amnesteem 40 mg cap	Covered	
ARAZLO 0.045 % LOTION *tazarotene (acne)*	PDL Non-Preferred	ST
ATRALIN 0.05 % GEL *tretinoin*	PDL Non-Preferred	ST
BENZAMYCIN 5-3 % GEL *benzoyl peroxide-erythromycin*	PDL Non-Preferred	ST
benzoyl peroxide-erythromycin 5-3 % gel	PDL Preferred	
bp 10-1 10-1 % emulsion	PDL Non-Preferred	ST
BP CLEANSING WASH 10-4 % EMULSION *sulfacetamide sodium-sulfur in urea vehicle*	PDL Non-Preferred	ST
CABTREO 0.15-3.1-1.2 % GEL *adapalene-benzoyl peroxide-clindamycin phosphate*	PDL Non-Preferred	ST
claravis 10 mg cap	Covered	
claravis 20 mg cap	Covered	
claravis 30 mg cap	Covered	
claravis 40 mg cap	Covered	
CLEOCIN-T 1 % LOTION *clindamycin phosphate (topical)*	PDL Non-Preferred	ST
clindacin 1 % foam	PDL Non-Preferred	ST
CLINDACIN ETZ 1 % KIT *clindamycin phosphate & cleanser*	PDL Non-Preferred	ST
clindacin etz 1 % swab	PDL Non-Preferred	ST
CLINDACIN PAC 1 % KIT *clindamycin phosphate & cleanser*	PDL Non-Preferred	ST
clindacin-p 1 % swab	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
CLINDAGEL 1 % GEL *clindamycin phosphate (topical)*	PDL Non-Preferred	ST
clindamycin phos (once-daily) 1 % gel	PDL Preferred	
clindamycin phos (twice-daily) 1 % gel	PDL Preferred	
clindamycin phos-benzoyl perox 1-5 % gel	PDL Non-Preferred	ST
clindamycin phos-benzoyl perox 1.2-2.5 % gel	PDL Non-Preferred	ST
clindamycin phos-benzoyl perox 1.2-3.75 % gel	PDL Non-Preferred	ST
clindamycin phos-benzoyl perox 1.2-5 % gel	PDL Preferred	
clindamycin phosphate 1 % foam	PDL Non-Preferred	ST
clindamycin phosphate 1 % lotion	PDL Preferred	
clindamycin phosphate 1 % solution	PDL Preferred	
clindamycin phosphate 1 % swab	PDL Preferred	
clindamycin-tretinoin 1.2-0.025 % gel	PDL Non-Preferred	ST
dapsone 5 % gel	PDL Non-Preferred	ST
dapsone 7.5 % gel	PDL Non-Preferred	ST
ERY 2 % PAD *erythromycin (acne aid)*	PDL Non-Preferred	ST
ERYGEL 2 % GEL *erythromycin (acne aid)*	PDL Non-Preferred	ST
erythromycin 2 % gel	PDL Preferred	
erythromycin 2 % solution	PDL Preferred	
FABIOR 0.1 % FOAM *tazarotene (acne)*	PDL Non-Preferred	ST
isotretinoin 10 mg cap	Covered	
isotretinoin 20 mg cap	Covered	
isotretinoin 25 mg cap	Covered	
isotretinoin 30 mg cap	Covered	
isotretinoin 35 mg cap	Covered	
isotretinoin 40 mg cap	Covered	

DRUG NAME	TIER	DRUG EDITS
KLARON 10 % LOTION *sulfacetamide sodium (acne)*	PDL Non-Preferred	ST
neuac 1.2-5 % gel	PDL Non-Preferred	ST
NEUAC 1.2-5 % KIT *clindamycin phosphate-benzoyl peroxide & moisturizer*	PDL Non-Preferred	ST
ONEXTON 1.2-3.75 % GEL *clindamycin phosphate-benzoyl peroxide*	PDL Non-Preferred	ST
RETIN-A 0.01 % GEL *tretinoin*	PDL Preferred	
RETIN-A 0.025 % CREAM *tretinoin*	PDL Preferred	
RETIN-A 0.025 % GEL *tretinoin*	PDL Preferred	
RETIN-A 0.05 % CREAM *tretinoin*	PDL Preferred	
RETIN-A 0.1 % CREAM *tretinoin*	PDL Preferred	
RETIN-A MICRO 0.04 % GEL *tretinoin microsphere*	PDL Preferred	
RETIN-A MICRO 0.1 % GEL *tretinoin microsphere*	PDL Preferred	
RETIN-A MICRO PUMP 0.04 % GEL *tretinoin microsphere*	PDL Non-Preferred	ST
RETIN-A MICRO PUMP 0.06 % GEL *tretinoin microsphere*	PDL Non-Preferred	ST
RETIN-A MICRO PUMP 0.08 % GEL *tretinoin microsphere*	PDL Non-Preferred	ST
RETIN-A MICRO PUMP 0.1 % GEL *tretinoin microsphere*	PDL Non-Preferred	ST
sss 10-5 10-5 % cream	PDL Non-Preferred	ST
SSS 10-5 10-5 % FOAM *sulfacetamide sodium w/ sulfur*	PDL Non-Preferred	ST
sulfacetamide sod-sulfur wash 9-4.5 % liquid	PDL Non-Preferred	ST
sulfacetamide sodium (acne) 10 % lotion	PDL Non-Preferred	ST
SULFACETAMIDE SODIUM-SULFUR 10-2 % CREAM *sulfacetamide sodium w/ sulfur*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
sulfacetamide sodium-sulfur 10-2 % liquid	PDL Non-Preferred	ST
sulfacetamide sodium-sulfur 10-4 % pad	PDL Non-Preferred	ST
sulfacetamide sodium-sulfur 10-5 % cream	PDL Non-Preferred	ST
sulfacetamide sodium-sulfur 10-5 % liquid	PDL Non-Preferred	ST
sulfacetamide sodium-sulfur 8-4 % suspension	PDL Non-Preferred	ST
sulfacetamide sodium-sulfur 8-4 % suspension	PDL Non-Preferred	ST
sulfacetamide sodium-sulfur 9-4 % liquid	PDL Non-Preferred	ST
sulfacetamide sodium-sulfur 9-4 % liquid	PDL Non-Preferred	ST
sulfacetamide sodium-sulfur 9-4.5 % liquid	PDL Non-Preferred	ST
sulfacetamide sodium-sulfur 9.8-4.8 % liquid	PDL Non-Preferred	ST
SUMADAN 9-4.5 % KIT *sulfacetamide sodium-sulfur w/ skin cleanser*	PDL Non-Preferred	ST
SUMADAN WASH 9-4.5 % LIQUID *sulfacetamide sodium w/ sulfur*	PDL Non-Preferred	ST
SUMADAN XLT 9-4.5 % KIT *sulfacetamide sodium-sulfur-sunscreen*	PDL Non-Preferred	ST
SUMAXIN 10-4 % PAD *sulfacetamide sodium w/ sulfur*	PDL Non-Preferred	ST
SUMAXIN CP 10-4 % KIT *sulfacetamide sodium-sulfur w/ skin cleanser*	PDL Non-Preferred	ST
SUMAXIN WASH 9-4 % LIQUID *sulfacetamide sodium w/ sulfur*	PDL Non-Preferred	ST
TAZAROTENE 0.1 % FOAM *tazarotene (acne)*	PDL Non-Preferred	ST
tretinoin 0.01 % gel	PDL Non-Preferred	ST
tretinoin 0.025 % cream	PDL Non-Preferred	ST
tretinoin 0.025 % gel	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
tretinoin 0.05 % cream	PDL Non-Preferred	ST
tretinoin 0.05 % gel	PDL Non-Preferred	ST
tretinoin 0.1 % cream	PDL Non-Preferred	ST
tretinoin microsphere 0.04 % gel	PDL Non-Preferred	ST
tretinoin microsphere 0.08 % gel	PDL Non-Preferred	ST
tretinoin microsphere 0.1 % gel	PDL Non-Preferred	ST
tretinoin microsphere pump 0.04 % gel	PDL Non-Preferred	ST
tretinoin microsphere pump 0.08 % gel	PDL Non-Preferred	ST
tretinoin microsphere pump 0.1 % gel	PDL Non-Preferred	ST
WINLEVI 1 % CREAM *clascoterone*	PDL Non-Preferred	ST
zenatane 10 mg cap	Covered	
zenatane 20 mg cap	Covered	
zenatane 30 mg cap	Covered	
zenatane 40 mg cap	Covered	
ZIANA 1.2-0.025 % GEL *clindamycin phosphate-tretinoin*	PDL Non-Preferred	ST
ZMA CLEAR 9-4.5 % SUSPENSION *sulfacetamide sodium w/ sulfur*	PDL Non-Preferred	ST
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN 15 % OINTMENT *sinecatechins*	PDL Non-Preferred	ST
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
KYBELLA 20 MG/2ML SOLUTION *deoxycholic acid*	Covered	
RENOVA 0.02 % CREAM *tretinoin (facial wrinkles)*	Covered	
RENOVA PUMP 0.02 % CREAM *tretinoin (facial wrinkles)*	Covered	

DRUG NAME	TIER	DRUG EDITS
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE 1.3 % PATCH *diclofenac epolamine*	PDL Non-Preferred	ST
diclofenac sodium 1 % gel	PDL Preferred	90D
diclofenac sodium 1.5 % solution	PDL Non-Preferred	ST 90D
diclofenac sodium 2 % solution	PDL Non-Preferred	ST
PENNSAID 2 % SOLUTION *diclofenac sodium (topical)*	PDL Non-Preferred	ST
ANTIBIOTICS - TOPICAL		
CENTANY 2 % OINTMENT *mupirocin*	PDL Non-Preferred	ST
CENTANY AT 2 % KIT *mupirocin*	PDL Non-Preferred	ST
gentamicin sulfate 0.1 % cream	PDL Preferred	
gentamicin sulfate 0.1 % ointment	PDL Preferred	
mupirocin 2 % ointment	PDL Preferred	
mupirocin calcium 2 % cream	PDL Non-Preferred	ST
NEO-SYNALAR 0.5-0.025 % CREAM *neomycin sulfate-fluocinolone acetonide*	Covered	
NEO-SYNALAR 0.5-0.025 % KIT *neomycin-fluocinolone & emollient*	Covered	
XEPI 1 % CREAM *ozenoxacin*	PDL Non-Preferred	ST
ANTIFUNGALS - TOPICAL		
ciclodan 8 % solution	PDL Non-Preferred	ST
ciclopirox 0.77 % gel	PDL Non-Preferred	ST
ciclopirox 1 % shampoo	PDL Non-Preferred	ST
ciclopirox 8 % solution	PDL Preferred	
ciclopirox olamine 0.77 % cream	PDL Preferred	
ciclopirox olamine 0.77 % suspension	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
CICLOPIROX TREATMENT 8 % KIT *ciclopirox*	PDL Non-Preferred	ST
clotrimazole 1 % cream	PDL Preferred	
clotrimazole 1 % solution	PDL Non-Preferred	ST
clotrimazole-betamethasone 1-0.05 % cream	PDL Preferred	
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION *clotrimazole w/ betamethasone*	PDL Non-Preferred	ST
econazole nitrate 1 % cream	PDL Non-Preferred	ST
ERTACZO 2 % CREAM *sertaconazole nitrate*	PDL Non-Preferred	ST
JUBLIA 10 % SOLUTION *efinaconazole*	PDL Non-Preferred	ST
ketoconazole 2 % cream	PDL Preferred	
ketoconazole 2 % foam	PDL Non-Preferred	ST
ketoconazole 2 % shampoo	PDL Preferred	
ketodan 2 % foam	PDL Non-Preferred	ST
KETODAN 2 % KIT *ketoconazole & cleanser*	PDL Non-Preferred	ST
klayesta 100000 unit/gm powder	PDL Preferred	
LOPROX 0.77 % (SUSP) KIT *ciclopirox olamine & cleanser*	PDL Non-Preferred	ST
LOPROX 0.77 % CREAM *ciclopirox olamine*	PDL Non-Preferred	ST
LOPROX 0.77 % KIT *ciclopirox olamine & cleanser*	PDL Non-Preferred	ST
LOPROX 0.77 % SUSPENSION *ciclopirox olamine*	PDL Non-Preferred	ST
LULICONAZOLE 1 % CREAM *luliconazole*	PDL Non-Preferred	ST
LUZU 1 % CREAM *luliconazole*	PDL Non-Preferred	ST
MICONAZOLE-ZINC OXIDE-PETROLAT 0.25-15-81.35 % OINTMENT *miconazole-zinc oxide-white petrolatum*	PDL Non-Preferred	QL 50 UNITS / 60 DAYS ST NOTE Clinical Criteria Apply

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DRUG NAME	TIER	DRUG EDITS
mycozyl al 1 % solution	Covered	
MYCOZYL HC 1-0.667 % GEL *tolnaftate-hydrocortisone*	Covered	
MYCOZYL HC 1-0.667 % LIQUID *tolnaftate-hydrocortisone*	Covered	
NAFTIFINE HCL 1 % CREAM *naftifine hcl*	PDL Non-Preferred	ST
naftifine hcl 2 % cream	PDL Non-Preferred	ST
naftifine hcl 2 % gel	PDL Non-Preferred	ST
NAFTIN 1 % GEL *naftifine hcl*	PDL Non-Preferred	ST
NAFTIN 2 % GEL *naftifine hcl*	PDL Non-Preferred	ST
nyamyc 100000 unit/gm powder	PDL Preferred	
nystatin 100000 unit/gm cream	PDL Preferred	
nystatin 100000 unit/gm ointment	PDL Preferred	
nystatin 100000 unit/gm powder	PDL Preferred	
nystatin-triamcinolone 100000-0.1 unit/gm-% cream	PDL Non-Preferred	ST
nystatin-triamcinolone 100000-0.1 unit/gm-% ointment	PDL Non-Preferred	ST
nystop 100000 unit/gm powder	PDL Preferred	
oxiconazole nitrate 1 % cream	PDL Non-Preferred	ST
OXISTAT 1 % LOTION *oxiconazole nitrate*	PDL Non-Preferred	ST
tavaborole 5 % solution	PDL Non-Preferred	ST
VUSION 0.25-15-81.35 % OINTMENT *miconazole-zinc oxide-white petrolatum*	PDL Non-Preferred	QL 50 UNITS / 60 DAYS ST NOTE Clinical Criteria Apply
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
AMELUZ 10 % GEL *aminolevulinic acid hcl*	Covered	
bexarotene 1 % gel	Covered	

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DRUG NAME	TIER	DRUG EDITS
diclofenac sodium 3 % gel	Covered	
EFUDEX 5 % CREAM *fluorouracil (topical)*	Covered	
FLUOROURACIL 0.5 % CREAM *fluorouracil (topical)*	Covered	
FLUOROURACIL 2 % SOLUTION *fluorouracil (topical)*	Covered	
fluorouracil 5 % cream	Covered	
fluorouracil 5 % solution	Covered	
LEVULAN KERASTICK 20 % RECON SOLN *aminolevulinic acid hcl*	Covered	
TARGRETIN 1 % GEL *bexarotene (topical)*	Covered	
VALCHLOR 0.016 % GEL *mechlorethamine hcl (topical)*	Covered	90D
ANTIPRURITICS - TOPICAL		
doxepin hcl 5 % cream	Covered	QL 45 UNITS / 90 DAYS ST
PRUDOXIN 5 % CREAM *doxepin hcl (antipruritic)*	Covered	QL 45 UNITS / 90 DAYS ST
ZONALON 5 % CREAM *doxepin hcl (antipruritic)*	Covered	QL 45 UNITS / 90 DAYS ST
ANTIPSORIATICS		
acitretin 10 mg cap	PDL Preferred	
acitretin 17.5 mg cap	PDL Preferred	
acitretin 25 mg cap	PDL Preferred	
BIMZELX 160 MG/ML SOLN A-INJ *bimekizumab-bkzx*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
BIMZELX 160 MG/ML SOLN PRSYR *bimekizumab-bkzx*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D

DRUG NAME	TIER	DRUG EDITS
calcipotriene 0.005 % cream	PDL Preferred	
CALCIPOTRIENE 0.005 % FOAM *calcipotriene*	PDL Non-Preferred	ST
calcipotriene 0.005 % ointment	PDL Non-Preferred	ST
CALCIPOTRIENE 0.005 % SOLUTION *calcipotriene*	PDL Preferred	
CALCITRIOL 3 MCG/GM OINTMENT *calcitriol (topical)*	PDL Non-Preferred	ST
COSENTYX 125 MG/5ML SOLUTION *secukinumab*	PDL Non-Preferred	QL 5 UNITS / 28 DAYS ST NOTE Trial and failure of only one preferred drug required NOTE Clinical Criteria Apply 90D
COSENTYX 150 MG/ML SOLN PRSYR *secukinumab*	PDL Preferred	QL 2 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
COSENTYX 75 MG/0.5ML SOLN PRSYR *secukinumab*	PDL Preferred	QL 0.5 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR *secukinumab*	PDL Preferred	QL 2 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ *secukinumab*	PDL Preferred	QL 2 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ *secukinumab*	PDL Preferred	QL 2 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ *secukinumab*	PDL Preferred	QL 4 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
ILUMYA 100 MG/ML SOLN PRSYR *tildrakizumab-asmn*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
METHOXSALEN RAPID 10 MG CAP *methoxsalen rapid*	PDL Non-Preferred	ST
SILIQ 210 MG/1.5ML SOLN PRSYR *brodalumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
SKYRIZI 150 MG/ML SOLN PRSYR *risankizumab-rzaa*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
SKYRIZI PEN 150 MG/ML SOLN A-INJ *risankizumab-rzaa*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
SORILUX 0.005 % FOAM *calcipotriene*	PDL Non-Preferred	ST
SOTYKTU 6 MG TAB *deucravacitinib*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
SPEVIGO 150 MG/ML SOLN PRSYR *spesolimab-sbzo*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
SPEVIGO 450 MG/7.5ML SOLUTION *spesolimab-sbzo*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required

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DRUG NAME	TIER	DRUG EDITS
STELARA 45 MG/0.5ML SOLN PRSYR *ustekinumab*	PDL Non-Preferred	QL 1 UNIT / 84 DAYS ST NOTE Trial and failure of only one preferred drug required 90D
STELARA 45 MG/0.5ML SOLUTION *ustekinumab*	PDL Non-Preferred	QL 1 UNIT / 84 DAYS ST NOTE Trial and failure of only one preferred drug required 90D
STELARA 90 MG/ML SOLN PRSYR *ustekinumab*	PDL Non-Preferred	QL 1 UNIT / 84 DAYS ST NOTE Trial and failure of only one preferred drug required 90D
TALTZ 20 MG/0.25ML SOLN PRSYR *ixekizumab*	PDL Non-Preferred	PA 90D
TALTZ 40 MG/0.5ML SOLN PRSYR *ixekizumab*	PDL Non-Preferred	PA 90D
TALTZ 80 MG/ML SOLN A-INJ *ixekizumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
TALTZ 80 MG/ML SOLN PRSYR *ixekizumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
tazarotene 0.05 % cream	PDL Non-Preferred	PA
tazarotene 0.05 % gel	PDL Non-Preferred	ST
tazarotene 0.1 % cream	PDL Non-Preferred	ST
tazarotene 0.1 % gel	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
TREMFYA 100 MG/ML SOLN A-INJ *guselkumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
TREMFYA 100 MG/ML SOLN PRSYR *guselkumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
TREMFYA 200 MG/20ML SOLUTION *guselkumab*	PDL Non-Preferred	PA 90D
TREMFYA 200 MG/2ML SOLN A-INJ *guselkumab*	PDL Non-Preferred	PA 90D
TREMFYA 200 MG/2ML SOLN PRSYR *guselkumab*	PDL Non-Preferred	PA 90D
VTAMA 1 % CREAM *tapinarof*	PDL Non-Preferred	ST
ZORYVE 0.3 % CREAM *roflumilast (topical)*	PDL Non-Preferred	ST
ANTISEBORRHEIC PRODUCTS		
selenium sulfide 2.25 % shampoo	Covered	
selenium sulfide 2.5 % lotion	Covered	
sodium sulfacetamide wash 10 % liquid	PDL Non-Preferred	ST
sulfacetamide sodium 10 % (cleans) gel	PDL Non-Preferred	ST
sulfacetamide sodium 10 % liquid	PDL Non-Preferred	ST
ZORYVE 0.3 % FOAM *roflumilast (antiseborrheic)*	Covered	
ANTIVIRALS - TOPICAL		
acyclovir 5 % cream	PDL Non-Preferred	ST
acyclovir 5 % ointment	PDL Preferred	
DENAVIR 1 % CREAM *penciclovir*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
penciclovir 1 % cream	PDL Non-Preferred	ST
XERESE 5-1 % CREAM *acyclovir-hydrocortisone*	PDL Non-Preferred	ST
ZOVIRAX 5 % CREAM *acyclovir topical*	PDL Preferred	
ZOVIRAX 5 % OINTMENT *acyclovir topical*	PDL Non-Preferred	ST
BURN PRODUCTS		
MAFENIDE ACETATE 5 % PACKET *mafenide acetate*	Covered	
mafenide acetate 5 % packet	Covered	
SILVADENE 1 % CREAM *silver sulfadiazine*	Covered	
silver sulfadiazine 1 % cream	Covered	
ssd 1 % cream	Covered	
SULFAMYLON 85 MG/GM CREAM *mafenide acetate*	Covered	
CAUTERIZING AGENTS		
silver nitrate 0.5 % solution	Covered	
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate 0.05 % cream	PDL Non-Preferred	ST
ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT *alclometasone dipropionate*	PDL Non-Preferred	ST
alclometasone dipropionate 0.05 % ointment	Covered	ST
AMCINONIDE 0.1 % CREAM *amcinonide*	PDL Non-Preferred	ST
APEXICON E 0.05 % CREAM *diflorasone diacetate emollient base*	PDL Non-Preferred	ST
BESER 0.05 % KIT *fluticasone-emollient*	PDL Non-Preferred	ST
beser 0.05 % lotion	PDL Non-Preferred	ST
betamethasone dipropionate 0.05 % cream	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
betamethasone dipropionate 0.05 % lotion	PDL Non-Preferred	ST
betamethasone dipropionate 0.05 % ointment	PDL Non-Preferred	ST
betamethasone dipropionate aug 0.05 % cream	PDL Non-Preferred	ST
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL *betamethasone dipropionate augmented*	PDL Non-Preferred	ST
betamethasone dipropionate aug 0.05 % lotion	PDL Non-Preferred	ST
betamethasone dipropionate aug 0.05 % ointment	PDL Non-Preferred	ST
betamethasone valerate 0.1 % cream	PDL Preferred	
betamethasone valerate 0.1 % lotion	PDL Non-Preferred	ST
betamethasone valerate 0.1 % ointment	PDL Preferred	
betamethasone valerate 0.12 % foam	PDL Non-Preferred	ST
BRYHALI 0.01 % LOTION *halobetasol propionate*	PDL Non-Preferred	ST
calcipotriene-betameth diprop 0.005-0.064 % ointment	PDL Non-Preferred	ST
calcipotriene-betameth diprop 0.005-0.064 % suspension	PDL Non-Preferred	ST
clobetasol prop emollient base 0.05 % cream	PDL Preferred	
clobetasol propionate 0.05 % cream	PDL Preferred	
clobetasol propionate 0.05 % foam	PDL Non-Preferred	ST
clobetasol propionate 0.05 % gel	PDL Preferred	
clobetasol propionate 0.05 % liquid	PDL Non-Preferred	ST
clobetasol propionate 0.05 % lotion	PDL Non-Preferred	ST
clobetasol propionate 0.05 % ointment	PDL Preferred	
clobetasol propionate 0.05 % shampoo	PDL Preferred	
clobetasol propionate 0.05 % solution	PDL Preferred	
clobetasol propionate e 0.05 % cream	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
clobetasol propionate emulsion 0.05 % foam	PDL Non-Preferred	ST
clocortolone pivalate 0.1 % cream	PDL Non-Preferred	ST
CLODAN 0.05 % KIT *clobetasol propionate & cleanser*	PDL Non-Preferred	ST
clodan 0.05 % shampoo	PDL Non-Preferred	ST
CLODERM 0.1 % CREAM *clocortolone pivalate*	PDL Non-Preferred	ST
DERMA-SMOOTHE/FS BODY 0.01 % OIL *fluocinolone acetonide*	PDL Preferred	
DERMA-SMOOTHE/FS SCALP 0.01 % OIL *fluocinolone acetonide*	PDL Preferred	
desonide 0.05 % cream	PDL Preferred	
desonide 0.05 % lotion	PDL Non-Preferred	ST
desonide 0.05 % ointment	PDL Preferred	
desoximetasone 0.05 % cream	PDL Non-Preferred	ST
desoximetasone 0.05 % gel	PDL Non-Preferred	ST
desoximetasone 0.05 % ointment	PDL Non-Preferred	ST
desoximetasone 0.25 % cream	PDL Non-Preferred	ST
desoximetasone 0.25 % liquid	PDL Non-Preferred	ST
desoximetasone 0.25 % ointment	PDL Non-Preferred	ST
DIFLORASONE DIACETATE 0.05 % CREAM *diflorasone diacetate*	PDL Non-Preferred	ST
diflorasone diacetate 0.05 % ointment	PDL Non-Preferred	ST
DIPROLENE 0.05 % OINTMENT *betamethasone dipropionate augmented*	PDL Non-Preferred	ST
DUOBRII 0.01-0.045 % LOTION *halobetasol propionate-tazarotene*	PDL Non-Preferred	ST
ENSTILAR 0.005-0.064 % FOAM *calcipotriene-betamethasone dipropionate*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
EPIFOAM 1-1 % FOAM *pramoxine-hc*	Covered	
fluocinolone acetonide 0.01 % cream	PDL Non-Preferred	ST
fluocinolone acetonide 0.01 % solution	PDL Non-Preferred	ST
fluocinolone acetonide 0.025 % cream	PDL Non-Preferred	ST
fluocinolone acetonide 0.025 % ointment	PDL Non-Preferred	ST
fluocinolone acetonide body 0.01 % oil	PDL Non-Preferred	ST
fluocinolone acetonide scalp 0.01 % oil	PDL Non-Preferred	ST
fluocinonide 0.05 % cream	PDL Preferred	
fluocinonide 0.05 % gel	PDL Preferred	
fluocinonide 0.05 % ointment	PDL Preferred	
fluocinonide 0.05 % solution	PDL Preferred	
fluocinonide 0.1 % cream	PDL Preferred	
fluocinonide emulsified base 0.05 % cream	PDL Non-Preferred	ST
FLURANDRENOLIDE 0.05 % LOTION *flurandrenolide*	PDL Non-Preferred	ST
fluticasone propionate 0.005 % ointment	PDL Preferred	
fluticasone propionate 0.05 % cream	PDL Preferred	
FLUTICASONE PROPIONATE 0.05 % LOTION *fluticasone propionate*	PDL Non-Preferred	ST
halcinonide 0.1 % cream	PDL Non-Preferred	ST
halobetasol propionate 0.05 % cream	PDL Preferred	
halobetasol propionate 0.05 % foam	PDL Non-Preferred	ST
halobetasol propionate 0.05 % ointment	PDL Preferred	
HALOG 0.1 % CREAM *halcinonide*	PDL Non-Preferred	ST
HALOG 0.1 % OINTMENT *halcinonide*	PDL Non-Preferred	ST
HALOG 0.1 % SOLUTION *halcinonide*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
hydrocortisone 1 % cream	PDL Preferred	
hydrocortisone 1 % ointment	PDL Preferred	
hydrocortisone 2.5 % cream	PDL Preferred	
HYDROCORTISONE 2.5 % LOTION *hydrocortisone (topical)*	PDL Preferred	
hydrocortisone 2.5 % ointment	PDL Preferred	
HYDROCORTISONE BUTYR LIPO BASE 0.1 % CREAM *hydrocortisone butyrate hydrophilic lipo base*	PDL Non-Preferred	ST
HYDROCORTISONE BUTYRATE 0.1 % CREAM *hydrocortisone butyrate*	PDL Non-Preferred	ST
hydrocortisone butyrate 0.1 % lotion	PDL Non-Preferred	ST
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT *hydrocortisone butyrate*	PDL Non-Preferred	ST
hydrocortisone butyrate 0.1 % ointment	PDL Non-Preferred	ST
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION *hydrocortisone butyrate*	PDL Non-Preferred	ST
HYDROCORTISONE COMPLETE KIT 2 % THER PACK *hydrocortisone & cleanser*	PDL Non-Preferred	ST
hydrocortisone valerate 0.2 % cream	PDL Non-Preferred	ST
hydrocortisone valerate 0.2 % ointment	PDL Non-Preferred	ST
HYDROXATE 2 % GEL *hydrocortisone (topical)*	PDL Non-Preferred	ST
HYDROXYM 2 % CREAM *hydrocortisone (topical)*	Covered	
HYDROXYM 2 % GEL *hydrocortisone (topical)*	PDL Non-Preferred	ST
LEXETTE 0.05 % FOAM *halobetasol propionate*	Covered	ST
LIDOTRAL + HYDROCORTISONE 3.88-1 % CREAM *lidocaine-hydrocortisone acetate*	Covered	
LIDOTRAL + HYDROCORTISONE 3.88-1 % LOTION *lidocaine-hydrocortisone acetate*	Covered	
LIDOTRAL + HYDROCORTISONE 5-1 % CREAM *lidocaine-hydrocortisone acetate*	Covered	

DRUG NAME	TIER	DRUG EDITS
LIDOTRAL + HYDROCORTISONE 5-1 % LOTION *lidocaine-hydrocortisone acetate*	Covered	
LOCOID 0.1 % LOTION *hydrocortisone butyrate*	PDL Non-Preferred	ST
LOCOID LIPOCREAM 0.1 % CREAM *hydrocortisone butyrate hydrophilic lipo base*	PDL Non-Preferred	ST
mometasone furoate 0.1 % cream	PDL Preferred	
mometasone furoate 0.1 % ointment	PDL Preferred	
mometasone furoate 0.1 % solution	PDL Preferred	
PANDEL 0.1 % CREAM *hydrocortisone probutate*	PDL Non-Preferred	ST
PREDNICARBATE 0.1 % OINTMENT *prednicarbate*	PDL Non-Preferred	ST
RADIAURA 3-0.5 % CREAM *lidocaine-hydrocortisone acetate*	Covered	
SYNALAR 0.01 % SOLUTION *fluocinolone acetonide*	PDL Non-Preferred	ST
SYNALAR 0.025 % CREAM *fluocinolone acetonide*	PDL Non-Preferred	ST
SYNALAR 0.025 % OINTMENT *fluocinolone acetonide*	PDL Non-Preferred	ST
SYNALAR (CREAM) 0.025 % KIT *fluocinolone-emollient*	PDL Non-Preferred	ST
SYNALAR (OINTMENT) 0.025 % KIT *fluocinolone-emollient*	PDL Non-Preferred	ST
SYNALAR TS 0.01 % KIT *fluocinolone acetonide & cleanser*	PDL Non-Preferred	ST
TACLONEX 0.005-0.064 % OINTMENT *calcipotriene-betamethasone dipropionate*	PDL Non-Preferred	ST
TACLONEX 0.005-0.064 % SUSPENSION *calcipotriene-betamethasone dipropionate*	PDL Non-Preferred	ST
TEXACORT 2.5 % SOLUTION *hydrocortisone (topical)*	PDL Non-Preferred	ST
TOPICORT 0.05 % GEL *desoximetasone*	PDL Non-Preferred	ST
TOPICORT 0.25 % CREAM *desoximetasone*	PDL Non-Preferred	ST
tovet 0.05 % foam	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
TOVET 0.05 % KIT *clobetasol propionate emulsion foam w/ moisturizing cream*	PDL Non-Preferred	ST
triamcinolone acetonide 0.025 % cream	PDL Preferred	
triamcinolone acetonide 0.025 % lotion	PDL Preferred	
triamcinolone acetonide 0.025 % ointment	PDL Preferred	
triamcinolone acetonide 0.05 % ointment	PDL Preferred	
triamcinolone acetonide 0.1 % cream	PDL Preferred	
triamcinolone acetonide 0.1 % lotion	PDL Preferred	
triamcinolone acetonide 0.1 % ointment	PDL Preferred	
TRIAMCINOLONE ACETONIDE 0.147 MG/GM AERO SOLN *triamcinolone acetonide (topical)*	PDL Non-Preferred	ST
triamcinolone acetonide 0.147 mg/gm aero soln	PDL Non-Preferred	ST
triamcinolone acetonide 0.5 % cream	PDL Preferred	
triamcinolone acetonide 0.5 % ointment	PDL Preferred	
ULTRAVATE 0.05 % LOTION *halobetasol propionate*	PDL Non-Preferred	ST
VANOS 0.1 % CREAM *fluocinonide*	PDL Non-Preferred	ST
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR *tralokinumab-ldrm*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
ADBRY 300 MG/2ML SOLN A-INJ *tralokinumab-ldrm*	PDL Non-Preferred	PA 90D
CIBINQO 100 MG TAB *abrocitinib*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
CIBINQO 200 MG TAB *abrocitinib*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D

DRUG NAME	TIER	DRUG EDITS
CIBINQO 50 MG TAB *abrocitinib*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
DUPIXENT 100 MG/0.67ML SOLN PRSYR *dupilumab*	PDL Preferred	QL 2.68 UNITS / 28 days ST NOTE Clinical Criteria Apply
DUPIXENT 200 MG/1.14ML SOLN A-INJ *dupilumab*	PDL Preferred	QL 2.28 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
DUPIXENT 200 MG/1.14ML SOLN PRSYR *dupilumab*	PDL Preferred	QL 2.28 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
DUPIXENT 300 MG/2ML SOLN A-INJ *dupilumab*	PDL Preferred	QL 4 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
DUPIXENT 300 MG/2ML SOLN PRSYR *dupilumab*	PDL Preferred	QL 4 UNITS / 28 DAYS ST NOTE Clinical Criteria Apply 90D
EBGLYSS 250 MG/2ML SOLN A-INJ *lebrikizumab-lbkz*	PDL Non-Preferred	PA
OPZELURA 1.5 % CREAM *ruxolitinib phosphate (topical)*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
EMOLLIENT/KERATOLYTIC AGENTS		
dermacinrx urea 41 % cream	Covered	
UREA 39.5 % CREAM *urea*	Covered	
urea 40 % cream	Covered	
UREA HYDRATING 35 % FOAM *urea in lactic acid vehicle*	Covered	

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DRUG NAME	TIER	DRUG EDITS
EMOLLIENTS		
ammonium lactate 12 % cream	Covered	
ammonium lactate 12 % lotion	Covered	
VITAMIN C BRIGHTENING SERUM LIQUID *emollient*	Covered	
GLABELLAR LINES (FROWN LINES) AGENTS		
BOTOX COSMETIC 100 UNIT RECON SOLN *onabotulinumtoxina (cosmetic)*	Covered	QL 6 UNITS / 90 DAYS ST
BOTOX COSMETIC 50 UNIT RECON SOLN *onabotulinumtoxina (cosmetic)*	Covered	QL 12 UNITS / 90 DAYS ST
DAXXIFY 100 UNIT RECON SOLN *daxibotulinumtoxina-lanm*	Covered	
HAIR GROWTH AGENTS		
bimatoprost 0.03 % solution	Covered	ST
finasteride 1 mg tab	Covered	
LATISSE 0.03 % SOLUTION *bimatoprost (topical)*	Covered	
LITFULO 50 MG CAP *ritlecitinib tosylate*	Covered	90D
PROPECIA 1 MG TAB *finasteride (alopecia)*	Covered	
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod 3.75 % cream	PDL Non-Preferred	ST
imiquimod 5 % cream	PDL Preferred	
imiquimod pump 3.75 % cream	PDL Non-Preferred	ST
ZYCLARA 3.75 % CREAM *imiquimod*	PDL Non-Preferred	ST
ZYCLARA PUMP 2.5 % CREAM *imiquimod*	PDL Non-Preferred	ST
ZYCLARA PUMP 3.75 % CREAM *imiquimod*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL 1 % CREAM *pimecrolimus*	PDL Preferred	ST NOTE Clinical Criteria Apply
HYFTOR 0.2 % GEL *sirolimus (topical)*	PDL Non-Preferred	ST 90D
pimecrolimus 1 % cream	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
tacrolimus 0.03 % ointment	PDL Preferred	ST NOTE Clinical Criteria Apply
tacrolimus 0.1 % ointment	PDL Preferred	ST NOTE Clinical Criteria Apply
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX 0.5 % GEL *podofilox*	PDL Non-Preferred	ST
PODOCON-25 25 % SOLUTION *podophyllum resin*	Covered	
podofilox 0.5 % gel	PDL Non-Preferred	ST
PODOFILOX 0.5 % SOLUTION *podofilox*	PDL Non-Preferred	ST
podofilox 0.5 % solution	Covered	ST
SALICATE 10 % LIQUID *salicylic acid*	Covered	
SALICYLIC ACID 3 % OINTMENT *salicylic acid*	PDL Non-Preferred	ST
salicylic acid 6 % foam	Covered	
salicylic acid 6 % gel	Covered	
salicylic acid wart remover 27.5 % liquid	Covered	
SALYCIM 6 % CREAM *salicylic acid*	Covered	
salyntra 6 % gel	Covered	
UREA-SALICYLIC ACID 39.5-2 % CREAM *salicylic acid & urea*	Covered	
YCANTH 0.7 % SOLUTION *cantharidin*	Covered	

DRUG NAME	TIER	DRUG EDITS
LOCAL ANESTHETICS - TOPICAL		
BRUSELIX 3.88 % CREAM *lidocaine hcl*	Covered	
BRUSELIX 3.88 % GEL *lidocaine hcl*	Covered	
capsaicin 0.025 % cream	Covered	
CAPSAICIN 0.05 % CREAM *capsaicin*	Covered	
dermacinrx lidogel 2.8 % gel	Covered	
glydo 2 % prsyr	Covered	
lidocaine 5 % ointment	Covered	
lidocaine 5 % patch	PDL Preferred	QL 3 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply
lidocaine hcl 3 % cream	Covered	
lidocaine hcl 4 % solution	Covered	
lidocaine hcl 4.12 % cream	Covered	
lidocaine hcl urethral/mucosal 2 % prsyr	Covered	
lidocaine-prilocaine 2.5-2.5 % cream	Covered	
lidocaine-prilocaine 2.5-2.5 % kit	Covered	
lidocan 5 % patch	PDL Preferred	QL 3 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply
LIDODERM 5 % PATCH *lidocaine*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply
lidorex 2.8 % gel	Covered	
LIDOTRAL 2 % LIQUID *lidocaine hcl*	Covered	
LIDOTRAL 3.88 % CREAM *lidocaine hcl*	Covered	
LIDOTRAL 3.88 % GEL *lidocaine hcl*	Covered	
LIDOTRAL 5 % GEL *lidocaine hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
LIDOTRAL 5 % SOLUTION *lidocaine hcl*	Covered	
LIDOTRAL 1 4.88 % PATCH *lidocaine*	Covered	
LIDOTRAL ROLL-ON 5 % GEL *lidocaine hcl*	Covered	
LIDOTRAL-MENTHOL 5-3 % LIQUID *lidocaine-menthol*	Covered	
LIDOTRAN 3.88 % CREAM *lidocaine hcl*	Covered	
lydexa 4.12 % cream	Covered	
neurozyl 4.12 % cream	Covered	
QUTENZA 8 % KIT *capsaicin & cleansing gel*	PDL Non-Preferred	ST
QUTENZA (2 PATCH) 8 % KIT *capsaicin & cleansing gel*	PDL Non-Preferred	ST
QUTENZA (4 PATCH) 8 % KIT *capsaicin & cleansing gel*	PDL Non-Preferred	ST
tridacaine ii 5 % patch	PDL Preferred	QL 3 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply
tridacaine iii 5 % patch	PDL Preferred	QL 3 UNITS / 1 DAYS ST NOTE Clinical Criteria Apply
ZTLIDO 1.8 % PATCH *lidocaine*	PDL Non-Preferred	QL 3 / 1 day(s) ST NOTE Clinical Criteria Apply
MISC. TOPICAL		
SCARTRATE 5-2.25 % CREAM *dimethicone-allantoin (skin protectant)*	Covered	
XERAC AC 6.25 % SOLUTION *aluminum chloride in alcohol*	Covered	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA 2 % OINTMENT *crisaborole*	PDL Preferred	ST NOTE Clinical Criteria Apply

DRUG NAME	TIER	DRUG EDITS
ZORYVE 0.15 % CREAM *roflumilast (dermatologic)*	PDL Non-Preferred	PA
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone 4 % cream	Covered	
PROTECTIVES AGAINST UV RADIATION		
SCENESSE 16 MG IMPLANT *afamelanotide acetate*	Covered	90D
ROSACEA AGENTS		
azelaic acid 15 % gel	PDL Preferred	
brimonidine tartrate 0.33 % gel	PDL Non-Preferred	ST
doxycycline 40 mg cap dr	PDL Non-Preferred	ST
FINACEA 15 % FOAM *azelaic acid*	PDL Non-Preferred	ST
FINACEA 15 % GEL *azelaic acid*	PDL Preferred	
ivermectin 1 % cream	PDL Non-Preferred	ST
metronidazole 0.75 % cream	PDL Preferred	
metronidazole 0.75 % gel	PDL Preferred	
metronidazole 0.75 % lotion	PDL Non-Preferred	ST
metronidazole 1 % gel	PDL Preferred	
NORITATE 1 % CREAM *metronidazole (topical)*	PDL Non-Preferred	ST
RHOFADE 1 % CREAM *oxymetazoline hcl (topical)*	PDL Non-Preferred	ST
rosadan 0.75 % cream	PDL Preferred	
ROSADAN 0.75 % CREAM KIT *metronidazole w/ cleanser (topical)*	PDL Non-Preferred	ST
rosadan 0.75 % gel	PDL Preferred	
ROSADAN 0.75 % GEL KIT *metronidazole w/ cleanser (topical)*	PDL Non-Preferred	ST
SCABICIDES PEDICULICIDES		
CROTAN 10 % LOTION *crotamiton*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required

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DRUG NAME	TIER	DRUG EDITS
IVERMECTIN 0.5 % LOTION *ivermectin (pediculicide)*	Covered	ST
malathion 0.5 % lotion	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
NATROBA 0.9 % SUSPENSION *spinosad*	PDL Preferred	
permethrin 5 % cream	PDL Preferred	
SKLICE 0.5 % LOTION *ivermectin (pediculicide)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
SPINOSAD 0.9 % SUSPENSION *spinosad*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
WOUND CARE PRODUCTS		
FILSUVEZ 10 % GEL *birch triterpenes*	Covered	90D
VYJUVEK 5000000000 PFU/2.5ML GEL *beremagene geperpavec-svdt*	Covered	PA
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC BIOLOGICALS		
APLISOL 5 UNIT/0.1ML SOLUTION *tuberculin ppd*	Covered	
DIAGNOSTIC DRUGS		
adenosine 3 mg/ml solution	Covered	
adenosine (diagnostic) 3 mg/ml solution	Covered	
BLUDIGO 8 MG/ML SOLUTION *indigotindisulfonate sodium*	Covered	
CORTROSYN 0.25 MG RECON SOLN *cosyntropin*	Covered	
cosyntropin 0.25 mg recon soln	Covered	
DIPYRIDAMOLE 5 MG/ML SOLUTION *dipyridamole (diagnostic)*	Covered	
GLUCAGON HCL (DIAGNOSTIC) 1 MG RECON SOLN *glucagon hcl (diagnostic)*	Covered	

DRUG NAME	TIER	DRUG EDITS
isosulfan blue 1 % solution	Covered	
LEXISCAN 0.4 MG/5ML SOLUTION *regadenoson*	Covered	
MACRILEN 60 MG PACKET *macimorelin acetate*	Covered	
METOPIRONE 250 MG CAP *metyrapone*	Covered	
R-GENE 10 10 % SOLUTION *arginine hcl (diagnostic)*	Covered	
regadenoson 0.4 mg/5ml solution	Covered	
SINCALIDE 5 MCG RECON SOLN *sincalide*	Covered	
THYROGEN 0.9 MG RECON SOLN *thyrotropin alfa*	Covered	
DIAGNOSTIC RADIOPHARMACEUTICALS		
AMYVID 500-1900 MBQ/ML SOLUTION *florbetapir f 18*	Covered	
AXUMIN 9-221 MCI/ML SOLUTION *fluciclovine f 18*	Covered	
CARDIOLITE KIT *technetium tc 99m sestamibi*	Covered	
ILLUCCIX CONFIGURATION A 25 MCG KIT *gallium ga 68 psma-11*	Covered	
ILLUCCIX CONFIGURATION B 25 MCG KIT *gallium ga 68 psma-11*	Covered	
LEU TECHNELITE KIT *technetium tc 99m sodium pertechnetate*	Covered	
LOCAMETZ 25 MCG KIT *gallium ga 68 gozetotide (psma-11)*	Covered	
NETSPOT KIT *gallium ga 68 dotatate*	Covered	
NEUROLITE KIT *technetium tc 99m bicisate*	Covered	
POSLUMA 296-5846 MBQ/ML SOLUTION *flotufolastat f 18 gallium*	Covered	
PYLARIFY 9 MCI SOLN PRSYR *piflufolastat f 18*	Covered	
TAUVID 300-3700 MBQ/ML SOLUTION *flortaucipir f 18*	Covered	

DRUG NAME	TIER	DRUG EDITS
TECHNETIUM TC 99M SESTAMIBI KIT *technetium tc 99m sestamibi*	Covered	
XENON XE 133 10 MCI GAS *xenon xe 133*	Covered	
XENON XE 133 20 MCI GAS *xenon xe 133*	Covered	
DIAGNOSTIC TESTS		
ACCU-CHEK AVIVA PLUS STRIP *glucose blood*	PDL Preferred	90D
ACCU-CHEK GUIDE TEST STRIP *glucose blood*	PDL Preferred	90D
ACCU-CHEK SMARTVIEW STRIP *glucose blood*	PDL Preferred	90D
MISCELLANEOUS CONTRAST MEDIA		
clariscan 10 mmol/20ml soln prsyr	Covered	
clariscan 10 mmol/20ml solution	Covered	
clariscan 2.5 mmol/5ml solution	Covered	
clariscan 5 mmol/10ml soln prsyr	Covered	
clariscan 5 mmol/10ml solution	Covered	
clariscan 50 mmol/100ml solution	Covered	
clariscan 7.5 mmol/15ml soln prsyr	Covered	
clariscan 7.5 mmol/15ml solution	Covered	
DEFINITY 6.52 MG/ML SUSPENSION *perflutren lipid microsphere*	Covered	
DEFINITY RT 6.52 MG/ML SUSPENSION *perflutren lipid microsphere*	Covered	
EOVIST 0.25 MOL/L SOLUTION *gadoxetate disodium*	Covered	
GADAVIST 1 MMOL/ML SOLUTION *gadobutrol*	Covered	
GADAVIST 10 MMOL/10ML SOLN PRSYR *gadobutrol*	Covered	
GADAVIST 15 MMOL/15ML SOLN PRSYR *gadobutrol*	Covered	
GADAVIST 7.5 MMOL/7.5ML SOLN PRSYR *gadobutrol*	Covered	
gadobutrol 1 mmol/ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
gadoterate meglumine 10 mmol/20ml solution	Covered	
gadoterate meglumine 2.5 mmol/5ml solution	Covered	
gadoterate meglumine 5 mmol/10ml solution	Covered	
gadoterate meglumine 50 mmol/100ml solution	Covered	
gadoterate meglumine 7.5 mmol/15ml solution	Covered	
OMNISCAN 287 MG/ML INJECTABLE *gadodiamide*	Covered	
OMNISCAN 287 MG/ML SOLUTION *gadodiamide*	Covered	
OPTISON SUSPENSION *perflutren protein-type a microspheres*	Covered	
RADIOGRAPHIC CONTRAST MEDIA		
diatrizoate meglumine & sodium 66-10 % solution	Covered	
iodixanol 270 mg/ml solution	Covered	
iodixanol 320 mg/ml solution	Covered	
iopamidol 41 % solution	Covered	
iopamidol 51 % solution	Covered	
iopamidol 61 % solution	Covered	
iopamidol 76 % solution	Covered	
OMNIPAQUE 12 MG/ML SOLUTION *iohexol*	Covered	
OMNIPAQUE 140 MG/ML SOLUTION *iohexol*	Covered	
OMNIPAQUE 180 MG/ML SOLUTION *iohexol*	Covered	
OMNIPAQUE 240 MG/ML SOLUTION *iohexol*	Covered	
OMNIPAQUE 300 MG/ML SOLUTION *iohexol*	Covered	
OMNIPAQUE 350 MG/ML SOLUTION *iohexol*	Covered	
OMNIPAQUE 9 MG/ML SOLUTION *iohexol*	Covered	
ULTRAVIST 62 % SOLUTION *iopromide*	Covered	
ULTRAVIST 77 % SOLUTION *iopromide*	Covered	

DRUG NAME	TIER	DRUG EDITS
VISIPAQUE 270 MG/ML SOLUTION *iodixanol*	Covered	
VISIPAQUE 320 MG/ML SOLUTION *iodixanol*	Covered	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
ENLYTE CAP *dietary management product*	Covered	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON 12000-38000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	90D
CREON 24000-76000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	90D
CREON 3000-9500 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	90D
CREON 36000-114000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	90D
CREON 6000-19000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	90D
PERTZYE 16000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Non-Preferred	ST 90D
PERTZYE 24000-86250 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Non-Preferred	ST 90D
PERTZYE 4000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Non-Preferred	ST 90D
PERTZYE 8000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Non-Preferred	ST 90D
VIOKACE 10440-39150 UNIT TAB *pancrelipase (lipase-protease-amylase)*	PDL Non-Preferred	ST 90D
VIOKACE 20880-78300 UNIT TAB *pancrelipase (lipase-protease-amylase)*	PDL Non-Preferred	ST 90D
ZENPEP 10000-32000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
ZENPEP 15000-47000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	90D
ZENPEP 20000-63000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	90D
ZENPEP 25000-79000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	90D
ZENPEP 3000-10000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	90D
ZENPEP 40000-126000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	90D
ZENPEP 5000-24000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	90D
ZENPEP 60000-189600 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	90D
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide 125 mg tab	Covered	90D
acetazolamide 250 mg tab	Covered	90D
acetazolamide er 500 mg cap er 12h	Covered	90D
acetazolamide sodium 500 mg recon soln	Covered	
dichlorphenamide 50 mg tab	Covered	90D
KEVEYIS 50 MG TAB *dichlorphenamide*	Covered	90D
methazolamide 25 mg tab	Covered	90D
methazolamide 50 mg tab	Covered	90D
ormalvi 50 mg tab	Covered	
DIURETIC COMBINATIONS		
ALDACTAZIDE 50-50 MG TAB *spironolactone & hydrochlorothiazide*	Covered	
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB *amiloride & hydrochlorothiazide*	Covered	90D
spironolactone-hctz 25-25 mg tab	Covered	90D
triamterene-hctz 37.5-25 mg cap	Covered	90D

DRUG NAME	TIER	DRUG EDITS
triamterene-hctz 37.5-25 mg tab	Covered	90D
triamterene-hctz 75-50 mg tab	Covered	90D
LOOP DIURETICS		
bumetanide 0.25 mg/ml solution	Covered	
bumetanide 0.5 mg tab	Covered	90D
bumetanide 1 mg tab	Covered	90D
bumetanide 2 mg tab	Covered	90D
EDECRIN 25 MG TAB *ethacrynic acid*	Covered	90D
ethacrynate sodium 50 mg recon soln	Covered	
ethacrynic acid 25 mg tab	Covered	90D
FUROSCIX 80 MG/10ML CART KIT *furosemide*	Covered	
furosemide 10 mg/ml solution	Covered	90D
furosemide 20 mg tab	Covered	90D
furosemide 40 mg tab	Covered	90D
FUROSEMIDE 8 MG/ML SOLUTION *furosemide*	Covered	90D
furosemide 80 mg tab	Covered	90D
LASIX 20 MG TAB *furosemide*	Covered	90D
LASIX 40 MG TAB *furosemide*	Covered	90D
LASIX 80 MG TAB *furosemide*	Covered	90D
torsemide 10 mg tab	Covered	90D
torsemide 100 mg tab	Covered	90D
torsemide 20 mg tab	Covered	90D
torsemide 5 mg tab	Covered	90D
OSMOTIC DIURETICS		
mannitol 20 % solution	Covered	

DRUG NAME	TIER	DRUG EDITS
mannitol 25 % solution	Covered	
OSMITROL 10 % SOLUTION *mannitol*	Covered	
osmitrol 20 % solution	Covered	
POTASSIUM SPARING DIURETICS		
ALDACTONE 100 MG TAB *spironolactone*	Covered	90D
ALDACTONE 25 MG TAB *spironolactone*	Covered	90D
ALDACTONE 50 MG TAB *spironolactone*	Covered	90D
amiloride hcl 5 mg tab	Covered	90D
CAROSPIR 25 MG/5ML SUSPENSION *spironolactone*	Covered	90D
spironolactone 100 mg tab	Covered	90D
spironolactone 25 mg tab	Covered	90D
spironolactone 25 mg/5ml suspension	Covered	90D
spironolactone 50 mg tab	Covered	90D
triamterene 100 mg cap	Covered	90D
triamterene 50 mg cap	Covered	90D
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide sodium 500 mg recon soln	Covered	
chlorthalidone 25 mg tab	Covered	90D
chlorthalidone 50 mg tab	Covered	90D
DIURIL 250 MG/5ML SUSPENSION *chlorothiazide*	Covered	90D
hydrochlorothiazide 12.5 mg cap	Covered	90D
hydrochlorothiazide 12.5 mg tab	Covered	90D
hydrochlorothiazide 25 mg tab	Covered	90D
hydrochlorothiazide 50 mg tab	Covered	90D
indapamide 1.25 mg tab	Covered	90D

DRUG NAME	TIER	DRUG EDITS
indapamide 2.5 mg tab	Covered	90D
metolazone 10 mg tab	Covered	90D
metolazone 2.5 mg tab	Covered	90D
metolazone 5 mg tab	Covered	90D
THALITONE 15 MG TAB *chlorthalidone*	Covered	90D
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA 1 MG TAB *osilodrostat phosphate*	Covered	90D
ISTURISA 10 MG TAB *osilodrostat phosphate*	Covered	
ISTURISA 5 MG TAB *osilodrostat phosphate*	Covered	90D
RECORLEV 150 MG TAB *levoketoconazole*	Covered	90D
BONE DENSITY REGULATORS		
ACTONEL 150 MG TAB *risedronate sodium*	PDL Non-Preferred	ST 90D
ACTONEL 35 MG TAB *risedronate sodium*	PDL Non-Preferred	ST 90D
alendronate sodium 10 mg tab	PDL Preferred	90D
alendronate sodium 35 mg tab	PDL Preferred	90D
alendronate sodium 70 mg tab	PDL Preferred	90D
alendronate sodium 70 mg/75ml solution	PDL Non-Preferred	ST 90D
ATELVIA 35 MG TAB DR *risedronate sodium*	PDL Non-Preferred	ST 90D
BINOSTO 70 MG EFFER TAB *alendronate sodium*	PDL Non-Preferred	90D
calcitonin (salmon) 200 unit/act solution	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
calcitonin (salmon) 200 unit/ml solution	Covered	
EVENITY 105 MG/1.17ML SOLN PRSYR *romosozumab-aqqg*	PDL Non-Preferred	ST
FORTEO 560 MCG/2.24ML SOLN PEN *teriparatide*	PDL Non-Preferred	ST 90D
FOSAMAX 70 MG TAB *alendronate sodium*	PDL Non-Preferred	ST 90D
FOSAMAX PLUS D 70-2800 MG-UNIT TAB *alendronate sodium-cholecalciferol*	PDL Non-Preferred	ST 90D
FOSAMAX PLUS D 70-5600 MG-UNIT TAB *alendronate sodium-cholecalciferol*	PDL Non-Preferred	ST 90D
ibandronate sodium 150 mg tab	PDL Non-Preferred	ST 90D
ibandronate sodium 3 mg/3ml solution	Covered	90D
MIACALCIN 200 UNIT/ML SOLUTION *calcitonin (salmon)*	Covered	
pamidronate disodium 30 mg/10ml solution	Covered	
PAMIDRONATE DISODIUM 6 MG/ML SOLUTION *pamidronate disodium*	Covered	
pamidronate disodium 90 mg/10ml solution	Covered	
PROLIA 60 MG/ML SOLN PRSYR *denosumab*	PDL Non-Preferred	ST 90D
RECLAST 5 MG/100ML SOLUTION *zoledronic acid*	Covered	
risedronate sodium 150 mg tab	PDL Non-Preferred	ST 90D
risedronate sodium 30 mg tab	PDL Non-Preferred	ST
risedronate sodium 35 mg tab	PDL Non-Preferred	ST 90D
risedronate sodium 35 mg tab dr	PDL Non-Preferred	ST 90D
risedronate sodium 5 mg tab	PDL Non-Preferred	ST 90D

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DRUG NAME	TIER	DRUG EDITS
teriparatide 560 mcg/2.24ml soln pen	PDL Non-Preferred	ST 90D
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN *teriparatide (recombinant)*	PDL Non-Preferred	ST 90D
TYMLOS 3120 MCG/1.56ML SOLN PEN *abaloparatide*	PDL Non-Preferred	ST 90D
XGEVA 120 MG/1.7ML SOLUTION *denosumab*	Covered	
ZOLEDRONIC ACID 4 MG/100ML SOLUTION *zoledronic acid*	Covered	90D
zoledronic acid 4 mg/5ml conc	Covered	90D
zoledronic acid 5 mg/100ml solution	Covered	
CORTICOTROPIN		
ACTHAR 80 UNIT/ML GEL *corticotropin*	Covered	
ACTHAR GEL 40 UNIT/0.5ML PEN *corticotropin*	Covered	
ACTHAR GEL 80 UNIT/ML PEN *corticotropin*	Covered	
CORTROPHIN 80 UNIT/ML GEL *corticotropin*	Covered	
GNRH/LHRH ANTAGONISTS		
ORILISSA 150 MG TAB *elagolix sodium*	Covered	
ORILISSA 200 MG TAB *elagolix sodium*	Covered	
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT 10 MG RECON SOLN *pegvisomant*	Covered	90D
SOMAVERT 15 MG RECON SOLN *pegvisomant*	Covered	90D
SOMAVERT 20 MG RECON SOLN *pegvisomant*	Covered	90D
SOMAVERT 25 MG RECON SOLN *pegvisomant*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
SOMAVERT 30 MG RECON SOLN *pegvisomant*	Covered	90D
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV 2 MG RECON SOLN *tesamorelin acetate*	Covered	90D
GROWTH HORMONES		
GENOTROPIN 12 MG CARTRIDGE *somatropin*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
GENOTROPIN 5 MG CARTRIDGE *somatropin*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
GENOTROPIN MINIQUICK 0.2 MG PRSYR *somatropin*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
GENOTROPIN MINIQUICK 0.4 MG PRSYR *somatropin*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
GENOTROPIN MINIQUICK 0.6 MG PRSYR *somatropin*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
GENOTROPIN MINIQUICK 0.8 MG PRSYR *somatropin*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
GENOTROPIN MINIQUICK 1 MG PRSYR *somatropin*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
GENOTROPIN MINIQUICK 1.2 MG PRSYR *somatropin*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
GENOTROPIN MINIQUICK 1.4 MG PRSYR *somatropin*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
GENOTROPIN MINIQUICK 1.6 MG PRSYR *somatropin*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
GENOTROPIN MINIQUICK 1.8 MG PRSYR *somatropin*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
GENOTROPIN MINIQUICK 2 MG PRSYR *somatropin*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
HUMATROPE 12 MG CARTRIDGE *somatropin*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
HUMATROPE 24 MG CARTRIDGE *somatropin*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
HUMATROPE 6 MG CARTRIDGE *somatropin*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
NGENLA 24 MG/1.2ML SOLN PEN *somatrogon-ghla*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
NGENLA 60 MG/1.2ML SOLN PEN *somatrogon-ghla*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
NORDITROPIN FLEXPRO 10 MG/1.5ML SOLN PEN *somatropin*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
NORDITROPIN FLEXPRO 15 MG/1.5ML SOLN PEN *somatropin*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
NORDITROPIN FLEXPRO 30 MG/3ML SOLN PEN *somatropin*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
NORDITROPIN FLEXPRO 5 MG/1.5ML SOLN PEN *somatropin*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN *somatropin*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLN PEN *somatropin*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
NUTROPIN AQ NUSPIN 5 5 MG/2ML SOLN PEN *somatropin*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
OMNITROPE 10 MG/1.5ML SOLN CART *somatropin*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
OMNITROPE 5 MG/1.5ML SOLN CART *somatropin*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
OMNITROPE 5.8 MG RECON SOLN *somatropin*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
SAIZEN 5 MG RECON SOLN *somatropin (non-refrigerated)*	Covered	ST NOTE Clinical Criteria Apply 90D
SEROSTIM 4 MG RECON SOLN *somatropin (non-refrigerated)*	PDL Non-Preferred	ST NOTE Prior Approval Not Required for Use of Serostim in AIDS Wasting Syndrome NOTE Clinical Criteria Apply 90D
SEROSTIM 5 MG RECON SOLN *somatropin (non-refrigerated)*	PDL Non-Preferred	ST NOTE Prior Approval Not Required for Use of Serostim in AIDS Wasting Syndrome NOTE Clinical Criteria Apply 90D

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
SEROSTIM 6 MG RECON SOLN *somatropin (non-refrigerated)*	PDL Non-Preferred	ST NOTE Prior Approval Not Required for Use of Serostim in AIDS Wasting Syndrome NOTE Clinical Criteria Apply 90D
SKYTROFA 11 MG CARTRIDGE *lonapegsomatropin-tcgd*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 18 years of age NOTE Clinical Criteria Apply 90D
SKYTROFA 13.3 MG CARTRIDGE *lonapegsomatropin-tcgd*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 18 years of age NOTE Clinical Criteria Apply 90D
SKYTROFA 3 MG CARTRIDGE *lonapegsomatropin-tcgd*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 18 years of age NOTE Clinical Criteria Apply 90D
SKYTROFA 3.6 MG CARTRIDGE *lonapegsomatropin-tcgd*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 18 years of age NOTE Clinical Criteria Apply 90D
SKYTROFA 4.3 MG CARTRIDGE *lonapegsomatropin-tcgd*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 18 years of age NOTE Clinical Criteria Apply 90D
SKYTROFA 5.2 MG CARTRIDGE *lonapegsomatropin-tcgd*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 18 years of age

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
		NOTE Clinical Criteria Apply 90D
SKYTROFA 6.3 MG CARTRIDGE *lonapegsomatropin-tcgd*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 18 years of age NOTE Clinical Criteria Apply 90D
SKYTROFA 7.6 MG CARTRIDGE *lonapegsomatropin-tcgd*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 18 years of age NOTE Clinical Criteria Apply 90D
SKYTROFA 9.1 MG CARTRIDGE *lonapegsomatropin-tcgd*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 18 years of age NOTE Clinical Criteria Apply 90D
SOGROYA 10 MG/1.5ML SOLN PEN *somapacitan-beco*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
SOGROYA 15 MG/1.5ML SOLN PEN *somapacitan-beco*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
SOGROYA 5 MG/1.5ML SOLN PEN *somapacitan-beco*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
ZOMACTON 10 MG RECON SOLN *somatropin*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
ZOMACTON 5 MG RECON SOLN *somatropin*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
HORMONE RECEPTOR MODULATORS		
EVISTA 60 MG TAB *raloxifene hcl*	PDL Non-Preferred	ST 90D
OSPHENA 60 MG TAB *ospemifene*	PDL Non-Preferred	ST 90D
raloxifene hcl 60 mg tab	PDL Preferred	90D
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA 500 MG RECON SOLN *teprotumumab-trbw*	Covered	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX 40 MG/4ML SOLUTION *mecasermin*	Covered	ST
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI (6 MONTH) 45 MG KIT *leuprolide acetate (cpp) (6 month)*	Covered	ST NOTE Publishing Note 90D
LUPRON DEPOT-PED (1-MONTH) 11.25 MG KIT *leuprolide acetate (cpp)*	Covered	ST NOTE Publishing Note 90D
LUPRON DEPOT-PED (1-MONTH) 15 MG KIT *leuprolide acetate (cpp)*	Covered	ST NOTE Publishing Note 90D
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT *leuprolide acetate (cpp)*	Covered	ST NOTE Publishing Note 90D
LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT *leuprolide acetate (cpp) (3 month)*	Covered	ST NOTE Publishing Note 90D
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT *leuprolide acetate (cpp) (3 month)*	Covered	ST NOTE Publishing Note 90D

DRUG NAME	TIER	DRUG EDITS
LUPRON DEPOT-PED (6-MONTH) 45 MG KIT *leuprolide acetate (cpp) (6 month)*	Covered	ST NOTE Publishing Note 90D
SUPPRELIN LA 50 MG KIT *histrelin acetate (cpp)*	Covered	ST NOTE Publishing Note 90D
TRIPTODUR 22.5 MG SRER *triptorelin pamoate (cpp)*	Covered	ST NOTE Publishing Note 90D
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
VEOZAH 45 MG TAB *fezolinetant*	PDL Non-Preferred	ST 90D
METABOLIC MODIFIERS		
ALDURAZYME 2.9 MG/5ML SOLUTION *laronidase*	Covered	
AMMONUL 10-10 % SOLUTION *sod benzoate & sod phenylacetate*	Covered	
betaine powder	Covered	90D
BRINEURA 2 X 150 MG/5ML KIT *cerliponase alfa*	Covered	90D
BUPHENYL 3 GM/TSP POWDER *sodium phenylbutyrate*	Covered	90D
BUPHENYL 500 MG TAB *sodium phenylbutyrate*	Covered	90D
calcitriol 0.25 mcg cap	Covered	90D
calcitriol 0.5 mcg cap	Covered	90D
CALCITRIOL 1 MCG/ML SOLUTION *calcitriol*	Covered	
calcitriol 1 mcg/ml solution	Covered	90D
CARBAGLU 200 MG TAB SOL *carglumic acid*	Covered	90D
carglumic acid 200 mg tab sol	Covered	90D
CARNITOR 1 GM/10ML SOLUTION *levocarnitine (metabolic modifiers)*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
CARNITOR 200 MG/ML SOLUTION *levocarnitine (metabolic modifiers)*	Covered	
CARNITOR 330 MG TAB *levocarnitine (metabolic modifiers)*	Covered	90D
CARNITOR SF 1 GM/10ML SOLUTION *levocarnitine (metabolic modifiers)*	Covered	90D
cinacalcet hcl 30 mg tab	Covered	90D
cinacalcet hcl 60 mg tab	Covered	90D
cinacalcet hcl 90 mg tab	Covered	90D
CRYSVITA 10 MG/ML SOLUTION *burosumab-twza*	Covered	90D
CRYSVITA 20 MG/ML SOLUTION *burosumab-twza*	Covered	90D
CRYSVITA 30 MG/ML SOLUTION *burosumab-twza*	Covered	90D
CYSTADANE POWDER *betaine*	Covered	90D
DOXERCALCIFEROL 0.5 MCG CAP *doxercalciferol*	Covered	90D
DOXERCALCIFEROL 1 MCG CAP *doxercalciferol*	Covered	90D
DOXERCALCIFEROL 2.5 MCG CAP *doxercalciferol*	Covered	90D
doxercalciferol 4 mcg/2ml solution	Covered	90D
ELAPRASE 6 MG/3ML SOLUTION *idursulfase*	Covered	90D
ELFABRIO 20 MG/10ML SOLUTION *pegunigalsidase alfa-iwxj*	Covered	90D
ELFABRIO 5 MG/2.5ML SOLUTION *pegunigalsidase alfa-iwxj*	Covered	
FABRAZYME 35 MG RECON SOLN *agalsidase beta*	Covered	90D
FABRAZYME 5 MG RECON SOLN *agalsidase beta*	Covered	90D
GALAFOLD 123 MG CAP *migalastat hcl*	Covered	90D
HECTOROL 4 MCG/2ML SOLUTION *doxercalciferol*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
javygtor 100 mg packet	Covered	90D
javygtor 100 mg tab	Covered	90D
javygtor 500 mg packet	Covered	90D
KANUMA 20 MG/10ML SOLUTION *sebelipase alfa*	Covered	90D
KUVAN 100 MG PACKET *sapropterin dihydrochloride*	Covered	90D
KUVAN 100 MG TAB *sapropterin dihydrochloride*	Covered	90D
KUVAN 500 MG PACKET *sapropterin dihydrochloride*	Covered	90D
LAMZEDE 10 MG RECON SOLN *velmanase alfa-tycv*	Covered	90D
levocarnitine 1 gm/10ml solution	Covered	90D
levocarnitine 200 mg/ml solution	Covered	
levocarnitine 330 mg tab	Covered	90D
levocarnitine sf 1 gm/10ml solution	Covered	90D
LUMIZYME 50 MG RECON SOLN *alglucosidase alfa*	Covered	90D
MEPSEVII 10 MG/5ML SOLUTION *vestronidase alfa-vjbk*	Covered	90D
MYALEPT 11.3 MG RECON SOLN *metreleptin*	Covered	90D
NAGLAZYME 1 MG/ML SOLUTION *galsulfase*	Covered	90D
NEXVIAZYME 100 MG RECON SOLN *avalglucosidase alfa-ngpt*	Covered	90D
nitisinone 10 mg cap	Covered	90D
nitisinone 2 mg cap	Covered	90D
nitisinone 20 mg cap	Covered	90D
nitisinone 5 mg cap	Covered	90D
NITYR 10 MG TAB *nitisinone*	Covered	90D
NITYR 2 MG TAB *nitisinone*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
NITYR 5 MG TAB *nitisinone*	Covered	90D
NULIBRY 9.5 MG RECON SOLN *fosdenopterin hydrobromide*	Covered	90D
OLPRUVA (2 GM DOSE) 2 GM THER PACK *sodium phenylbutyrate*	Covered	90D
OLPRUVA (3 GM DOSE) 3 GM THER PACK *sodium phenylbutyrate*	Covered	90D
OLPRUVA (4 GM DOSE) 2 & 2 GM THER PACK *sodium phenylbutyrate*	Covered	90D
OLPRUVA (5 GM DOSE) 2 & 3 GM THER PACK *sodium phenylbutyrate*	Covered	90D
OLPRUVA (6 GM DOSE) 3 & 3 GM THER PACK *sodium phenylbutyrate*	Covered	90D
OLPRUVA (6.67 GM DOSE) 3 & 3.67 GM THER PACK *sodium phenylbutyrate*	Covered	90D
OPFOLDA 65 MG CAP *miglustat (gaa deficiency)*	Covered	90D
ORFADIN 10 MG CAP *nitisinone*	Covered	90D
ORFADIN 2 MG CAP *nitisinone*	Covered	90D
ORFADIN 20 MG CAP *nitisinone*	Covered	90D
ORFADIN 4 MG/ML SUSPENSION *nitisinone*	Covered	90D
ORFADIN 5 MG CAP *nitisinone*	Covered	90D
PALYNZIQ 10 MG/0.5ML SOLN PRSYR *pegvaliase-pqpz*	Covered	90D
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR *pegvaliase-pqpz*	Covered	
PALYNZIQ 20 MG/ML SOLN PRSYR *pegvaliase-pqpz*	Covered	90D
paricalcitol 1 mcg cap	Covered	90D
paricalcitol 2 mcg cap	Covered	90D
paricalcitol 2 mcg/ml solution	Covered	90D
paricalcitol 4 mcg cap	Covered	90D

DRUG NAME	TIER	DRUG EDITS
paricalcitol 5 mcg/ml solution	Covered	90D
PARSABIV 10 MG/2ML SOLUTION *etelcalcetide hcl*	Covered	90D
PARSABIV 2.5 MG/0.5ML SOLUTION *etelcalcetide hcl*	Covered	90D
PARSABIV 5 MG/ML SOLUTION *etelcalcetide hcl*	Covered	90D
PHEBURANE 483 MG/GM PELLET *sodium phenylbutyrate*	Covered	90D
POMBILITI 105 MG RECON SOLN *cipaglucosidase alfa-atga*	Covered	90D
RAVICTI 1.1 GM/ML LIQUID *glycerol phenylbutyrate*	Covered	90D
RAYALDEE 30 MCG CAP ER *calcifediol*	Covered	90D
REVCOVI 2.4 MG/1.5ML SOLUTION *elapegademase-lvlr*	Covered	90D
ROCALTROL 1 MCG/ML SOLUTION *calcitriol*	Covered	90D
sapropterin dihydrochloride 100 mg packet	Covered	90D
sapropterin dihydrochloride 100 mg tab	Covered	90D
sapropterin dihydrochloride 500 mg packet	Covered	90D
SENSIPAR 30 MG TAB *cinacalcet hcl*	Covered	90D
SENSIPAR 60 MG TAB *cinacalcet hcl*	Covered	90D
SENSIPAR 90 MG TAB *cinacalcet hcl*	Covered	90D
sod benz-sod phenylacet 10-10 % solution	Covered	
sodium phenylbutyrate 3 gm/tsp powder	Covered	90D
sodium phenylbutyrate 500 mg tab	Covered	90D
STRENSIQ 18 MG/0.45ML SOLUTION *asfotase alfa*	Covered	90D
STRENSIQ 28 MG/0.7ML SOLUTION *asfotase alfa*	Covered	90D
STRENSIQ 40 MG/ML SOLUTION *asfotase alfa*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
STRENSIQ 80 MG/0.8ML SOLUTION *asfotase alfa*	Covered	90D
VIMIZIM 5 MG/5ML SOLUTION *elosulfase alfa*	Covered	90D
XENPOZYME 20 MG RECON SOLN *olipudase alfa-rpcp*	Covered	90D
XENPOZYME 4 MG RECON SOLN *olipudase alfa-rpcp*	Covered	90D
XPHOZAH 20 MG TAB *tenapanor hcl (ckd)*	PDL Non-Preferred	ST 90D
XPHOZAH 30 MG TAB *tenapanor hcl (ckd)*	PDL Non-Preferred	ST 90D
ZEMPLAR 1 MCG CAP *paricalcitol*	Covered	90D
ZEMPLAR 2 MCG CAP *paricalcitol*	Covered	90D
ZEMPLAR 2 MCG/ML SOLUTION *paricalcitol*	Covered	90D
ZEMPLAR 5 MCG/ML SOLUTION *paricalcitol*	Covered	90D
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA 10 MG TAB *finerenone*	Covered	90D
KERENDIA 20 MG TAB *finerenone*	Covered	90D
NATRIURETIC PEPTIDES		
VOXZOGO 0.4 MG RECON SOLN *vosoritide*	Covered	90D
VOXZOGO 0.56 MG RECON SOLN *vosoritide*	Covered	90D
VOXZOGO 1.2 MG RECON SOLN *vosoritide*	Covered	90D
POSTERIOR PITUITARY HORMONES		
DDAVP 0.1 MG TAB *desmopressin acetate*	Covered	90D
DDAVP 0.2 MG TAB *desmopressin acetate*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
DDAVP 4 MCG/ML SOLUTION *desmopressin acetate*	Covered	
DDAVP PF 4 MCG/ML SOLUTION *desmopressin acetate*	Covered	
desmopressin ace spray refrig 0.01 % solution	Covered	90D
desmopressin acetate 0.1 mg tab	Covered	90D
desmopressin acetate 0.2 mg tab	Covered	90D
desmopressin acetate 4 mcg/ml solution	Covered	
desmopressin acetate pf 4 mcg/ml solution	Covered	
desmopressin acetate spray 0.01 % solution	Covered	90D
NOCDURNA 27.7 MCG SL TAB *desmopressin acetate*	Covered	90D
NOCDURNA 55.3 MCG SL TAB *desmopressin acetate*	Covered	90D
vasopressin 20 unit/ml solution	Covered	
vasopressin +rfid 20 unit/ml solution	Covered	
VASOPRESSIN-SODIUM CHLORIDE 20-0.9 UT/100ML-% SOLUTION *vasopressin-sodium chloride*	Covered	
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% SOLUTION *vasopressin-sodium chloride*	Covered	
VASOSTRICT 20 UNIT/ML SOLUTION *vasopressin*	Covered	
VASOSTRICT 20-5 UT/100ML-% SOLUTION *vasopressin-dextrose*	Covered	
VASOSTRICT 40-5 UT/100ML-% SOLUTION *vasopressin-dextrose*	Covered	
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX 200 MG TAB *mifepristone*	Covered	
mifepristone 200 mg tab	Covered	
PROLACTIN INHIBITORS		
cabergoline 0.5 mg tab	Covered	90D

DRUG NAME	TIER	DRUG EDITS
SOMATOSTATIC AGENTS		
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION *lanreotide acetate*	Covered	90D
lanreotide acetate 120 mg/0.5ml solution	Covered	
MYCAPSSA 20 MG CAP DR *octreotide acetate*	Covered	90D
OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR *octreotide acetate*	Covered	90D
octreotide acetate 100 mcg/ml solution	Covered	90D
octreotide acetate 1000 mcg/ml solution	Covered	90D
octreotide acetate 200 mcg/ml solution	Covered	90D
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR *octreotide acetate*	Covered	90D
octreotide acetate 50 mcg/ml solution	Covered	90D
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR *octreotide acetate*	Covered	90D
octreotide acetate 500 mcg/ml solution	Covered	90D
SANDOSTATIN 100 MCG/ML SOLUTION *octreotide acetate*	Covered	90D
SANDOSTATIN 50 MCG/ML SOLUTION *octreotide acetate*	Covered	90D
SANDOSTATIN 500 MCG/ML SOLUTION *octreotide acetate*	Covered	90D
SANDOSTATIN LAR DEPOT 10 MG KIT *octreotide acetate*	Covered	90D
SANDOSTATIN LAR DEPOT 20 MG KIT *octreotide acetate*	Covered	90D
SANDOSTATIN LAR DEPOT 30 MG KIT *octreotide acetate*	Covered	90D
SIGNIFOR 0.3 MG/ML SOLUTION *pasireotide diaspartate*	Covered	90D
SIGNIFOR 0.6 MG/ML SOLUTION *pasireotide diaspartate*	Covered	90D
SIGNIFOR 0.9 MG/ML SOLUTION *pasireotide diaspartate*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
SIGNIFOR LAR 10 MG SRER *pasireotide pamoate*	Covered	90D
SIGNIFOR LAR 20 MG SRER *pasireotide pamoate*	Covered	90D
SIGNIFOR LAR 30 MG SRER *pasireotide pamoate*	Covered	90D
SIGNIFOR LAR 40 MG SRER *pasireotide pamoate*	Covered	90D
SIGNIFOR LAR 60 MG SRER *pasireotide pamoate*	Covered	90D
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION *lanreotide acetate*	Covered	90D
SOMATULINE DEPOT 60 MG/0.2ML SOLUTION *lanreotide acetate*	Covered	90D
SOMATULINE DEPOT 90 MG/0.3ML SOLUTION *lanreotide acetate*	Covered	90D
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE 15 MG TAB *tolvaptan*	Covered	90D
JYNARQUE 15 MG TAB THPK *tolvaptan*	Covered	90D
JYNARQUE 30 & 15 MG TAB THPK *tolvaptan*	Covered	90D
JYNARQUE 30 MG TAB *tolvaptan*	Covered	90D
JYNARQUE 45 & 15 MG TAB THPK *tolvaptan*	Covered	90D
JYNARQUE 60 & 30 MG TAB THPK *tolvaptan*	Covered	90D
JYNARQUE 90 & 30 MG TAB THPK *tolvaptan*	Covered	90D
SAMSCA 15 MG TAB *tolvaptan*	Covered	90D
SAMSCA 30 MG TAB *tolvaptan*	Covered	90D
tolvaptan 15 mg tab	Covered	90D
tolvaptan 30 mg tab	Covered	90D
VAPRISOL 20-5 MG/100ML-% SOLUTION *conivaptan hcl in dextrose*	Covered	

DRUG NAME	TIER	DRUG EDITS
ESTROGENS		
ESTROGEN COMBINATIONS		
ACTIVELLA 1-0.5 MG TAB *estradiol & norethindrone acetate*	PDL Preferred	90D
amabelz 0.5-0.1 mg tab	PDL Preferred	90D
amabelz 1-0.5 mg tab	PDL Preferred	
ANGELIQ 0.25-0.5 MG TAB *drospirenone-estradiol*	Covered	90D
ANGELIQ 0.5-1 MG TAB *drospirenone-estradiol*	Covered	90D
BIJUVA 0.5-100 MG CAP *estradiol-progesterone*	PDL Non-Preferred	ST 90D
BIJUVA 1-100 MG CAP *estradiol-progesterone*	PDL Non-Preferred	ST 90D
CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK *estradiol-levonorgestrel*	PDL Preferred	90D
COMBIPATCH 0.05-0.14 MG/DAY PATCH TW *estradiol & norethindrone acetate*	PDL Preferred	90D
COMBIPATCH 0.05-0.25 MG/DAY PATCH TW *estradiol & norethindrone acetate*	PDL Preferred	90D
DUAVEE 0.45-20 MG TAB *conjugated estrogens-bazedoxifene*	PDL Non-Preferred	ST 90D
est estrogens-methyltest 1.25-2.5 mg tab	Covered	90D
est estrogens-methyltest ds 1.25-2.5 mg tab	Covered	90D
est estrogens-methyltest hs 0.625-1.25 mg tab	Covered	90D
estradiol-norethindrone acet 0.5-0.1 mg tab	PDL Preferred	90D
estradiol-norethindrone acet 1-0.5 mg tab	PDL Preferred	90D
fyavolv 0.5-2.5 mg-mcg tab	PDL Preferred	90D
fyavolv 1-5 mg-mcg tab	PDL Preferred	90D
jinteli 1-5 mg-mcg tab	PDL Preferred	90D
mimvey 1-0.5 mg tab	PDL Preferred	90D
MYFEMBREE 40-1-0.5 MG TAB *relugolix-estradiol-norethindrone acetate*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
norethindrone-eth estradiol 0.5-2.5 mg-mcg tab	PDL Preferred	90D
norethindrone-eth estradiol 1-5 mg-mcg tab	PDL Preferred	90D
ORIAHNN 300-1-0.5 & 300 MG CAP THPK *elagolix sodium-estradiol-norethindrone acetate*	Covered	90D
PREMPHASE 0.625-5 MG TAB *conjugated estrogens-medroxyprogesterone acetate*	PDL Preferred	90D
PREMPRO 0.3-1.5 MG TAB *conjugated estrogens-medroxyprogesterone acetate*	PDL Preferred	90D
PREMPRO 0.45-1.5 MG TAB *conjugated estrogens-medroxyprogesterone acetate*	PDL Preferred	90D
PREMPRO 0.625-2.5 MG TAB *conjugated estrogens-medroxyprogesterone acetate*	PDL Preferred	90D
PREMPRO 0.625-5 MG TAB *conjugated estrogens-medroxyprogesterone acetate*	PDL Preferred	90D
ESTROGENS		
CLIMARA 0.025 MG/24HR PATCH WK *estradiol*	PDL Non-Preferred	ST 90D
CLIMARA 0.0375 MG/24HR PATCH WK *estradiol*	PDL Non-Preferred	ST 90D
CLIMARA 0.05 MG/24HR PATCH WK *estradiol*	PDL Non-Preferred	ST 90D
CLIMARA 0.06 MG/24HR PATCH WK *estradiol*	PDL Non-Preferred	ST 90D
CLIMARA 0.075 MG/24HR PATCH WK *estradiol*	PDL Non-Preferred	ST 90D
CLIMARA 0.1 MG/24HR PATCH WK *estradiol*	PDL Non-Preferred	ST 90D
DELESTROGEN 10 MG/ML OIL *estradiol valerate*	Covered	
DELESTROGEN 20 MG/ML OIL *estradiol valerate*	Covered	
DELESTROGEN 40 MG/ML OIL *estradiol valerate*	Covered	
DEPO-ESTRADIOL 5 MG/ML OIL *estradiol cypionate*	Covered	

DRUG NAME	TIER	DRUG EDITS
DIVIGEL 0.25 MG/0.25GM GEL *estradiol*	PDL Non-Preferred	ST 90D
DIVIGEL 0.5 MG/0.5GM GEL *estradiol*	PDL Non-Preferred	ST 90D
DIVIGEL 0.75 MG/0.75GM GEL *estradiol*	PDL Non-Preferred	ST 90D
DIVIGEL 1 MG/GM GEL *estradiol*	PDL Non-Preferred	ST 90D
DIVIGEL 1.25 MG/1.25GM GEL *estradiol*	PDL Non-Preferred	ST 90D
dotti 0.025 mg/24hr patch tw	PDL Non-Preferred	ST 90D
dotti 0.0375 mg/24hr patch tw	PDL Non-Preferred	ST 90D
dotti 0.05 mg/24hr patch tw	PDL Non-Preferred	ST 90D
dotti 0.075 mg/24hr patch tw	PDL Non-Preferred	ST 90D
dotti 0.1 mg/24hr patch tw	PDL Non-Preferred	ST 90D
ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL *estradiol*	PDL Non-Preferred	ST 90D
ESTRACE 0.5 MG TAB *estradiol*	PDL Non-Preferred	ST 90D
ESTRACE 1 MG TAB *estradiol*	PDL Non-Preferred	ST 90D
ESTRACE 2 MG TAB *estradiol*	PDL Non-Preferred	ST 90D
estradiol 0.025 mg/24hr patch tw	PDL Preferred	90D
estradiol 0.025 mg/24hr patch wk	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
estradiol 0.0375 mg/24hr patch tw	PDL Preferred	90D
estradiol 0.0375 mg/24hr patch wk	PDL Preferred	90D
estradiol 0.05 mg/24hr patch tw	PDL Preferred	90D
estradiol 0.05 mg/24hr patch wk	PDL Preferred	90D
estradiol 0.06 mg/24hr patch wk	PDL Preferred	90D
estradiol 0.075 mg/24hr patch tw	PDL Preferred	90D
estradiol 0.075 mg/24hr patch wk	PDL Preferred	90D
estradiol 0.1 mg/24hr patch tw	PDL Preferred	90D
estradiol 0.1 mg/24hr patch wk	PDL Preferred	90D
estradiol 0.25 mg/0.25gm gel	PDL Non-Preferred	ST 90D
estradiol 0.5 mg tab	PDL Preferred	90D
estradiol 0.5 mg/0.5gm gel	PDL Non-Preferred	ST 90D
estradiol 0.75 mg/0.75gm gel	PDL Non-Preferred	ST 90D
estradiol 0.75 mg/1.25 gm (0.06%) gel	PDL Non-Preferred	ST 90D
estradiol 1 mg tab	PDL Preferred	90D
estradiol 1 mg/gm gel	PDL Non-Preferred	ST 90D
estradiol 1.25 mg/1.25gm gel	PDL Non-Preferred	ST 90D
estradiol 2 mg tab	PDL Preferred	90D
estradiol valerate 10 mg/ml oil	Covered	
estradiol valerate 20 mg/ml oil	Covered	
estradiol valerate 40 mg/ml oil	Covered	
EVAMIST 1.53 MG/SPRAY SOLUTION *estradiol*	PDL Preferred	90D

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DRUG NAME	TIER	DRUG EDITS
lyllana 0.025 mg/24hr patch tw	PDL Non-Preferred	ST 90D
lyllana 0.0375 mg/24hr patch tw	PDL Non-Preferred	ST 90D
lyllana 0.05 mg/24hr patch tw	PDL Non-Preferred	ST 90D
lyllana 0.075 mg/24hr patch tw	PDL Non-Preferred	ST 90D
lyllana 0.1 mg/24hr patch tw	PDL Non-Preferred	ST 90D
MENEST 0.3 MG TAB *esterified estrogens*	PDL Preferred	90D
MENEST 0.625 MG TAB *esterified estrogens*	PDL Preferred	90D
MENEST 1.25 MG TAB *esterified estrogens*	PDL Preferred	90D
MENEST 2.5 MG TAB *esterified estrogens*	PDL Preferred	90D
MENOSTAR 14 MCG/24HR PATCH WK *estradiol*	PDL Non-Preferred	ST 90D
MINIVELLE 0.025 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST 90D
MINIVELLE 0.0375 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST 90D
MINIVELLE 0.05 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST 90D
MINIVELLE 0.075 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST 90D
MINIVELLE 0.1 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST 90D
PREMARIN 0.3 MG TAB *estrogens, conjugated*	PDL Preferred	90D
PREMARIN 0.45 MG TAB *estrogens, conjugated*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
PREMARIN 0.625 MG TAB *estrogens, conjugated*	PDL Preferred	90D
PREMARIN 0.9 MG TAB *estrogens, conjugated*	PDL Preferred	90D
PREMARIN 1.25 MG TAB *estrogens, conjugated*	PDL Preferred	90D
PREMARIN 25 MG RECON SOLN *estrogens, conjugated*	Covered	
VIVELLE-DOT 0.025 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST 90D
VIVELLE-DOT 0.0375 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST 90D
VIVELLE-DOT 0.05 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST 90D
VIVELLE-DOT 0.075 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST 90D
VIVELLE-DOT 0.1 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST 90D
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA 300 MG RECON SOLN *delafloxacin meglumine*	Covered	
BAXDELA 450 MG TAB *delafloxacin meglumine*	PDL Non-Preferred	ST
CIPRO 250 MG TAB *ciprofloxacin hcl*	PDL Non-Preferred	ST
CIPRO 250 MG/5ML (5%) RECON SUSP *ciprofloxacin*	PDL Preferred	
CIPRO 500 MG TAB *ciprofloxacin hcl*	PDL Non-Preferred	ST
CIPRO 500 MG/5ML (10%) RECON SUSP *ciprofloxacin*	PDL Preferred	
CIPROFLOXACIN HCL 100 MG TAB *ciprofloxacin hcl*	Covered	
ciprofloxacin hcl 250 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
ciprofloxacin hcl 500 mg tab	PDL Preferred	
ciprofloxacin hcl 750 mg tab	PDL Preferred	
CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION *ciprofloxacin in d5w*	Covered	
ciprofloxacin in d5w 200 mg/100ml solution	Covered	
CIPROFLOXACIN IN D5W 400 MG/200ML SOLUTION *ciprofloxacin in d5w*	Covered	
levofloxacin 25 mg/ml solution	PDL Non-Preferred	ST
levofloxacin 250 mg tab	PDL Preferred	
levofloxacin 500 mg tab	PDL Preferred	
levofloxacin 750 mg tab	PDL Preferred	
levofloxacin in d5w 250 mg/50ml solution	Covered	
levofloxacin in d5w 500 mg/100ml solution	Covered	
levofloxacin in d5w 750 mg/150ml solution	Covered	
moxifloxacin hcl 400 mg tab	PDL Preferred	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION *moxifloxacin hcl*	Covered	
MOXIFLOXACIN HCL IN NACL 400 MG/250ML SOLUTION *moxifloxacin hcl in sodium chloride*	Covered	
OFLOXACIN 300 MG TAB *ofloxacin*	PDL Non-Preferred	ST
ofloxacin 400 mg tab	PDL Non-Preferred	ST
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
MOTEGRITY 1 MG TAB *prucalopride succinate*	PDL Non-Preferred	ST 90D
MOTEGRITY 2 MG TAB *prucalopride succinate*	PDL Non-Preferred	ST 90D
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE 3 MG TAB *plecanatide*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM 250 MG CAP *cholic acid*	PDL Non-Preferred	ST NOTE 90D Trial and failure of only one preferred drug required
CHOLBAM 50 MG CAP *cholic acid*	PDL Non-Preferred	ST NOTE 90D Trial and failure of only one preferred drug required
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA 10 MG TAB *obeticholic acid*	PDL Non-Preferred	ST NOTE 90D Trial and failure of only one preferred drug required
OCALIVA 5 MG TAB *obeticholic acid*	PDL Non-Preferred	ST NOTE 90D Trial and failure of only one preferred drug required
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL 250 MG TAB *chenodiol*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required
RELTONE 200 MG CAP *ursodiol*	PDL Non-Preferred	ST NOTE 90D Trial and failure of only one preferred drug required
RELTONE 400 MG CAP *ursodiol*	PDL Non-Preferred	ST NOTE 90D Trial and failure of only one preferred drug required
URSO 250 250 MG TAB *ursodiol*	Covered	ST NOTE 90D Trial and failure of only one preferred drug required

DRUG NAME	TIER	DRUG EDITS
URSO FORTE 500 MG TAB *ursodiol*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ursodiol 250 mg tab	PDL Preferred	90D
ursodiol 300 mg cap	PDL Preferred	90D
ursodiol 500 mg tab	PDL Preferred	90D
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium 100 mg/5ml conc	Covered	
GASTROCROM 100 MG/5ML CONC *cromolyn sodium (mastocytosis)*	Covered	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA 24 MCG CAP *lubiprostone*	PDL Preferred	90D
AMITIZA 8 MCG CAP *lubiprostone*	PDL Preferred	90D
lubiprostone 24 mcg cap	PDL Preferred	90D
lubiprostone 8 mcg cap	PDL Preferred	90D
GASTROINTESTINAL STIMULANTS		
GIMOTI 15 MG/ACT SOLUTION *metoclopramide hcl*	PDL Non-Preferred	ST
metoclopramide hcl 10 mg tab	PDL Preferred	
METOCLOPRAMIDE HCL 10 MG TAB DISP *metoclopramide hcl*	Covered	ST
metoclopramide hcl 10 mg/10ml solution	PDL Preferred	
metoclopramide hcl 5 mg tab	PDL Preferred	
metoclopramide hcl 5 mg/5ml solution	PDL Preferred	
metoclopramide hcl 5 mg/ml solution	PDL Non-Preferred	ST
REGLAN 10 MG TAB *metoclopramide hcl*	PDL Non-Preferred	ST
REGLAN 5 MG TAB *metoclopramide hcl*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
HEPATOTROPICS		
REZDIFFRA 100 MG TAB *resmetirom*	Covered	
REZDIFFRA 60 MG TAB *resmetirom*	Covered	
REZDIFFRA 80 MG TAB *resmetirom*	Covered	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY 1200 MCG CAP *odevixibat*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for diagnosis of PFIC; Trial and failure of only one preferred drug required for all other diagnoses 90D
BYLVAY 400 MCG CAP *odevixibat*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for diagnosis of PFIC; Trial and failure of only one preferred drug required for all other diagnoses 90D
BYLVAY (PELLETS) 200 MCG CAP SPRINK *odevixibat*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for diagnosis of PFIC; Trial and failure of only one preferred drug required for all other diagnoses 90D
BYLVAY (PELLETS) 600 MCG CAP SPRINK *odevixibat*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for diagnosis of PFIC; Trial and failure of only one preferred drug required for all other diagnoses 90D
LIVMARLI 19 MG/ML SOLUTION *maralixibat chloride*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D

DRUG NAME	TIER	DRUG EDITS
LIVMARLI 9.5 MG/ML SOLUTION *maralixibat chloride*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
INFLAMMATORY BOWEL AGENTS		
APRISO 0.375 GM CAP ER 24H *mesalamine*	PDL Preferred	90D
AVSOLA 100 MG RECON SOLN *infliximab-axxq*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
AZULFIDINE 500 MG TAB *sulfasalazine*	PDL Non-Preferred	ST 90D
AZULFIDINE EN-TABS 500 MG TAB DR *sulfasalazine*	PDL Non-Preferred	ST 90D
balsalazide disodium 750 mg cap	PDL Preferred	
CANASA 1000 MG SUPPOS *mesalamine*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
CIMZIA 2 X 200 MG KIT *certolizumab pegol*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT *certolizumab pegol*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
CIMZIA-STARTER 200 MG/ML PREF SY KT *certolizumab pegol*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
COLAZAL 750 MG CAP *balsalazide disodium*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
DELZICOL 400 MG CAP DR *mesalamine*	PDL Non-Preferred	ST 90D
DIPENTUM 250 MG CAP *olsalazine sodium*	PDL Non-Preferred	ST 90D
ENTYVIO 300 MG RECON SOLN *vedolizumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ENTYVIO PEN 108 MG/0.68ML SOLN A-INJ *vedolizumab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
INFLECTRA 100 MG RECON SOLN *infliximab-dyyb*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
INFLIXIMAB 100 MG RECON SOLN *infliximab*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
LIALDA 1.2 GM TAB DR *mesalamine*	PDL Non-Preferred	ST 90D
mesalamine 1.2 gm tab dr	PDL Preferred	90D
mesalamine 1000 mg suppos	PDL Preferred	90D
mesalamine 4 gm enema	PDL Preferred	90D
mesalamine 400 mg cap dr	PDL Non-Preferred	ST 90D
mesalamine 800 mg tab dr	PDL Non-Preferred	ST 90D
mesalamine er 0.375 gm cap er 24h	PDL Non-Preferred	ST 90D
mesalamine er 500 mg cap er	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
mesalamine-cleanser 4 gm kit	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
OMVOH 100 MG/ML SOLN A-INJ *mirikizumab-mrkz*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
OMVOH 100 MG/ML SOLN PRSYR *mirikizumab-mrkz*	PDL Non-Preferred	PA 90D
OMVOH 300 MG/15ML SOLUTION *mirikizumab-mrkz*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required
PENTASA 250 MG CAP ER *mesalamine*	PDL Preferred	90D
PENTASA 500 MG CAP ER *mesalamine*	PDL Preferred	90D
REMICADE 100 MG RECON SOLN *infliximab*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
RENFLEXIS 100 MG RECON SOLN *infliximab-abda*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ROWASA 4 GM KIT *mesalamine w/ cleanser*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
SFROWASA 4 GM/60ML ENEMA *mesalamine*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required 90D
SKYRIZI 180 MG/1.2ML SOLN CART *risankizumab-rzaa (crohn's)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D

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DRUG NAME	TIER	DRUG EDITS
SKYRIZI 360 MG/2.4ML SOLN CART *risankizumab-rzaa (crohn's)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
SKYRIZI 600 MG/10ML SOLUTION *risankizumab-rzaa (crohn's)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required
STELARA 130 MG/26ML SOLUTION *ustekinumab (iv)*	PDL Non-Preferred	QL 4 UNITS / 56 DAYS ST NOTE Trial and failure of only one preferred drug required
sulfasalazine 500 mg tab	PDL Preferred	90D
sulfasalazine 500 mg tab dr	PDL Preferred	90D
VELSIPITY 2 MG TAB *etrasimod arginine*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ZYMFENTRA (1 PEN) 120 MG/ML AUT-IJ KIT *infliximab-dyyb*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ZYMFENTRA (2 PEN) 120 MG/ML AUT-IJ KIT *infliximab-dyyb*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required
ZYMFENTRA (2 SYRINGE) 120 MG/ML PREF SY KT *infliximab-dyyb*	Covered	ST NOTE Trial and failure of only one preferred drug required
INTESTINAL ACIDIFIERS		
enulose 10 gm/15ml solution	Covered	90D
lactulose encephalopathy 10 gm/15ml solution	Covered	90D

DRUG NAME	TIER	DRUG EDITS
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl 0.5 mg tab	PDL Non-Preferred	ST 90D
alosetron hcl 1 mg tab	PDL Non-Preferred	ST 90D
IBSRELA 50 MG TAB *tenapanor hcl*	PDL Non-Preferred	ST 90D
LINZESS 145 MCG CAP *linaclotide*	PDL Preferred	90D
LINZESS 290 MCG CAP *linaclotide*	PDL Preferred	90D
LINZESS 72 MCG CAP *linaclotide*	PDL Preferred	90D
LOTRONEX 0.5 MG TAB *alosetron hcl*	PDL Non-Preferred	ST
LOTRONEX 1 MG TAB *alosetron hcl*	PDL Non-Preferred	ST
VIBERZI 100 MG TAB *eluxadoline*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) 90D
VIBERZI 75 MG TAB *eluxadoline*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) 90D
LIVE FECAL MICROBIOTA		
REBYOTA 150 ML SUSPENSION *fecal microbiota, live-jslm*	Covered	
VOWST CAP *fecal microbiota spores, live-brpk*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply

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DRUG NAME	TIER	DRUG EDITS
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan 12 mg cap	Covered	
MOVANTIK 12.5 MG TAB *naloxegol oxalate*	PDL Non-Preferred	ST
MOVANTIK 25 MG TAB *naloxegol oxalate*	PDL Non-Preferred	ST
RELISTOR 12 MG/0.6ML SOLUTION *methylnaltrexone bromide*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
RELISTOR 150 MG TAB *methylnaltrexone bromide*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
RELISTOR 8 MG/0.4ML SOLUTION *methylnaltrexone bromide*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
SYMPROIC 0.2 MG TAB *naldemedine tosylate*	PDL Non-Preferred	ST
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO 80 MG TAB *elafibranor*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
LIVDELZI 10 MG CAP *seladelpar lysine*	PDL Non-Preferred	ST 90D
PHOSPHATE BINDER AGENTS		
AURYXIA 1 GM 210 MG(FE) TAB *ferric citrate*	PDL Non-Preferred	ST 90D
calcium acetate 667 mg tab	PDL Preferred	90D
calcium acetate (phos binder) 667 mg cap	PDL Preferred	90D
calcium acetate (phos binder) 667 mg tab	PDL Preferred	90D
FOSRENOL 1000 MG CHEW TAB *lanthanum carbonate*	PDL Non-Preferred	ST 90D
FOSRENOL 1000 MG PACKET *lanthanum carbonate*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
FOSRENOL 500 MG CHEW TAB *lanthanum carbonate*	PDL Non-Preferred	ST 90D
FOSRENOL 750 MG CHEW TAB *lanthanum carbonate*	PDL Non-Preferred	ST 90D
FOSRENOL 750 MG PACKET *lanthanum carbonate*	PDL Non-Preferred	ST 90D
lanthanum carbonate 1000 mg chew tab	PDL Non-Preferred	ST 90D
lanthanum carbonate 500 mg chew tab	PDL Non-Preferred	ST 90D
lanthanum carbonate 750 mg chew tab	PDL Non-Preferred	ST 90D
RENVELA 0.8 GM PACKET *sevelamer carbonate*	PDL Non-Preferred	ST 90D
RENVELA 2.4 GM PACKET *sevelamer carbonate*	PDL Non-Preferred	ST 90D
RENVELA 800 MG TAB *sevelamer carbonate*	PDL Non-Preferred	ST 90D
sevelamer carbonate 0.8 gm packet	PDL Preferred	90D
sevelamer carbonate 2.4 gm packet	PDL Preferred	90D
sevelamer carbonate 800 mg tab	PDL Preferred	90D
sevelamer hcl 400 mg tab	PDL Non-Preferred	PA 90D
sevelamer hcl 800 mg tab	PDL Non-Preferred	PA 90D
VELPHORO 500 MG CHEW TAB *sucroferric oxyhydroxide*	PDL Non-Preferred	ST 90D
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX 5 MG KIT *teduglutide (rdna)*	Covered	ST 90D

DRUG NAME	TIER	DRUG EDITS
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO 250 MG TAB *telotristat etiprate*	Covered	
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
AMIDATE 2 MG/ML SOLUTION *etomidate*	Covered	
DIPRIVAN 100 MG/10ML EMULSION *propofol*	Covered	
DIPRIVAN 1000 MG/100ML EMULSION *propofol*	Covered	
DIPRIVAN 200 MG/20ML EMULSION *propofol*	Covered	
DIPRIVAN 500 MG/50ML EMULSION *propofol*	Covered	
etomidate 2 mg/ml solution	Covered	
FRESENIUS PROPOVEN 2000 MG/100ML EMULSION *propofol*	Covered	
KETALAR 10 MG/ML SOLUTION *ketamine hcl*	Covered	
KETALAR 100 MG/ML SOLUTION *ketamine hcl*	Covered	
KETALAR 50 MG/ML SOLUTION *ketamine hcl*	Covered	
ketamine hcl 10 mg/ml solution	Covered	
ketamine hcl 100 mg/ml solution	Covered	
ketamine hcl 50 mg/ml solution	Covered	
propofol 1000 mg/100ml emulsion	Covered	
propofol 200 mg/20ml emulsion	Covered	
propofol 500 mg/50ml emulsion	Covered	
BARBITURATE ANESTHETICS		
BREVITAL SODIUM 500 MG RECON SOLN *methohexital sodium*	Covered	

DRUG NAME	TIER	DRUG EDITS
VOLATILE ANESTHETICS		
desflurane solution	Covered	
FORANE SOLUTION *isoflurane*	Covered	
isoflurane solution	Covered	
sevoflurane solution	Covered	
SUPRANE SOLUTION *desflurane*	Covered	
terrell solution	Covered	
ULTANE SOLUTION *sevoflurane*	Covered	
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS NO 2 305-700 MG TAB *potassium & sodium acid phosphates*	Covered	
ALKALINIZERS		
ORACIT 490-640 MG/5ML SOLUTION *sodium citrate & citric acid*	Covered	
ORAL CITRATE 490-640 MG/5ML SOLUTION *sodium citrate & citric acid*	Covered	
pot & sod cit-cit ac 550-500-334 mg/5ml solution	Covered	
potassium citrate er 10 meq (1080 mg) tab er	Covered	90D
potassium citrate er 15 meq (1620 mg) tab er	Covered	90D
potassium citrate er 5 meq (540 mg) tab er	Covered	90D
potassium citrate-citric acid 1100-334 mg/5ml solution	Covered	
sod citrate-citric acid 1.5-1 gm/15ml solution	Covered	
sod citrate-citric acid 3-2 gm/30ml solution	Covered	
sod citrate-citric acid 500-334 mg/5ml solution	Covered	
tricitrates 550-500-334 mg/5ml solution	Covered	
UROCIT-K 10 10 MEQ (1080 MG) TAB ER *potassium citrate (alkalinizer)*	Covered	90D
UROCIT-K 15 15 MEQ (1620 MG) TAB ER *potassium citrate (alkalinizer)*	Covered	90D
UROCIT-K 5 5 MEQ (540 MG) TAB ER *potassium citrate (alkalinizer)*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
CYSTINOSIS AGENTS		
CYSTAGON 150 MG CAP *cysteamine bitartrate*	Covered	90D
CYSTAGON 50 MG CAP *cysteamine bitartrate*	Covered	90D
PROCYSBI 25 MG CAP DR *cysteamine bitartrate*	Covered	90D
PROCYSBI 300 MG PACKET *cysteamine bitartrate*	Covered	90D
PROCYSBI 75 MG CAP DR *cysteamine bitartrate*	Covered	90D
PROCYSBI 75 MG PACKET *cysteamine bitartrate*	Covered	90D
GENITOURINARY IRRIGANTS		
acetic acid 0.25 % solution	Covered	
glycine 1.5 % solution	Covered	
glycine urologic 1.5 % solution	Covered	
NEOMYCIN-POLYMYXIN B GU 40-200000 SOLUTION *neomycin/polymyxin b gu*	Covered	
sodium chloride 0.9 % solution	Covered	
SORBITOL 3 % SOLUTION *sorbitol irrigation*	Covered	
SORBITOL-MANNITOL 2.7-0.54 GM/100ML SOLUTION *sorbitol-mannitol*	Covered	
HYPEROXALURIA AGENTS		
OXLUMO 94.5 MG/0.5ML SOLUTION *lumasiran sodium*	Covered	90D
RIVFLOZA 128 MG/0.8ML SOLN PRSYR *nedosiran sodium*	Covered	90D
RIVFLOZA 160 MG/ML SOLN PRSYR *nedosiran sodium*	Covered	90D
RIVFLOZA 80 MG/0.5ML SOLUTION *nedosiran sodium*	Covered	90D
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI 200 MG TAB *sparsentan*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
FILSPARI 400 MG TAB *sparsentan*	Covered	90D
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON 100 MG CAP *pentosan polysulfate sodium*	Covered	
RIMSO-50 50 % SOLUTION *dimethyl sulfoxide*	Covered	
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er 10 mg tab er 24h	PDL Preferred	90D
AVODART 0.5 MG CAP *dutasteride*	PDL Non-Preferred	ST
CARDURA XL 4 MG TAB ER 24H *doxazosin mesylate (bph)*	PDL Non-Preferred	ST 90D
CARDURA XL 8 MG TAB ER 24H *doxazosin mesylate (bph)*	PDL Non-Preferred	ST 90D
dutasteride 0.5 mg cap	PDL Preferred	90D
dutasteride-tamsulosin hcl 0.5-0.4 mg cap	PDL Non-Preferred	ST 90D
finasteride 5 mg tab	PDL Preferred	90D
FLOMAX 0.4 MG CAP *tamsulosin hcl*	PDL Non-Preferred	ST 90D
PROSCAR 5 MG TAB *finasteride*	PDL Non-Preferred	ST 90D
RAPAFLO 4 MG CAP *silodosin*	PDL Non-Preferred	ST 90D
RAPAFLO 8 MG CAP *silodosin*	PDL Non-Preferred	ST 90D
silodosin 4 mg cap	PDL Non-Preferred	ST 90D
silodosin 8 mg cap	PDL Non-Preferred	ST 90D
tamsulosin hcl 0.4 mg cap	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
URINARY ANALGESICS		
phenazopyridine hcl 100 mg tab	Covered	
phenazopyridine hcl 200 mg tab	Covered	
PYRIDIUM 100 MG TAB *phenazopyridine hcl*	Covered	
PYRIDIUM 200 MG TAB *phenazopyridine hcl*	Covered	
URINARY STONE AGENTS		
LITHOSTAT 250 MG TAB *acetohydroxamic acid*	Covered	
THIOLA 100 MG TAB *tiopronin*	Covered	90D
THIOLA EC 100 MG TAB DR *tiopronin*	Covered	90D
THIOLA EC 300 MG TAB DR *tiopronin*	Covered	90D
tiopronin 100 mg tab	Covered	90D
tiopronin 100 mg tab dr	Covered	90D
tiopronin 300 mg tab dr	Covered	90D
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine-probenecid 0.5-500 mg tab	PDL Preferred	90D
GOUT AGENTS		
allopurinol 100 mg tab	PDL Preferred	90D
allopurinol 200 mg tab	PDL Non-Preferred	ST 90D
allopurinol 300 mg tab	PDL Preferred	90D
allopurinol sodium 500 mg recon soln	Covered	
ALOPRIM 500 MG RECON SOLN *allopurinol sodium*	Covered	
colchicine 0.6 mg cap	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
colchicine 0.6 mg tab	PDL Preferred	90D
COLCRYS 0.6 MG TAB *colchicine*	PDL Non-Preferred	ST
febuxostat 40 mg tab	PDL Non-Preferred	ST 90D
febuxostat 80 mg tab	PDL Non-Preferred	ST 90D
GLOPERBA 0.6 MG/5ML SOLUTION *colchicine*	PDL Non-Preferred	
KRYSTEXXA 8 MG/ML SOLUTION *pegloticase*	PDL Non-Preferred	ST 90D
MITIGARE 0.6 MG CAP *colchicine*	PDL Non-Preferred	ST 90D
ULORIC 40 MG TAB *febuxostat*	PDL Non-Preferred	ST 90D
ULORIC 80 MG TAB *febuxostat*	PDL Non-Preferred	ST 90D
URICOSURICS		
probenecid 500 mg tab	PDL Preferred	90D
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI 189 MG/ML SOLUTION *givosiran sodium*	Covered	90D
ANTIHEMOPHILIC PRODUCTS		
ADVATE 1000 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	90D
ADVATE 1500 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	90D
ADVATE 2000 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	90D
ADVATE 250 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
ADVATE 3000 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	90D
ADVATE 4000 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	90D
ADVATE 500 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	90D
ADYNOVATE 1000 UNIT RECON SOLN *antihemophilic factor (recombinant) pegylated*	Covered	90D
ADYNOVATE 1500 UNIT RECON SOLN *antihemophilic factor (recombinant) pegylated*	Covered	90D
ADYNOVATE 2000 UNIT RECON SOLN *antihemophilic factor (recombinant) pegylated*	Covered	90D
ADYNOVATE 250 UNIT RECON SOLN *antihemophilic factor (recombinant) pegylated*	Covered	90D
ADYNOVATE 3000 UNIT RECON SOLN *antihemophilic factor (recombinant) pegylated*	Covered	90D
ADYNOVATE 500 UNIT RECON SOLN *antihemophilic factor (recombinant) pegylated*	Covered	90D
ADYNOVATE 750 UNIT RECON SOLN *antihemophilic factor (recombinant) pegylated*	Covered	90D
AFSTYLA 1000 UNIT KIT *antihemophilic factor (recombinant) single chain*	Covered	90D
AFSTYLA 1500 UNIT KIT *antihemophilic factor (recombinant) single chain*	Covered	90D
AFSTYLA 2000 UNIT KIT *antihemophilic factor (recombinant) single chain*	Covered	90D
AFSTYLA 250 UNIT KIT *antihemophilic factor (recombinant) single chain*	Covered	90D
AFSTYLA 2500 UNIT KIT *antihemophilic factor (recombinant) single chain*	Covered	90D
AFSTYLA 3000 UNIT KIT *antihemophilic factor (recombinant) single chain*	Covered	90D
AFSTYLA 500 UNIT KIT *antihemophilic factor (recombinant) single chain*	Covered	90D
ALPHANATE 1000 UNIT RECON SOLN *antihemophilic factor/von willebrand factor complex (human)*	Covered	90D
ALPHANATE 1500 UNIT RECON SOLN *antihemophilic factor/von willebrand factor complex (human)*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
ALPHANATE 2000 UNIT RECON SOLN *antihemophilic factor/von willebrand factor complex (human)*	Covered	90D
ALPHANATE 250 UNIT RECON SOLN *antihemophilic factor/von willebrand factor complex (human)*	Covered	90D
ALPHANATE 500 UNIT RECON SOLN *antihemophilic factor/von willebrand factor complex (human)*	Covered	90D
ALPHANINE SD 1000 UNIT RECON SOLN *coagulation factor ix*	Covered	90D
ALPHANINE SD 1500 UNIT RECON SOLN *coagulation factor ix*	Covered	90D
ALPHANINE SD 500 UNIT RECON SOLN *coagulation factor ix*	Covered	90D
ALPROLIX 1000 UNIT RECON SOLN *coagulation factor ix (recomb) fc fusion protein (rfixfc)*	Covered	90D
ALPROLIX 2000 UNIT RECON SOLN *coagulation factor ix (recomb) fc fusion protein (rfixfc)*	Covered	90D
ALPROLIX 250 UNIT RECON SOLN *coagulation factor ix (recomb) fc fusion protein (rfixfc)*	Covered	90D
ALPROLIX 3000 UNIT RECON SOLN *coagulation factor ix (recomb) fc fusion protein (rfixfc)*	Covered	90D
ALPROLIX 4000 UNIT RECON SOLN *coagulation factor ix (recomb) fc fusion protein (rfixfc)*	Covered	90D
ALPROLIX 500 UNIT RECON SOLN *coagulation factor ix (recomb) fc fusion protein (rfixfc)*	Covered	90D
ALTUVIIIO 1000 UNIT RECON SOLN *antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl*	Covered	90D
ALTUVIIIO 2000 UNIT RECON SOLN *antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl*	Covered	90D
ALTUVIIIO 250 UNIT RECON SOLN *antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl*	Covered	90D
ALTUVIIIO 3000 UNIT RECON SOLN *antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl*	Covered	90D
ALTUVIIIO 4000 UNIT RECON SOLN *antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
ALTUVIIIO 500 UNIT RECON SOLN *antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl*	Covered	90D
BALFAXAR 1000 UNIT RECON SOLN *prothrombin complex concentrate human-lans*	Covered	
BALFAXAR 500 UNIT RECON SOLN *prothrombin complex concentrate human-lans*	Covered	
BENEFIX 1000 UNIT KIT *coagulation factor ix (recombinant)*	Covered	90D
BENEFIX 2000 UNIT KIT *coagulation factor ix (recombinant)*	Covered	90D
BENEFIX 250 UNIT KIT *coagulation factor ix (recombinant)*	Covered	90D
BENEFIX 3000 UNIT KIT *coagulation factor ix (recombinant)*	Covered	90D
BENEFIX 500 UNIT KIT *coagulation factor ix (recombinant)*	Covered	90D
COAGADEX 250 UNIT RECON SOLN *coagulation factor x (human)*	Covered	
COAGADEX 500 UNIT RECON SOLN *coagulation factor x (human)*	Covered	
CORIFACT 1000-1600 UNIT KIT *factor xiii concentrate (human)*	Covered	90D
ELOCTATE 1000 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	90D
ELOCTATE 1500 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	90D
ELOCTATE 2000 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	90D
ELOCTATE 250 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	90D
ELOCTATE 3000 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	90D
ELOCTATE 4000 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	90D
ELOCTATE 500 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
ELOCTATE 5000 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	90D
ELOCTATE 6000 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	90D
ELOCTATE 750 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	90D
ESPEROCT 1000 UNIT RECON SOLN *antihemophilic factor (recombinant) glycopegylated-exei*	Covered	90D
ESPEROCT 1500 UNIT RECON SOLN *antihemophilic factor (recombinant) glycopegylated-exei*	Covered	90D
ESPEROCT 2000 UNIT RECON SOLN *antihemophilic factor (recombinant) glycopegylated-exei*	Covered	90D
ESPEROCT 3000 UNIT RECON SOLN *antihemophilic factor (recombinant) glycopegylated-exei*	Covered	90D
ESPEROCT 500 UNIT RECON SOLN *antihemophilic factor (recombinant) glycopegylated-exei*	Covered	90D
FEIBA 1000 UNIT RECON SOLN *antiinhibitor coagulant complex*	Covered	
FEIBA 2500 UNIT RECON SOLN *antiinhibitor coagulant complex*	Covered	
FEIBA 500 UNIT RECON SOLN *antiinhibitor coagulant complex*	Covered	
FIBRYGA RECON SOLN *fibrinogen concentrate (human)*	Covered	
HEMLIBRA 105 MG/0.7ML SOLUTION *emicizumab-kxwh*	Covered	90D
HEMLIBRA 12 MG/0.4ML SOLUTION *emicizumab-kxwh*	Covered	90D
HEMLIBRA 150 MG/ML SOLUTION *emicizumab-kxwh*	Covered	90D
HEMLIBRA 30 MG/ML SOLUTION *emicizumab-kxwh*	Covered	90D
HEMLIBRA 300 MG/2ML SOLUTION *emicizumab-kxwh*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
HEMLIBRA 60 MG/0.4ML SOLUTION *emicizumab-kxwh*	Covered	90D
HEMOFIL M 1000 UNIT RECON SOLN *antihemophilic factor (human)*	Covered	90D
HEMOFIL M 1700 UNIT RECON SOLN *antihemophilic factor (human)*	Covered	90D
HEMOFIL M 250 UNIT RECON SOLN *antihemophilic factor (human)*	Covered	90D
HEMOFIL M 500 UNIT RECON SOLN *antihemophilic factor (human)*	Covered	90D
HUMATE-P 1000-2400 UNIT RECON SOLN *antihemophilic factor/von willebrand factor complex (human)*	Covered	90D
HUMATE-P 250-600 UNIT RECON SOLN *antihemophilic factor/von willebrand factor complex (human)*	Covered	90D
HUMATE-P 500-1200 UNIT RECON SOLN *antihemophilic factor/von willebrand factor complex (human)*	Covered	90D
IDELVION 1000 UNIT RECON SOLN *coagulation factor ix recomb albumin fusion protein (rix-fp)*	Covered	90D
IDELVION 2000 UNIT RECON SOLN *coagulation factor ix recomb albumin fusion protein (rix-fp)*	Covered	90D
IDELVION 250 UNIT RECON SOLN *coagulation factor ix recomb albumin fusion protein (rix-fp)*	Covered	90D
IDELVION 3500 UNIT RECON SOLN *coagulation factor ix recomb albumin fusion protein (rix-fp)*	Covered	90D
IDELVION 500 UNIT RECON SOLN *coagulation factor ix recomb albumin fusion protein (rix-fp)*	Covered	90D
IXINITY 1000 UNIT RECON SOLN *coagulation factor ix (recombinant)*	Covered	90D
IXINITY 1500 UNIT RECON SOLN *coagulation factor ix (recombinant)*	Covered	90D
IXINITY 3000 UNIT RECON SOLN *coagulation factor ix (recombinant)*	Covered	90D
IXINITY 500 UNIT RECON SOLN *coagulation factor ix (recombinant)*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
JIVI 1000 UNIT RECON SOLN *antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)*	Covered	90D
JIVI 2000 UNIT RECON SOLN *antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)*	Covered	90D
JIVI 3000 UNIT RECON SOLN *antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)*	Covered	90D
JIVI 500 UNIT RECON SOLN *antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)*	Covered	90D
KCENTRA 1000 UNIT KIT *prothrombin complex concentrate human*	Covered	
KCENTRA 500 UNIT KIT *prothrombin complex concentrate human*	Covered	
KOATE 1000 UNIT RECON SOLN *antihemophilic factor (human)*	Covered	90D
KOATE 250 UNIT RECON SOLN *antihemophilic factor (human)*	Covered	90D
KOATE 500 UNIT RECON SOLN *antihemophilic factor (human)*	Covered	90D
KOATE-DVI 1000 UNIT RECON SOLN *antihemophilic factor (human)*	Covered	
KOGENATE FS 1000 UNIT KIT *antihemophilic factor (recombinant)*	Covered	90D
KOGENATE FS 2000 UNIT KIT *antihemophilic factor (recombinant)*	Covered	90D
KOGENATE FS 250 UNIT KIT *antihemophilic factor (recombinant)*	Covered	90D
KOGENATE FS 3000 UNIT KIT *antihemophilic factor (recombinant)*	Covered	90D
KOGENATE FS 500 UNIT KIT *antihemophilic factor (recombinant)*	Covered	90D
KOVALTRY 1000 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	90D
KOVALTRY 2000 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	90D
KOVALTRY 250 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
KOVALTRY 3000 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	90D
KOVALTRY 500 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	90D
NOVOEIGHT 1000 UNIT RECON SOLN *antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)*	Covered	90D
NOVOEIGHT 1500 UNIT RECON SOLN *antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)*	Covered	90D
NOVOEIGHT 2000 UNIT RECON SOLN *antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)*	Covered	90D
NOVOEIGHT 250 UNIT RECON SOLN *antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)*	Covered	90D
NOVOEIGHT 3000 UNIT RECON SOLN *antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)*	Covered	90D
NOVOEIGHT 500 UNIT RECON SOLN *antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)*	Covered	90D
NOVOSEVEN RT 1 MG RECON SOLN *coagulation factor viia (recombinant)*	Covered	
NOVOSEVEN RT 2 MG RECON SOLN *coagulation factor viia (recombinant)*	Covered	
NOVOSEVEN RT 5 MG RECON SOLN *coagulation factor viia (recombinant)*	Covered	
NOVOSEVEN RT 8 MG RECON SOLN *coagulation factor viia (recombinant)*	Covered	
NUWIQ 1000 UNIT KIT *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)*	Covered	90D
NUWIQ 1000 UNIT RECON SOLN *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)*	Covered	
NUWIQ 1500 UNIT KIT *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)*	Covered	90D
NUWIQ 1500 UNIT RECON SOLN *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)*	Covered	

DRUG NAME	TIER	DRUG EDITS
NUWIQ 2000 UNIT KIT *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)*	Covered	90D
NUWIQ 2000 UNIT RECON SOLN *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)*	Covered	
NUWIQ 250 UNIT KIT *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)*	Covered	90D
NUWIQ 250 UNIT RECON SOLN *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)*	Covered	
NUWIQ 2500 UNIT KIT *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)*	Covered	90D
NUWIQ 2500 UNIT RECON SOLN *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)*	Covered	
NUWIQ 3000 UNIT KIT *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)*	Covered	90D
NUWIQ 3000 UNIT RECON SOLN *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)*	Covered	
NUWIQ 4000 UNIT KIT *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)*	Covered	90D
NUWIQ 4000 UNIT RECON SOLN *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)*	Covered	
NUWIQ 500 UNIT KIT *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)*	Covered	90D
NUWIQ 500 UNIT RECON SOLN *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)*	Covered	
OBIZUR 500 UNIT RECON SOLN *antihemophilic factor (recombinant porcine) (rpfviii)*	Covered	
PROFILNINE 1000 UNIT RECON SOLN *factor ix complex*	Covered	90D
PROFILNINE 1500 UNIT RECON SOLN *factor ix complex*	Covered	90D
PROFILNINE 500 UNIT RECON SOLN *factor ix complex*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
REBINYN 1000 UNIT RECON SOLN *coagulation factor ix (recombinant) glycopegylated*	Covered	
REBINYN 2000 UNIT RECON SOLN *coagulation factor ix (recombinant) glycopegylated*	Covered	
REBINYN 3000 UNIT RECON SOLN *coagulation factor ix (recombinant) glycopegylated*	Covered	
REBINYN 500 UNIT RECON SOLN *coagulation factor ix (recombinant) glycopegylated*	Covered	
RECOMBINATE 1241-1800 UNIT RECON SOLN *antihemophilic factor (recombinant)*	Covered	90D
RECOMBINATE 1801-2400 UNIT RECON SOLN *antihemophilic factor (recombinant)*	Covered	90D
RECOMBINATE 220-400 UNIT RECON SOLN *antihemophilic factor (recombinant)*	Covered	90D
RECOMBINATE 401-800 UNIT RECON SOLN *antihemophilic factor (recombinant)*	Covered	90D
RECOMBINATE 801-1240 UNIT RECON SOLN *antihemophilic factor (recombinant)*	Covered	90D
RIASTAP RECON SOLN *fibrinogen concentrate (human)*	Covered	
RIXUBIS 1000 UNIT RECON SOLN *coagulation factor ix (recombinant)*	Covered	90D
RIXUBIS 2000 UNIT RECON SOLN *coagulation factor ix (recombinant)*	Covered	90D
RIXUBIS 250 UNIT RECON SOLN *coagulation factor ix (recombinant)*	Covered	90D
RIXUBIS 3000 UNIT RECON SOLN *coagulation factor ix (recombinant)*	Covered	90D
RIXUBIS 500 UNIT RECON SOLN *coagulation factor ix (recombinant)*	Covered	90D
SEVENFACT 1 MG RECON SOLN *coagulation factor viia (recombinant)-jncw*	Covered	
SEVENFACT 5 MG RECON SOLN *coagulation factor viia (recombinant)-jncw*	Covered	
TRETTEN 2500 UNIT RECON SOLN *coagulation factor xiii a-subunit (recombinant)*	Covered	90D
VONVENDI 1300 UNIT RECON SOLN *von willebrand factor (recombinant)*	Covered	
VONVENDI 650 UNIT RECON SOLN *von willebrand factor (recombinant)*	Covered	

DRUG NAME	TIER	DRUG EDITS
WILATE 1000-1000 UNIT KIT *antihemophilic factor/von willebrand factor complex (human)*	Covered	
WILATE 500-500 UNIT KIT *antihemophilic factor/von willebrand factor complex (human)*	Covered	
XYNTHA 1000 UNIT KIT *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	Covered	90D
XYNTHA 2000 UNIT KIT *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	Covered	90D
XYNTHA 250 UNIT KIT *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	Covered	90D
XYNTHA 500 UNIT KIT *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	Covered	90D
XYNTHA SOLOFUSE 1000 UNIT KIT *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	Covered	90D
XYNTHA SOLOFUSE 2000 UNIT KIT *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	Covered	90D
XYNTHA SOLOFUSE 250 UNIT KIT *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	Covered	90D
XYNTHA SOLOFUSE 3000 UNIT KIT *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	Covered	90D
XYNTHA SOLOFUSE 500 UNIT KIT *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	Covered	90D
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR 30 MG/3ML SOLN PRSYR *icatibant acetate*	PDL Non-Preferred	QL 24 UNITS / 30 DAYS ST NOTE Clinical Criteria Apply
icatibant acetate 30 mg/3ml soln prsyr	PDL Preferred	ST NOTE Clinical Criteria Apply
sajazir 30 mg/3ml soln prsyr	PDL Preferred	ST NOTE Clinical Criteria Apply NOTE Clinical Criteria Apply

DRUG NAME	TIER	DRUG EDITS
COMPLEMENT INHIBITORS		
BERINERT 500 UNIT KIT c1 esterase inhibitor (human)	PDL Preferred	QL 24 UNITS / 30 DAYS ST NOTE Clinical Criteria Apply 90D
CINRYZE 500 UNIT RECON SOLN c1 esterase inhibitor (human)	PDL Non-Preferred	QL 24 UNITS / 34 DAYS ST NOTE Clinical Criteria Apply
EMPAVELI 1080 MG/20ML SOLUTION *pegcetacoplan*	Covered	90D
ENJAYMO 1100 MG/22ML SOLUTION *sutimlimab-jome*	Covered	90D
FABHALTA 200 MG CAP *iptacopan hcl*	Covered	90D
HAEGARDA 2000 UNIT RECON SOLN c1 esterase inhibitor (human)	PDL Preferred	QL 20 UNITS / 34 DAYS ST NOTE Clinical Criteria Apply 90D
HAEGARDA 3000 UNIT RECON SOLN c1 esterase inhibitor (human)	PDL Preferred	QL 10 UNITS / 34 DAYS ST NOTE Clinical Criteria Apply 90D
PIASKY 340 MG/2ML SOLUTION *crovalimab-akkz*	Covered	
RUCONEST 2100 UNIT RECON SOLN c1 esterase inhibitor (recombinant)	PDL Non-Preferred	QL 16 UNITS / 30 DAYS ST NOTE Clinical Criteria Apply
SOLIRIS 300 MG/30ML SOLUTION *eculizumab*	Covered	90D
TAVNEOS 10 MG CAP *avacopan*	PDL Preferred	90D
ULTOMIRIS 1100 MG/11ML SOLUTION *ravulizumab-cwvz*	Covered	90D
ULTOMIRIS 300 MG/3ML SOLUTION *ravulizumab-cwvz*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
VOYDEYA 100 MG TAB *danicopan*	Covered	90D
VOYDEYA 50 & 100 MG TAB THPK *danicopan*	Covered	90D
ZILBRYSQ 16.6 MG/0.416ML SOLN PRSYR *zilucoplan sodium*	Covered	90D
ZILBRYSQ 23 MG/0.574ML SOLN PRSYR *zilucoplan sodium*	Covered	90D
ZILBRYSQ 32.4 MG/0.81ML SOLN PRSYR *zilucoplan sodium*	Covered	90D
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE 100 MG TAB *fostamatinib disodium*	PDL Non-Preferred	ST
TAVALISSE 150 MG TAB *fostamatinib disodium*	PDL Non-Preferred	ST
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA 1500 UNIT KIT *adamts13 recombinant-krhn*	Covered	
ADZYNMA 500 UNIT KIT *adamts13 recombinant-krhn*	Covered	
HEMATORHEOLOGIC AGENTS		
pentoxifylline er 400 mg tab er	Covered	90D
HEMIN		
PANHEMATIN 350 MG RECON SOLN *hemin*	Covered	
HUMAN PROTEIN C		
CEPROTIN 1000 UNIT RECON SOLN *protein c concentrate (human)*	Covered	90D
CEPROTIN 500 UNIT RECON SOLN *protein c concentrate (human)*	Covered	90D
PLASMA EXPANDERS		
HETASTARCH-NACL 6-0.9 % SOLUTION *hetastarch (hes /0.7 or /0.75) in sodium chloride*	Covered	
HEXTEND 6 % SOLUTION *hetastarch in lactated electrolyte*	Covered	
LMD IN D5W 10-5 % SOLUTION *dextran 40 in d5w*	Covered	

DRUG NAME	TIER	DRUG EDITS
LMD IN NACL 10-0.9 % SOLUTION *dextran 40 in saline*	Covered	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR 10 MG/ML SOLUTION *ecallantide*	PDL Preferred	QL 48 UNITS / 34 DAYS ST NOTE Clinical Criteria Apply
ORLADEYO 110 MG CAP *berotralstat hcl*	PDL Preferred	QL 1 UNIT / 1 DAY ST NOTE Clinical Criteria Apply 90D
ORLADEYO 150 MG CAP *berotralstat hcl*	PDL Preferred	QL 1 UNIT / 1 DAY ST NOTE Clinical Criteria Apply 90D
TAKHZYRO 150 MG/ML SOLN PRSYR *lanadelumab-flyo*	PDL Non-Preferred	QL 1 UNIT / 14 DAYS ST NOTE Clinical Criteria Apply 90D
TAKHZYRO 300 MG/2ML SOLN PRSYR *lanadelumab-flyo*	PDL Non-Preferred	QL 2 UNITS / 14 DAYS ST NOTE QL=1 VIAL/14 DAYS NOTE Clinical Criteria Apply 90D
TAKHZYRO 300 MG/2ML SOLUTION *lanadelumab-flyo*	PDL Non-Preferred	QL 2 UNITS / 14 DAYS ST NOTE QL=1 VIAL/14 DAYS NOTE Clinical Criteria Apply 90D
PLASMA PROTEINS		
ALBUKED 25 25 % SOLUTION *albumin, human*	Covered	
ALBUKED 5 5 % SOLUTION *albumin, human*	Covered	

DRUG NAME	TIER	DRUG EDITS
ALBUMIN HUMAN 25 % SOLUTION *albumin, human*	Covered	
ALBUMIN HUMAN 5 % SOLUTION *albumin, human*	Covered	
ALBUMINEX 25 % SOLUTION *albumin, human-kjda*	Covered	
ALBUMINEX 5 % SOLUTION *albumin, human-kjda*	Covered	
ALBURX 5 % SOLUTION *albumin, human*	Covered	
ALBUTEIN 25 % SOLUTION *albumin, human*	Covered	
ALBUTEIN 5 % SOLUTION *albumin, human*	Covered	
FLEXBUMIN 25 % SOLUTION *albumin, human*	Covered	
FLEXBUMIN 5 % SOLUTION *albumin, human*	Covered	
KEDBUMIN 25 % SOLUTION *albumin, human*	Covered	
OCTAPLAS BLOOD GROUP A SOLUTION *plasma, human*	Covered	
OCTAPLAS BLOOD GROUP AB SOLUTION *plasma, human*	Covered	
OCTAPLAS BLOOD GROUP B SOLUTION *plasma, human*	Covered	
OCTAPLAS BLOOD GROUP O SOLUTION *plasma, human*	Covered	
RYPLAZIM 68.8 MG RECON SOLN *plasminogen, human-tvmh*	Covered	90D
THROMBATE III 500 UNIT RECON SOLN *antithrombin iii (human)*	Covered	
PLATELET AGGREGATION INHIBITORS		
AGGRASTAT 12.5-0.9 MG/250ML-% SOLUTION *tirofiban hcl in sodium chloride*	Covered	
AGGRASTAT 3.75 MG/15ML CONC *tirofiban hcl*	Covered	
AGGRASTAT 5-0.9 MG/100ML-% SOLUTION *tirofiban hcl in sodium chloride*	Covered	

DRUG NAME	TIER	DRUG EDITS
AGRYLIN 0.5 MG CAP *anagrelide hcl*	Covered	90D
anagrelide hcl 0.5 mg cap	Covered	90D
anagrelide hcl 1 mg cap	Covered	90D
aspirin-dipyridamole er 25-200 mg cap er 12h	PDL Non-Preferred	ST 90D
BRILINTA 60 MG TAB *ticagrelor*	PDL Preferred	90D
BRILINTA 90 MG TAB *ticagrelor*	PDL Preferred	90D
CABLIVI 11 MG KIT *caplacizumab-yhdp*	Covered	
cilostazol 100 mg tab	Covered	90D
cilostazol 50 mg tab	Covered	90D
clopidogrel bisulfate 300 mg tab	PDL Preferred	
clopidogrel bisulfate 75 mg tab	PDL Preferred	90D
dipyridamole 25 mg tab	PDL Preferred	90D
dipyridamole 50 mg tab	PDL Preferred	90D
dipyridamole 75 mg tab	PDL Preferred	90D
EFFIENT 10 MG TAB *prasugrel hcl*	PDL Non-Preferred	ST 90D
EFFIENT 5 MG TAB *prasugrel hcl*	PDL Non-Preferred	ST 90D
eptifibatide 20 mg/10ml solution	Covered	
eptifibatide 200 mg/100ml solution	Covered	
eptifibatide 75 mg/100ml solution	Covered	
KENGREAL 50 MG RECON SOLN *cangrelor tetrasodium*	Covered	
PLAVIX 75 MG TAB *clopidogrel bisulfate*	PDL Non-Preferred	ST 90D
prasugrel hcl 10 mg tab	PDL Preferred	90D
prasugrel hcl 5 mg tab	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
tirofiban hcl in nacl 12.5-0.9 mg/250ml-% solution	Covered	
tirofiban hcl in nacl 5-0.9 mg/100ml-% solution	Covered	
PROTAMINE		
PROTAMINE SULFATE 10 MG/ML SOLUTION *protamine sulfate*	Covered	
PYRUVATE KINASE ACTIVATORS		
PYRUKYND 20 MG TAB *mitapivat sulfate*	Covered	90D
PYRUKYND 5 MG TAB *mitapivat sulfate*	Covered	90D
PYRUKYND 50 MG TAB *mitapivat sulfate*	Covered	90D
PYRUKYND TAPER PACK 5 MG TAB THPK *mitapivat sulfate*	Covered	90D
PYRUKYND TAPER PACK 7 X 20 MG & 7 X 5 MG TAB THPK *mitapivat sulfate*	Covered	
PYRUKYND TAPER PACK 7 X 50 MG & 7 X 20 MG TAB THPK *mitapivat sulfate*	Covered	
THROMBOLYTIC AGENT - MISC		
DEFITELIO 200 MG/2.5ML SOLUTION *defibrotide sodium*	Covered	
THROMBOLYTIC ENZYMES		
ACTIVASE 100 MG RECON SOLN *alteplase*	Covered	
ACTIVASE 50 MG RECON SOLN *alteplase*	Covered	
CATHFLO ACTIVASE 2 MG RECON SOLN *alteplase*	Covered	
RETAVASE 2 X 10 UNIT KIT *reteplase*	Covered	
TNKASE 50 MG KIT *tenecteplase*	Covered	

DRUG NAME	TIER	DRUG EDITS
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA 84 MG CAP *eliglustat tartrate*	Covered	90D
CEREZYME 400 UNIT RECON SOLN *imiglucerase*	Covered	90D
ELELYSO 200 UNIT RECON SOLN *taliglucerase alfa*	Covered	90D
miglustat 100 mg cap	Covered	90D
VPRIV 400 UNIT RECON SOLN *velaglucerase alfa*	Covered	90D
yargesa 100 mg cap	Covered	90D
ZAVESCA 100 MG CAP *miglustat*	Covered	90D
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO 100 MG/10ML SOLUTION *crizanlizumab-tmca*	Covered	90D
DROXIA 200 MG CAP *hydroxyurea (sickle cell disease)*	Covered	90D
DROXIA 300 MG CAP *hydroxyurea (sickle cell disease)*	Covered	90D
DROXIA 400 MG CAP *hydroxyurea (sickle cell disease)*	Covered	90D
ENDARI 5 GM PACKET *glutamine (sickle cell)*	Covered	90D
l-glutamine 5 gm packet	Covered	
OXBRYTA 300 MG TAB *voxelotor*	Covered	90D
OXBRYTA 300 MG TAB SOL *voxelotor*	Covered	90D
OXBRYTA 500 MG TAB *voxelotor*	Covered	90D
SIKLOS 100 MG TAB *hydroxyurea (sickle cell anemia)*	Covered	90D
SIKLOS 1000 MG TAB *hydroxyurea (sickle cell anemia)*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
COBALAMINS		
cyanocobalamin 1000 mcg/ml solution	Covered	90D
cyanocobalamin 500 mcg/0.1ml solution	Covered	90D
dodex 1000 mcg/ml solution	Covered	90D
HYDROXOCOBALAMIN ACETATE 1000 MCG/ML SOLUTION *hydroxocobalamin acetate*	Covered	
NASCOBAL 500 MCG/0.1ML SOLUTION *cyanocobalamin*	Covered	90D
FOLIC ACID/FOLATES		
folic acid 1 mg tab	Covered	90D
folic acid 5 mg/ml solution	Covered	
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ 18 MG TAB *eltrombopag choline*	PDL Non-Preferred	ST 90D
ALVAIZ 36 MG TAB *eltrombopag choline*	PDL Non-Preferred	ST 90D
ALVAIZ 54 MG TAB *eltrombopag choline*	PDL Non-Preferred	ST 90D
ALVAIZ 9 MG TAB *eltrombopag choline*	PDL Non-Preferred	ST 90D
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR *darbepoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
ARANESP (ALBUMIN FREE) 100 MCG/0.5ML SOLN PRSYR *darbepoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
ARANESP (ALBUMIN FREE) 100 MCG/ML SOLUTION *darbepoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
ARANESP (ALBUMIN FREE) 150 MCG/0.3ML SOLN PRSYR *darbepoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
ARANESP (ALBUMIN FREE) 200 MCG/0.4ML SOLN PRSYR *darbepoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
ARANESP (ALBUMIN FREE) 200 MCG/ML SOLUTION *darbepoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
ARANESP (ALBUMIN FREE) 25 MCG/0.42ML SOLN PRSYR *darbepoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
ARANESP (ALBUMIN FREE) 25 MCG/ML SOLUTION *darbepoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
ARANESP (ALBUMIN FREE) 300 MCG/0.6ML SOLN PRSYR *darbepoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
ARANESP (ALBUMIN FREE) 40 MCG/0.4ML SOLN PRSYR *darbepoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION *darbepoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR *darbepoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR *darbepoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
ARANESP (ALBUMIN FREE) 60 MCG/ML SOLUTION *darbepoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
DOPTELET 20 MG TAB *avatrombopag maleate*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
EPOGEN 10000 UNIT/ML SOLUTION *epoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
EPOGEN 2000 UNIT/ML SOLUTION *epoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
EPOGEN 20000 UNIT/ML SOLUTION *epoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
EPOGEN 3000 UNIT/ML SOLUTION *epoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
EPOGEN 4000 UNIT/ML SOLUTION *epoetin alfa*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
FULPHILA 6 MG/0.6ML SOLN PRSYR *pegfilgrastim-jmdb*	PDL Preferred	
FYLNETRA 6 MG/0.6ML SOLN PRSYR *pegfilgrastim-pbbk*	PDL Non-Preferred	ST
GRANIX 300 MCG/0.5ML SOLN PRSYR *tbo-filgrastim*	PDL Non-Preferred	ST
GRANIX 300 MCG/ML SOLUTION *tbo-filgrastim*	PDL Non-Preferred	ST
GRANIX 480 MCG/0.8ML SOLN PRSYR *tbo-filgrastim*	PDL Non-Preferred	ST
GRANIX 480 MCG/1.6ML SOLUTION *tbo-filgrastim*	PDL Non-Preferred	ST
JESDUVROQ 1 MG TAB *daprodustat*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
JESDUVROQ 2 MG TAB *daprodustat*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
JESDUVROQ 4 MG TAB *daprodustat*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
JESDUVROQ 6 MG TAB *daprodustat*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
JESDUVROQ 8 MG TAB *daprodustat*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
LEUKINE 250 MCG RECON SOLN *sargramostim*	PDL Non-Preferred	ST
MIRCERA 100 MCG/0.3ML SOLN PRSYR *methoxy polyethylene glycol-epoetin beta*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
MIRCERA 120 MCG/0.3ML SOLN PRSYR *methoxy polyethylene glycol-epoetin beta*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
MIRCERA 150 MCG/0.3ML SOLN PRSYR *methoxy polyethylene glycol-epoetin beta*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
MIRCERA 200 MCG/0.3ML SOLN PRSYR *methoxy polyethylene glycol-epoetin beta*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
MIRCERA 30 MCG/0.3ML SOLN PRSYR *methoxy polyethylene glycol-epoetin beta*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
MIRCERA 50 MCG/0.3ML SOLN PRSYR *methoxy polyethylene glycol-epoetin beta*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
MIRCERA 75 MCG/0.3ML SOLN PRSYR *methoxy polyethylene glycol-epoetin beta*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
MULPLETA 3 MG TAB *lusutrombopag*	PDL Non-Preferred	ST
NEULASTA 6 MG/0.6ML SOLN PRSYR *pegfilgrastim*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
NEULASTA ONPRO 6 MG/0.6ML PREF SY KT *pegfilgrastim*	PDL Non-Preferred	ST
NEUPOGEN 300 MCG/0.5ML SOLN PRSYR *filgrastim*	PDL Preferred	
NEUPOGEN 300 MCG/ML SOLUTION *filgrastim*	PDL Preferred	
NEUPOGEN 480 MCG/0.8ML SOLN PRSYR *filgrastim*	PDL Preferred	
NEUPOGEN 480 MCG/1.6ML SOLUTION *filgrastim*	PDL Preferred	
NIVESTYM 300 MCG/0.5ML SOLN PRSYR *filgrastim-aafi*	PDL Non-Preferred	ST
NIVESTYM 300 MCG/ML SOLUTION *filgrastim-aafi*	PDL Non-Preferred	ST
NIVESTYM 480 MCG/0.8ML SOLN PRSYR *filgrastim-aafi*	PDL Non-Preferred	ST
NIVESTYM 480 MCG/1.6ML SOLUTION *filgrastim-aafi*	PDL Non-Preferred	ST
NPLATE 125 MCG RECON SOLN *romiplostim*	PDL Preferred	90D
NPLATE 250 MCG RECON SOLN *romiplostim*	PDL Preferred	90D
NPLATE 500 MCG RECON SOLN *romiplostim*	PDL Preferred	90D
NYVEPRIA 6 MG/0.6ML SOLN PRSYR *pegfilgrastim-apgf*	PDL Non-Preferred	ST
PROCRIT 10000 UNIT/ML SOLUTION *epoetin alfa*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
PROCRIT 2000 UNIT/ML SOLUTION *epoetin alfa*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
PROCRIT 20000 UNIT/ML SOLUTION *epoetin alfa*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
PROCRIT 3000 UNIT/ML SOLUTION *epoetin alfa*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
PROCRIT 4000 UNIT/ML SOLUTION *epoetin alfa*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
PROCRIT 40000 UNIT/ML SOLUTION *epoetin alfa*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
PROMACTA 12.5 MG PACKET *eltrombopag olamine*	PDL Preferred	90D
PROMACTA 12.5 MG TAB *eltrombopag olamine*	PDL Preferred	90D
PROMACTA 25 MG PACKET *eltrombopag olamine*	PDL Preferred	90D
PROMACTA 25 MG TAB *eltrombopag olamine*	PDL Preferred	90D
PROMACTA 50 MG TAB *eltrombopag olamine*	PDL Preferred	90D
PROMACTA 75 MG TAB *eltrombopag olamine*	PDL Preferred	90D
REBLOZYL 25 MG RECON SOLN *luspatercept-aamt*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
REBLOZYL 75 MG RECON SOLN *luspatercept-aamt*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
RELEUKO 300 MCG/0.5ML SOLN PRSYR *filgrastim-ayow*	PDL Non-Preferred	ST
RELEUKO 300 MCG/ML SOLUTION *filgrastim-ayow*	Covered	ST
RELEUKO 480 MCG/0.8ML SOLN PRSYR *filgrastim-ayow*	PDL Non-Preferred	ST
RELEUKO 480 MCG/1.6ML SOLUTION *filgrastim-ayow*	PDL Non-Preferred	ST
RETACRIT 10000 UNIT/ML SOLUTION *epoetin alfa-epbx*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
RETACRIT 2000 UNIT/ML SOLUTION *epoetin alfa-epbx*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
RETACRIT 20000 UNIT/ML SOLUTION *epoetin alfa-epbx*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
RETACRIT 3000 UNIT/ML SOLUTION *epoetin alfa-epbx*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
RETACRIT 4000 UNIT/ML SOLUTION *epoetin alfa-epbx*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
RETACRIT 40000 UNIT/ML SOLUTION *epoetin alfa-epbx*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
ROLVEDON 13.2 MG/0.6ML SOLN PRSYR *eflapegrastim-xnst*	PDL Non-Preferred	ST
STIMUFEND 6 MG/0.6ML SOLN PRSYR *pegfilgrastim-fpgk*	PDL Non-Preferred	ST
UDENYCA 6 MG/0.6ML SOLN A-INJ *pegfilgrastim-cbqv*	PDL Preferred	
UDENYCA 6 MG/0.6ML SOLN PRSYR *pegfilgrastim-cbqv*	PDL Preferred	
UDENYCA ONBODY 6 MG/0.6ML SOLN PRSYR *pegfilgrastim-cbqv*	PDL Non-Preferred	ST
ZARXIO 300 MCG/0.5ML SOLN PRSYR *filgrastim-sndz*	PDL Non-Preferred	ST
ZARXIO 480 MCG/0.8ML SOLN PRSYR *filgrastim-sndz*	PDL Non-Preferred	ST
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR *pegfilgrastim-bmez*	PDL Non-Preferred	ST
HEMATOPOIETIC MIXTURES		
ACTIVE FE 75-1.25 MG TAB *fe carbonyl-fa-b complex-a-c-d-e-min*	Covered	
BENTIVITE 35-1 MG TAB *ferrous sulfate-folic acid*	Covered	
BP VIT 3 1 MG CAP *folic acid-vitamin b6-vitamin b12-omega 3 acids-phytosterols*	Covered	

DRUG NAME	TIER	DRUG EDITS
CENTRATEX 106-1 MG CAP *ferrous fumarate-fa-b complex-c-zn-mg-mn-cu*	Covered	
chromagen cap	Covered	
corvita 150 150-1.25 mg tab	Covered	
CORVITE 150 TAB *iron combinations*	Covered	
CORVITE FE TAB *iron combinations*	Covered	
DERMACINRX DOTREMIN 1-10000 MG-UNIT TAB *folic acid-cholecalciferol*	Covered	
DERMACINRX FOLTAMIN 125-1 MCG-MG TAB *folic acid-cholecalciferol*	Covered	
FERIVA 21/7 75-1 MG TAB *fe asparto gly-vit b12-fa-vit c-dss-succinic acid-zinc*	Covered	
FERIVAFA 110-1 MG CAP *iron-vit c-fa-b12-biotin-copper-docusate*	Covered	
FERRALET 90 90-1 MG TAB *fe carbonyl-fe gluconate-fa-vit b12-vit c-docusate sodium*	Covered	
FERRAPLUS 90 90-1 MG TAB *iron-folic acid-vitamin b12-vitamin c-docusate sodium*	Covered	
FOLDITAM 1-10000 MG-UNIT TAB *folic acid-cholecalciferol*	Covered	
FOLITE TAB *folic acid-vitamin d3-mag cit-acetylcysteine-ca cit*	Covered	
FOLIVANE-F 125-1 MG CAP *ferrous fumarate-iron polysaccharide complex-folic acid-c-b3*	Covered	
FOLIXAPURE 1-5000 MG-UNIT TAB *folic acid-cholecalciferol*	Covered	
FOLIXATE 1-125 MG-MCG TAB *folic acid-cholecalciferol*	Covered	
FOLTRATE 500-1 MCG-MG TAB *cobalamin combinations*	Covered	
FOLTREXYL 1-5000 MG-UNIT TAB *folic acid-cholecalciferol*	Covered	
IROSPAN 24/6 MISC *fe bisglyc-fe polysaccharide-succ acd-b complex-c-ca-fa*	Covered	
NEPHRON FA TAB *ferrous fumarate w/ fa-dss-b complex-vit c*	Covered	

DRUG NAME	TIER	DRUG EDITS
NIFEREX TAB *iron combinations*	Covered	
NUFERA TAB *iron combinations*	Covered	
purevit dualfe plus 162-115.2-1 mg cap	Covered	
se-tan plus 162-115.2-1 mg cap	Covered	
TARON FORTE CAP *fe bisglycinate-fe polysaccharide-vit c-vit b12-folic acid*	Covered	
tl-hem 150 150-1 mg tab	Covered	
trigels-f forte 460-60-0.01-1 mg cap	Covered	
westab mini 2.2-25-1 mg tab	Covered	
IRON		
ACCRUFER 30 MG CAP *ferric maltol*	Covered	
FERAHEME 510 MG/17ML SOLUTION *ferumoxytol*	Covered	
FERRLECIT 12.5 MG/ML SOLUTION *sodium ferric gluconate complex in sucrose*	Covered	
ferumoxytol 510 mg/17ml solution	Covered	
INFED 50 MG/ML SOLUTION *iron dextran*	Covered	
INJECTAFER 100 MG/2ML SOLUTION *ferric carboxymaltose*	Covered	
INJECTAFER 750 MG/15ML SOLUTION *ferric carboxymaltose*	Covered	
MONOFERRIC 1000 MG/10ML SOLUTION *ferric derisomaltose*	Covered	
na ferric gluc cplx in sucrose 12.5 mg/ml solution	Covered	
VENOFER 20 MG/ML SOLUTION *iron sucrose*	Covered	
STEM CELL MOBILIZERS		
APHEXDA 62 MG RECON SOLN *motixafortide acetate*	Covered	
MOZOBIL 24 MG/1.2ML SOLUTION *plerixafor*	Covered	
plerixafor 24 mg/1.2ml solution	Covered	
XOLREMDI 100 MG CAP *mavorixafor*	Covered	90D

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid 0.25 gm/ml solution	Covered	
aminocaproic acid 1000 mg tab	Covered	
aminocaproic acid 250 mg/ml solution	Covered	
aminocaproic acid 500 mg tab	Covered	
CYKLOKAPRON 1000 MG/10ML SOLUTION *tranexamic acid*	Covered	
tranexamic acid 1000 mg/10ml solution	Covered	
tranexamic acid 650 mg tab	Covered	90D
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% SOLUTION *tranexamic acid-sodium chloride*	Covered	
tranexamic acid-nacl 1000-0.7 mg/100ml-% solution	Covered	
HEMOSTATICS - TOPICAL		
ARTISS 10 ML KIT *fibrin sealant component*	Covered	
ARTISS 2 ML KIT *fibrin sealant component*	Covered	
ARTISS 4 ML KIT *fibrin sealant component*	Covered	
RECOTHROM 20000 UNIT RECON SOLN *thrombin (recombinant)*	Covered	
RECOTHROM 5000 UNIT RECON SOLN *thrombin (recombinant)*	Covered	
RECOTHROM SPRAY KIT 20000 UNIT RECON SOLN *thrombin (recombinant)*	Covered	
TACHOSIL 4.8 X 4.8 CM PATCH *absorbable fibrin sealant*	Covered	
TACHOSIL 9.5 X 4.8 CM PATCH *absorbable fibrin sealant*	Covered	
THROMBIN-JMI 20000 UNIT KIT *thrombin*	Covered	
THROMBIN-JMI 20000 UNIT RECON SOLN *thrombin*	Covered	
THROMBIN-JMI 5000 UNIT KIT *thrombin*	Covered	

DRUG NAME	TIER	DRUG EDITS
THROMBIN-JMI 5000 UNIT RECON SOLN *thrombin*	Covered	
THROMBIN-JMI EPISTAXIS 5000 UNIT KIT *thrombin*	Covered	
TISSEEL SOLUTION *fibrin sealant component*	Covered	
TISSEEL 10 ML KIT *fibrin sealant component*	Covered	
TISSEEL 2 ML KIT *fibrin sealant component*	Covered	
TISSEEL 4 ML KIT *fibrin sealant component*	Covered	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
pentobarbital sodium 50 mg/ml solution	Covered	
phenobarbital 100 mg tab	PDL Preferred	90D
phenobarbital 15 mg tab	PDL Preferred	90D
phenobarbital 16.2 mg tab	PDL Preferred	90D
phenobarbital 20 mg/5ml elixir	PDL Preferred	90D
phenobarbital 30 mg tab	PDL Preferred	90D
phenobarbital 32.4 mg tab	PDL Preferred	90D
phenobarbital 60 mg tab	PDL Preferred	90D
phenobarbital 64.8 mg tab	PDL Preferred	90D
phenobarbital 97.2 mg tab	PDL Preferred	90D
phenobarbital sodium 130 mg/ml solution	Covered	NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product.
phenobarbital sodium 65 mg/ml solution	Covered	NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product.

DRUG NAME	TIER	DRUG EDITS
SEZABY 100 MG RECON SOLN *phenobarbital sodium*	PDL Non-Preferred	ST NOTE Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product.
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl 3 mg tab	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
doxepin hcl 6 mg tab	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
NON-BARBITURATE HYPNOTICS		
AMBIEN 10 MG TAB *zolpidem tartrate*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
AMBIEN 5 MG TAB *zolpidem tartrate*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
AMBIEN CR 12.5 MG TAB ER *zolpidem tartrate*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
AMBIEN CR 6.25 MG TAB ER *zolpidem tartrate*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
BYFAVO 20 MG RECON SOLN *remimazolam besylate*	Covered	
DEXMEDETOMIDINE HCL 1000 MCG/10ML SOLUTION *dexmedetomidine hcl*	Covered	
dexmedetomidine hcl 200 mcg/2ml solution	Covered	
DEXMEDETOMIDINE HCL 400 MCG/4ML SOLUTION *dexmedetomidine hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
dexmedetomidine hcl in nacl 200 mcg/50ml solution	Covered	
dexmedetomidine hcl in nacl 400 mcg/100ml solution	Covered	
dexmedetomidine hcl in nacl 80 mcg/20ml solution	Covered	
DEXMEDETOMIDINE HCL-DEXTROSE 200MCG/50ML -5% SOLUTION *dexmedetomidine hcl in dextrose*	Covered	
DEXMEDETOMIDINE HCL-DEXTROSE 400MCG/100ML -5% SOLUTION *dexmedetomidine hcl in dextrose*	Covered	
DORAL 15 MG TAB *quazepam*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
EDLUAR 10 MG SL TAB *zolpidem tartrate*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
EDLUAR 5 MG SL TAB *zolpidem tartrate*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
estazolam 1 mg tab	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
estazolam 2 mg tab	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
eszopiclone 1 mg tab	PDL Preferred	QL 15 UNITS / 30 DAYS NOTE Quantity limits apply
eszopiclone 2 mg tab	PDL Preferred	QL 15 UNITS / 30 DAYS NOTE Quantity limits apply
eszopiclone 3 mg tab	PDL Preferred	QL 15 UNITS / 30 DAYS NOTE Quantity limits apply
FLURAZEPAM HCL 15 MG CAP *flurazepam hcl*	PDL Preferred	QL 15 UNITS / 30 DAYS NOTE Quantity limits apply
FLURAZEPAM HCL 30 MG CAP *flurazepam hcl*	PDL Preferred	QL 15 UNITS / 30 DAYS NOTE Quantity limits apply

DRUG NAME	TIER	DRUG EDITS
HALCION 0.25 MG TAB *triazolam*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
IGALMI 120 MCG FILM *dexmedetomidine hcl*	Covered	
IGALMI 180 MCG FILM *dexmedetomidine hcl*	Covered	
LUNESTA 1 MG TAB *eszopiclone*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
LUNESTA 2 MG TAB *eszopiclone*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
LUNESTA 3 MG TAB *eszopiclone*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
midazolam hcl 10 mg/10ml solution	Covered	
midazolam hcl 10 mg/2ml solution	Covered	
midazolam hcl 2 mg/2ml solution	Covered	
midazolam hcl 2 mg/ml syrup	Covered	
midazolam hcl 25 mg/5ml solution	Covered	
midazolam hcl 5 mg/5ml solution	Covered	
midazolam hcl 5 mg/ml solution	Covered	
midazolam hcl 50 mg/10ml solution	Covered	
midazolam hcl (pf) 10 mg/2ml solution	Covered	
midazolam hcl (pf) 2 mg/2ml solution	Covered	
midazolam hcl (pf) 5 mg/5ml solution	Covered	
midazolam hcl (pf) 5 mg/ml solution	Covered	
MIDAZOLAM-SODIUM CHLORIDE 100-0.9 MG/100ML-% SOLUTION *midazolam-sodium chloride*	Covered	
midazolam-sodium chloride 100-0.9 mg/100ml-% solution	Covered	
MIDAZOLAM-SODIUM CHLORIDE 50-0.9 MG/50ML-% SOLUTION *midazolam-sodium chloride*	Covered	

DRUG NAME	TIER	DRUG EDITS
midazolam-sodium chloride 50-0.9 mg/50ml-% solution	Covered	
MIDAZOLAM-SODIUM CHLORIDE (PF) 100-0.8 MG/100ML-% SOLUTION *midazolam-sodium chloride*	Covered	
PRECEDEX 1000 MCG/250ML SOLUTION *dexmedetomidine hcl in sodium chloride*	Covered	
PRECEDEX 200 MCG/2ML SOLUTION *dexmedetomidine hcl*	Covered	
PRECEDEX 200 MCG/50ML SOLUTION *dexmedetomidine hcl in sodium chloride*	Covered	
PRECEDEX 400 MCG/100ML SOLUTION *dexmedetomidine hcl in sodium chloride*	Covered	
PRECEDEX 80 MCG/20ML SOLUTION *dexmedetomidine hcl in sodium chloride*	Covered	
QUAZEPAM 15 MG TAB *quazepam*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
RESTORIL 15 MG CAP *temazepam*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
RESTORIL 22.5 MG CAP *temazepam*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
RESTORIL 30 MG CAP *temazepam*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
RESTORIL 7.5 MG CAP *temazepam*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
temazepam 15 mg cap	PDL Preferred	QL 15 UNITS / 30 DAYS NOTE Quantity limits apply
temazepam 22.5 mg cap	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply

DRUG NAME	TIER	DRUG EDITS
temazepam 30 mg cap	PDL Preferred	QL 15 UNITS / 30 DAYS NOTE Quantity limits apply
temazepam 7.5 mg cap	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
triazolam 0.125 mg tab	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
triazolam 0.25 mg tab	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
zaleplon 10 mg cap	PDL Preferred	QL 15 UNITS / 30 DAYS NOTE Quantity limits apply
zaleplon 5 mg cap	PDL Preferred	QL 15 UNITS / 30 DAYS NOTE Quantity limits apply
ZOLPIDEM TARTRATE 1.75 MG SL TAB *zolpidem tartrate*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
zolpidem tartrate 10 mg tab	PDL Preferred	QL 15 UNITS / 30 DAYS NOTE Quantity limits apply
ZOLPIDEM TARTRATE 3.5 MG SL TAB *zolpidem tartrate*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
zolpidem tartrate 5 mg tab	PDL Preferred	QL 15 UNITS / 30 DAYS NOTE Quantity limits apply
ZOLPIDEM TARTRATE 7.5 MG CAP *zolpidem tartrate*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
zolpidem tartrate er 12.5 mg tab er	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply

DRUG NAME	TIER	DRUG EDITS
zolpidem tartrate er 6.25 mg tab er	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA 10 MG TAB *suvorexant*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
BELSOMRA 15 MG TAB *suvorexant*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
BELSOMRA 20 MG TAB *suvorexant*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
BELSOMRA 5 MG TAB *suvorexant*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
DAYVIGO 10 MG TAB *lemborexant*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
DAYVIGO 5 MG TAB *lemborexant*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
QUVIVIQ 25 MG TAB *daridorexant hcl*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
QUVIVIQ 50 MG TAB *daridorexant hcl*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ 20 MG CAP *tasimelteon*	PDL Non-Preferred	QL 30 UNITS / 30 DAYS ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
HETLIOZ LQ 4 MG/ML SUSPENSION *tasimelteon*	PDL Non-Preferred	QL 158 UNITS / 30 DAYS ST NOTE Clinical Criteria Apply 90D
ramelteon 8 mg tab	PDL Preferred	QL 15 UNITS / 30 DAYS NOTE Quantity limits apply
ROZEREM 8 MG TAB *ramelteon*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Quantity limits apply
tasimelteon 20 mg cap	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST NOTE Trial and failure of Hetlioz Capsule required for coverage NOTE Quantity limits apply 90D
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION *sodium picosulfate-magnesium oxide-anhydrous citric acid*	Covered	
GAVILYTE-C 240 GM RECON SOLN *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*	Covered	
gavilyte-g 236 gm recon soln	Covered	
gavilyte-n with flavor pack 420 gm recon soln	Covered	
GOLYTELY 236 GM RECON SOLN *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*	Covered	
MOVIPREP 100 GM RECON SOLN *peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid*	Covered	
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution	Covered	
NULYTELY LEMON-LIME 420 GM RECON SOLN *peg 3350-potassium chloride-sod bicarbonate-sod chloride*	Covered	
peg 3350-kcl-na bicarb-nacl 420 gm recon soln	Covered	

DRUG NAME	TIER	DRUG EDITS
peg-3350/electrolytes 236 gm recon soln	Covered	
peg-3350/electrolytes/ascorbat 100 gm recon soln	Covered	
peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln	Covered	
PLENVU 140 GM RECON SOLN *peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid*	Covered	
SUFLAVE 178.7 GM RECON SOLN *peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate*	Covered	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GM/177ML SOLUTION *sodium sulfate-potassium sulfate-magnesium sulfate*	Covered	
SUTAB 1479-225-188 MG TAB *sodium sulfate-magnesium sulfate-potassium chloride*	Covered	
LAXATIVES - MISCELLANEOUS		
clearlax 17 gm/scoop powder	Covered	
constulose 10 gm/15ml solution	Covered	90D
ft clearlax 17 gm/scoop powder	Covered	
gavilax 17 gm/scoop powder	Covered	
gnp clearlax 17 gm packet	Covered	
gnp clearlax 17 gm/scoop powder	Covered	
goodsense clearlax 17 gm/scoop powder	Covered	
healthylax 17 gm packet	Covered	
hm clearlax 17 gm/scoop powder	Covered	
kristalose 10 gm packet	Covered	90D
kristalose 20 gm packet	Covered	90D
lactulose 10 gm/15ml solution	Covered	90D
lactulose 20 gm/30ml solution	Covered	90D
peg 3350 17 gm packet	Covered	
peg 3350 17 gm/scoop powder	Covered	
polyethylene glycol 3350 17 gm packet	Covered	
polyethylene glycol 3350 17 gm/scoop powder	Covered	
sm clearlax 17 gm/scoop powder	Covered	

DRUG NAME	TIER	DRUG EDITS
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
bupivacaine-epinephrine 0.25% -1:200000 solution	Covered	
bupivacaine-epinephrine 0.5% -1:200000 solution	Covered	
bupivacaine-epinephrine (pf) 0.25% -1:200000 solution	Covered	
bupivacaine-epinephrine (pf) 0.5% -1:200000 solution	Covered	
lidocaine-epinephrine 0.5 %-1:200000 solution	Covered	
lidocaine-epinephrine 1 %-1:100000 solution	Covered	
lidocaine-epinephrine 2 %-1:100000 solution	Covered	
lidocaine-epinephrine (pf) 1.5 %-1:200000 solution	Covered	
lidocaine-epinephrine (pf) 2 %-1:200000 solution	Covered	
MARCAINE/EPINEPHRINE 0.25% -1:200000 SOLUTION *bupivacaine w/ epinephrine*	Covered	
MARCAINE/EPINEPHRINE 0.25-1:200000 % SOLUTION *bupivacaine w/ epinephrine*	Covered	
MARCAINE/EPINEPHRINE 0.5% -1:200000 SOLUTION *bupivacaine w/ epinephrine*	Covered	
MARCAINE/EPINEPHRINE PF 0.25% -1:200000 SOLUTION *bupivacaine w/ epinephrine*	Covered	
MARCAINE/EPINEPHRINE PF 0.25-1:200000 % SOLUTION *bupivacaine w/ epinephrine*	Covered	
MARCAINE/EPINEPHRINE PF 0.5% -1:200000 SOLUTION *bupivacaine w/ epinephrine*	Covered	
sensorcaine-mpf/epinephrine 0.25% -1:200000 solution	Covered	
SENSORCAINE-MPF/EPINEPHRINE 0.5% -1:200000 SOLUTION *bupivacaine w/ epinephrine*	Covered	
SENSORCAINE-MPF/EPINEPHRINE 0.75-1:200000 % SOLUTION *bupivacaine w/ epinephrine*	Covered	
sensorcaine/epinephrine 0.25% -1:200000 solution	Covered	

DRUG NAME	TIER	DRUG EDITS
sensorcaine/epinephrine 0.5% -1:200000 solution	Covered	
XYLOCAINE-MPF/EPINEPHRINE 1 %-1:200000 SOLUTION *lidocaine w/ epinephrine*	Covered	
XYLOCAINE-MPF/EPINEPHRINE 1.5 %-1:200000 SOLUTION *lidocaine w/ epinephrine*	Covered	
XYLOCAINE-MPF/EPINEPHRINE 2 %-1:200000 SOLUTION *lidocaine w/ epinephrine*	Covered	
XYLOCAINE/EPINEPHRINE 0.5 %-1:200000 SOLUTION *lidocaine w/ epinephrine*	Covered	
XYLOCAINE/EPINEPHRINE 1 %-1:100000 SOLUTION *lidocaine w/ epinephrine*	Covered	
XYLOCAINE/EPINEPHRINE 2 %-1:100000 SOLUTION *lidocaine w/ epinephrine*	Covered	
LOCAL ANESTHETICS - AMIDES		
BUPIVACAINE FISIOPHARMA 2.5 MG/ML SOLUTION *bupivacaine hcl*	Covered	
BUPIVACAINE FISIOPHARMA 5 MG/ML SOLUTION *bupivacaine hcl*	Covered	
bupivacaine hcl 0.25 % solution	Covered	
bupivacaine hcl 0.5 % solution	Covered	
bupivacaine hcl (pf) 0.25 % solution	Covered	
bupivacaine hcl (pf) 0.5 % solution	Covered	
bupivacaine hcl (pf) 0.75 % solution	Covered	
bupivacaine in dextrose 0.75-8.25 % solution	Covered	
bupivacaine spinal 0.75-8.25 % solution	Covered	
EXPAREL 1.3 % SUSPENSION *bupivacaine liposome*	Covered	
lidocaine hcl 0.5 % solution	Covered	
lidocaine hcl 1 % solution	Covered	
lidocaine hcl 2 % solution	Covered	
lidocaine hcl (pf) 0.5 % solution	Covered	

DRUG NAME	TIER	DRUG EDITS
lidocaine hcl (pf) 1 % solution	Covered	
lidocaine hcl (pf) 1.5 % solution	Covered	
lidocaine hcl (pf) 2 % solution	Covered	
lidocaine hcl (pf) 4 % solution	Covered	
MARCAINE 0.25 % SOLUTION *bupivacaine hcl*	Covered	
MARCAINE 0.5 % SOLUTION *bupivacaine hcl*	Covered	
MARCAINE 0.75 % SOLUTION *bupivacaine hcl*	Covered	
MARCAINE PRESERVATIVE FREE 0.25 % SOLUTION *bupivacaine hcl*	Covered	
MARCAINE PRESERVATIVE FREE 0.5 % SOLUTION *bupivacaine hcl*	Covered	
MARCAINE SPINAL 0.75-8.25 % SOLUTION *bupivacaine in dextrose*	Covered	
NAROPIN 10 MG/ML SOLUTION *ropivacaine hcl*	Covered	
NAROPIN 2 MG/ML SOLUTION *ropivacaine hcl*	Covered	
NAROPIN 5 MG/ML SOLUTION *ropivacaine hcl*	Covered	
NAROPIN 7.5 MG/ML SOLUTION *ropivacaine hcl*	Covered	
POLOCAINE 1 % SOLUTION *mepivacaine hcl*	Covered	
POLOCAINE 2 % SOLUTION *mepivacaine hcl*	Covered	
POLOCAINE-MPF 1 % SOLUTION *mepivacaine hcl*	Covered	
POLOCAINE-MPF 1.5 % SOLUTION *mepivacaine hcl*	Covered	
POLOCAINE-MPF 2 % SOLUTION *mepivacaine hcl*	Covered	
ropivacaine hcl 10 mg/ml solution	Covered	
ropivacaine hcl 2 mg/ml solution	Covered	
ropivacaine hcl 5 mg/ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
ropivacaine hcl 7.5 mg/ml solution	Covered	
sensorcaine 0.25 % solution	Covered	
sensorcaine 0.5 % solution	Covered	
sensorcaine-mpf 0.25 % solution	Covered	
sensorcaine-mpf 0.5 % solution	Covered	
sensorcaine-mpf 0.75 % solution	Covered	
XYLOCAINE 1 % SOLUTION *lidocaine hcl (local anesth.)*	Covered	
XYLOCAINE 2 % SOLUTION *lidocaine hcl (local anesth.)*	Covered	
XYLOCAINE-MPF 0.5 % SOLUTION *lidocaine hcl (local anesth.)*	Covered	
XYLOCAINE-MPF 1 % SOLUTION *lidocaine hcl (local anesth.)*	Covered	
XYLOCAINE-MPF 1.5 % SOLUTION *lidocaine hcl (local anesth.)*	Covered	
XYLOCAINE-MPF 2 % SOLUTION *lidocaine hcl (local anesth.)*	Covered	
LOCAL ANESTHETICS - ESTERS		
chloroprocaine hcl (pf) 2 % solution	Covered	
chloroprocaine hcl (pf) 3 % solution	Covered	
CLOROTEKAL 50 MG/5ML SOLUTION *chloroprocaine hcl*	Covered	
NESACAINE 1 % SOLUTION *chloroprocaine hcl*	Covered	
NESACAINE 2 % SOLUTION *chloroprocaine hcl*	Covered	
NESACAINE-MPF 2 % SOLUTION *chloroprocaine hcl*	Covered	
NESACAINE-MPF 3 % SOLUTION *chloroprocaine hcl*	Covered	
tetracaine hcl 1 % solution	Covered	
MACROLIDES		
AZITHROMYCIN		
AZITHROMYCIN 1 GM PACKET *azithromycin*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
azithromycin 100 mg/5ml recon susp	PDL Preferred	
azithromycin 200 mg/5ml recon susp	PDL Preferred	
azithromycin 250 mg tab	PDL Preferred	
azithromycin 500 mg recon soln	Covered	
azithromycin 500 mg tab	PDL Preferred	
azithromycin 600 mg tab	PDL Preferred	
ZITHROMAX 1 GM PACKET *azithromycin*	PDL Non-Preferred	ST
ZITHROMAX 100 MG/5ML RECON SUSP *azithromycin*	PDL Non-Preferred	ST
ZITHROMAX 200 MG/5ML RECON SUSP *azithromycin*	PDL Non-Preferred	ST
ZITHROMAX 250 MG TAB *azithromycin*	PDL Non-Preferred	ST
ZITHROMAX 500 MG RECON SOLN *azithromycin*	Covered	ST
ZITHROMAX 500 MG TAB *azithromycin*	PDL Non-Preferred	ST
ZITHROMAX TRI-PAK 500 MG TAB *azithromycin*	PDL Non-Preferred	ST
ZITHROMAX Z-PAK 250 MG TAB *azithromycin*	PDL Non-Preferred	ST
CLARITHROMYCIN		
CLARITHROMYCIN 125 MG/5ML RECON SUSP *clarithromycin*	PDL Preferred	
clarithromycin 250 mg tab	PDL Preferred	
CLARITHROMYCIN 250 MG/5ML RECON SUSP *clarithromycin*	PDL Preferred	
clarithromycin 500 mg tab	PDL Preferred	
clarithromycin er 500 mg tab er 24h	PDL Non-Preferred	ST
ERYTHROMYCINS		
e.e.s. 400 400 mg tab	PDL Preferred	
E.E.S. GRANULES 200 MG/5ML RECON SUSP *erythromycin ethylsuccinate*	PDL Preferred	
ery-tab 250 mg tab dr	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
ery-tab 333 mg tab dr	PDL Non-Preferred	ST
ery-tab 500 mg tab dr	PDL Non-Preferred	ST
ERYPED 200 200 MG/5ML RECON SUSP *erythromycin ethylsuccinate*	PDL Non-Preferred	ST
ERYPED 400 400 MG/5ML RECON SUSP *erythromycin ethylsuccinate*	PDL Non-Preferred	ST
ERYTHROCIN LACTOBIONATE 500 MG RECON SOLN *erythromycin lactobionate*	Covered	
erythrocin lactobionate 500 mg recon soln	Covered	
ERYTHROCIN STEARATE 250 MG TAB *erythromycin stearate*	PDL Preferred	
erythromycin 250 mg tab dr	PDL Preferred	
erythromycin 333 mg tab dr	PDL Preferred	
erythromycin 500 mg tab dr	PDL Preferred	
ERYTHROMYCIN BASE 250 MG CP DR PART *erythromycin base*	PDL Preferred	
erythromycin base 250 mg tab	PDL Preferred	
erythromycin base 250 mg tab dr	PDL Preferred	
erythromycin base 333 mg tab dr	PDL Preferred	
erythromycin base 500 mg tab	PDL Preferred	
erythromycin base 500 mg tab dr	PDL Preferred	
erythromycin ethylsuccinate 200 mg/5ml recon susp	PDL Preferred	
erythromycin ethylsuccinate 400 mg tab	PDL Preferred	
erythromycin ethylsuccinate 400 mg/5ml recon susp	PDL Preferred	
erythromycin lactobionate 500 mg recon soln	Covered	
FIDAXOMICIN		
DIFICID 200 MG TAB *fidaxomicin*	PDL Non-Preferred	ST NOTE Trial and failure of only vancomycin is required for treatment of Clostridium difficile
DIFICID 40 MG/ML RECON SUSP *fidaxomicin*	PDL Non-Preferred	ST NOTE Trial and failure of only vancomycin is required for treatment of Clostridium difficile

DRUG NAME	TIER	DRUG EDITS
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
AIMSCO LUBRICATED MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
DUREX EXTRA SENSITIVE THIN DEVICE *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
DUREX EXTRA SENSITIVE THIN MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
DUREX REALFEEL DEVICE *condoms non-latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
DUREX TROPICAL MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
FANTASY LUBRICATED MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
FANTASY LUBRICATED/SPERMICIDE MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
FC2 FEMALE CONDOM MISC *condoms - female*	PDL Preferred	QL 1 UNIT / 1 DAY
KIMONO MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
KIMONO COLORS DEVICE *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
KIMONO MAXX-LARGE FLARE MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
KIMONO MICRO THIN MISC *condoms latex non-lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
KIMONO MICRO THIN PLUS MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
KIMONO PLUS MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
KIMONO SENSATION MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
KIMONO SENSATION PLUS MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
KIMONO SPECIAL DEVICE *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
MAXX MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
MAXX PLUS MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY

DRUG NAME	TIER	DRUG EDITS
PREMIUM CONDOMS LUBRICATED MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
REALITY LATEX CONDOMS MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
TRUE COVER DEVICE *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
TRUSTEX LUB/RIBBED/STUDDED MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
TRUSTEX LUB/SPERMICIDE EX ST MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
TRUSTEX LUB/SPERMICIDE XL MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
TRUSTEX LUBRICATED MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
TRUSTEX LUBRICATED EX LARGE MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
TRUSTEX LUBRICATED EXTRA ST MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
TRUSTEX LUBRICATED/SPERMICIDE MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
TRUSTEX NON-LUBRICATED MISC *condoms latex non-lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
TRUSTEX RIA LUB/SPERMICIDE MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
TRUSTEX RIA LUBRICATED MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
TRUSTEX RIA NON-LUBRICATED MISC *condoms latex non-lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC *condoms latex lubricated - male*	PDL Preferred	QL 1 UNIT / 1 DAY
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA SOLUTION *blood glucose calibration*	PDL Preferred	QL 4 UNITS / 365 DAYS 90D
ACCU-CHEK FASTCLIX LANCET KIT *lancets misc.*	PDL Preferred	QL 2 UNITS / 365 DAYS 90D
ACCU-CHEK FASTCLIX LANCETS MISC *lancets*	PDL Preferred	QL 204 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
ACCU-CHEK GUIDE CONTROL LIQUID *blood glucose calibration*	PDL Preferred	QL 4 UNITS / 365 DAYS 90D
ACCU-CHEK SMARTVIEW CONTROL LIQUID *blood glucose calibration*	PDL Preferred	QL 4 UNITS / 365 DAYS 90D
ACCU-CHEK SOFTCLIX LANCET DEV KIT *lancets misc.*	PDL Preferred	QL 2 UNITS / 365 DAYS 90D
ACCU-CHEK SOFTCLIX LANCETS MISC *lancets*	PDL Preferred	QL 200 UNITS / 30 day(s) 90D
DEXCOM G6 RECEIVER DEVICE *continuous blood glucose system receiver*	PDL Preferred	QL 1 UNIT / 365 DAYS ST NOTE Clinical Criteria Apply 90D
DEXCOM G6 SENSOR MISC *continuous glucose system sensor*	PDL Preferred	QL 3 UNIT / 30 DAYS ST NOTE Clinical Criteria Apply 90D
DEXCOM G6 TRANSMITTER MISC *continuous blood glucose system transmitter*	PDL Preferred	QL 1 UNIT / 90 DAYS ST NOTE Clinical Criteria Apply 90D
DEXCOM G7 RECEIVER DEVICE *continuous blood glucose system receiver*	PDL Preferred	QL 1 UNIT / 365 DAYS ST NOTE Clinical Criteria Apply 90D
DEXCOM G7 SENSOR MISC *continuous glucose system sensor*	PDL Preferred	QL 3 UNITS / 30 DAYS ST NOTE Clinical Criteria Apply 90D
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
DROPLET INSULIN SYRINGE 31G X 1/4" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EASY TOUCH INSULIN BARRELS U-100 1 ML MISC *insulin syringes (disposable)*	Covered	QL 200 UNITS / 30 DAYS
FREESTYLE LIBRE 14 DAY READER DEVICE *continuous blood glucose system receiver*	PDL Non-Preferred	QL 1 UNIT / 365 DAYS ST NOTE Clinical Criteria Apply 90D
FREESTYLE LIBRE 14 DAY SENSOR MISC *continuous glucose system sensor*	PDL Non-Preferred	QL 2 UNITS / 30 DAYS ST NOTE Clinical Criteria Apply 90D
FREESTYLE LIBRE 2 READER DEVICE *continuous blood glucose system receiver*	PDL Preferred	QL 1 UNIT / 365 DAYS ST NOTE Clinical Criteria Apply 90D
FREESTYLE LIBRE 2 SENSOR MISC *continuous blood glucose system sensor*	PDL Preferred	QL 2 UNITS / 30 DAYS ST NOTE Clinical Criteria Apply 90D
FREESTYLE LIBRE 3 PLUS SENSOR MISC *continuous glucose system sensor*	PDL Preferred	QL 2 UNITS / 30 DAYS ST NOTE Clinical Criteria Apply
FREESTYLE LIBRE 3 READER DEVICE *continuous blood glucose system receiver*	PDL Preferred	QL 1 UNIT / 365 DAYS ST NOTE Clinical Criteria Apply 90D
FREESTYLE LIBRE 3 SENSOR MISC *continuous glucose system sensor*	PDL Preferred	QL 2 UNITS / 30 DAYS ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC *insulin infusion disposable pump*	PDL Preferred	90D
OMNIPOD 5 G6 INTRO (GEN 5) KIT *insulin infusion disposable pump*	PDL Preferred	
OMNIPOD 5 G6 PODS (GEN 5) MISC *insulin infusion disposable pump*	PDL Preferred	90D
OMNIPOD 5 G7 INTRO (GEN 5) KIT *insulin infusion disposable pump*	PDL Preferred	
OMNIPOD 5 G7 PODS (GEN 5) MISC *insulin infusion disposable pump*	PDL Preferred	
OMNIPOD CLASSIC PODS (GEN 3) MISC *insulin infusion disposable pump*	PDL Preferred	90D
OMNIPOD DASH INTRO (GEN 4) KIT *insulin infusion disposable pump*	PDL Preferred	
OMNIPOD DASH PODS (GEN 4) MISC *insulin infusion disposable pump*	PDL Preferred	90D
OMNIPOD GO 10 UNIT/24HR KIT *insulin infusion disposable pump*	PDL Preferred	90D
OMNIPOD GO 15 UNIT/24HR KIT *insulin infusion disposable pump*	PDL Preferred	90D
OMNIPOD GO 20 UNIT/24HR KIT *insulin infusion disposable pump*	PDL Preferred	90D
OMNIPOD GO 25 UNIT/24HR KIT *insulin infusion disposable pump*	PDL Preferred	90D
OMNIPOD GO 30 UNIT/24HR KIT *insulin infusion disposable pump*	PDL Preferred	90D
OMNIPOD GO 35 UNIT/24HR KIT *insulin infusion disposable pump*	PDL Preferred	90D
OMNIPOD GO 40 UNIT/24HR KIT *insulin infusion disposable pump*	PDL Preferred	90D
PARENTERAL THERAPY SUPPLIES		
1ST TIER UNIFINE PENTIPS 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
1ST TIER UNIFINE PENTIPS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
1ST TIER UNIFINE PENTIPS 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
1ST TIER UNIFINE PENTIPS 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
1ST TIER UNIFINE PENTIPS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
1ST TIER UNIFINE PENTIPS 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
1ST TIER UNIFINE PENTIPS 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
1ST TIER UNIFINE PENTIPS PLUS 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
1ST TIER UNIFINE PENTIPS PLUS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
1ST TIER UNIFINE PENTIPS PLUS 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
1ST TIER UNIFINE PENTIPS PLUS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
1ST TIER UNIFINE PENTIPS PLUS 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ABOUTTIME PEN NEEDLE 30G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
ABOUTTIME PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
ABOUTTIME PEN NEEDLE 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
ABOUTTIME PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
AQ INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
AQ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
AQINJECT PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
AQINJECT PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
ASSURE ID SAFETY PEN NEEDLES 30G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ASSURE ID SAFETY PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
AUM MINI INSULIN PEN NEEDLE 32G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
AUM MINI INSULIN PEN NEEDLE 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
AUM MINI INSULIN PEN NEEDLE 32G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
AUM MINI INSULIN PEN NEEDLE 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
AUM MINI INSULIN PEN NEEDLE 33G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
AUM MINI INSULIN PEN NEEDLE 33G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
AUM PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
AUM PEN NEEDLE 32G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
AUM PEN NEEDLE 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
AUM PEN NEEDLE 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
AUM PEN NEEDLE 33G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
AUM PEN NEEDLE 33G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
AUM SAFETY PEN NEEDLE 31G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
AUM SAFETY PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
AURORA PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
AURORA PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
AURORA PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
AURORA UNIFINE PENTIPS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
AURORA UNIFINE PENTIPS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
BD AUTOSHIELD 29G X 5MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
BD AUTOSHIELD 29G X 8MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
BD AUTOSHIELD DUO 30G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE 25G X 1" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
BD INSULIN SYRINGE 25G X 5/8" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
BD INSULIN SYRINGE 26G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE 27G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE U-100 1 ML MISC *insulin syringes (disposable)*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD PEN NEEDLE MICRO U/F 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
CAREFINE PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CAREFINE PEN NEEDLES 30G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CAREFINE PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CAREFINE PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CAREFINE PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CAREFINE PEN NEEDLES 32G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CAREFINE PEN NEEDLES 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
CAREONE UNIFINE PENTIPS 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
CAREONE UNIFINE PENTIPS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
CAREONE UNIFINE PENTIPS 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
CAREONE UNIFINE PENTIPS 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
CAREONE UNIFINE PENTIPS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
CAREONE UNIFINE PENTIPS PLUS 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CAREONE UNIFINE PENTIPS PLUS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CAREONE UNIFINE PENTIPS PLUS 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CAREONE UNIFINE PENTIPS PLUS 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CAREONE UNIFINE PENTIPS PLUS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CAREONE UNIFINE PENTIPS PLUS 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
CARETOUCH PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CARETOUCH PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CARETOUCH PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CARETOUCH PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CARETOUCH PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CARETOUCH PEN NEEDLES 32G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CARETOUCH PEN NEEDLES 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
CEQUR SIMPLICITY 2U DEVICE *injection device for insulin*	PDL Preferred	
CEQUR SIMPLICITY INSERTER MISC *injection device for insulin*	PDL Preferred	
CLEVER CHOICE COMFORT EZ 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CLEVER CHOICE COMFORT EZ 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CLICKFINE PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
CLICKFINE PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CLICKFINE PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
CLICKFINE PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ PEN NEEDLES 32G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ PEN NEEDLES 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ PEN NEEDLES 32G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ PEN NEEDLES 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
COMFORT EZ PEN NEEDLES 33G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ PEN NEEDLES 33G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ PEN NEEDLES 33G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
COMFORT TOUCH INSULIN PEN NEED 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT TOUCH INSULIN PEN NEED 33G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
COMFORT TOUCH INSULIN PEN NEED 33G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
DIATHRIVE PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
DIATHRIVE PEN NEEDLE 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
DIATHRIVE PEN NEEDLE 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
DIATHRIVE PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET INSULIN SYRINGE 31G X 1/4" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
DROPLET INSULIN SYRINGE 31G X 1/4" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET MICRON 34G X 3.5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET PEN NEEDLES 29G X 10MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET PEN NEEDLES 30G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
DROPLET PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET PEN NEEDLES 32G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET PEN NEEDLES 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPLET PEN NEEDLES 32G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
DRUG MART UNIFINE PENTIPS 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
DRUG MART UNIFINE PENTIPS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
DRUG MART UNIFINE PENTIPS 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
DRUG MART UNIFINE PENTIPS 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
DRUG MART UNIFINE PENTIPS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY COMFORT PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY COMFORT PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY COMFORT PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY COMFORT PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY COMFORT PEN NEEDLES 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY COMFORT PEN NEEDLES 33G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY COMFORT PEN NEEDLES 33G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY GLIDE PEN NEEDLES 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH PEN NEEDLES 30G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH PEN NEEDLES 30G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH PEN NEEDLES 30G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH PEN NEEDLES 32G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH PEN NEEDLES 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EMBECTA AUTOSHIELD DUO 30G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA INSULIN SYRINGE U-100 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS

DRUG NAME	TIER	DRUG EDITS
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA PEN NEEDLE U/F 29G X 12.7MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA PEN NEEDLE U/F 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA PEN NEEDLE U/F 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
EMBECTA PEN NEEDLE U/F 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
EMBRACE PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EMBRACE PEN NEEDLES 30G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
EMBRACE PEN NEEDLES 30G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EMBRACE PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EMBRACE PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EMBRACE PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EMBRACE PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EQL INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EQL INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EQL INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EQL INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EQL INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EQL INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS

DRUG NAME	TIER	DRUG EDITS
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
EXEL COMFORT POINT PEN NEEDLE 31G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
EXEL COMFORT POINT PEN NEEDLE 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
EXEL COMFORT POINT PEN NEEDLE 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
FIFTY50 PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
FIFTY50 PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
FIFTY50 PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
FIFTY50 PEN NEEDLES 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
FREDS PHARMACY UNIFINE PENTIP+ 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
FREDS PHARMACY UNIFINE PENTIP+ 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
FREESTYLE PRECISION INS SYR 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL EASY GLIDE INSULIN SYR 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL INSULIN SYRINGES 30G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLOBAL INSULIN SYRINGES 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP CLICKFINE PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
GNP CLICKFINE PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP INSULIN SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
GNP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP INSULIN SYRINGES 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS

DRUG NAME	TIER	DRUG EDITS
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
GNP PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
GNP PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
GNP PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
GNP PEN NEEDLES 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
GNP ULTICARE PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP ULTICARE PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP ULTICARE PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP ULTICARE PEN NEEDLES 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP ULTIGUARD SAFEPACK NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP ULTIGUARD SAFEPACK NEEDLE 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
GNP ULTRA COM INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
H-E-B INCONTROL PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
H-E-B INCONTROL PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
H-E-B INCONTROL PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
H-E-B INCONTROL PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
H-E-B INCONTROL UNIFINE PENTIP 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
H-E-B INCONTROL UNIFINE PENTIP 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
H-E-B INCONTROL UNIFINE PENTIP 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
HEALTHWISE PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
INSULIN SYRINGE/NEEDLE 27G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
INSULIN SYRINGE/NEEDLE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
INSULIN SYRINGE/NEEDLE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
INSUPEN PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
INSUPEN PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
INSUPEN PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
INSUPEN PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
INSUPEN PEN NEEDLES 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
INSUPEN SENSITIVE 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
INSUPEN SENSITIVE 32G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
INSUPEN ULTRAFIN 30G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
INSUPEN ULTRAFIN 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
INSUPEN ULTRAFIN 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
KINRAY INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
KINRAY INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
KINRAY INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML MISC *insulin syringes (disposable)*	Covered	QL 200 UNITS / 30 DAYS 90D
KMART VALU INSULIN SYRINGE 29G U-100 1 ML MISC *insulin syringes (disposable)*	Covered	QL 200 UNITS / 30 DAYS 90D
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML MISC *insulin syringes (disposable)*	Covered	QL 200 UNITS / 30 DAYS 90D
KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML MISC *insulin syringes (disposable)*	Covered	QL 200 UNITS / 30 DAYS 90D
KMART VALU INSULIN SYRINGE 30G U-100 1 ML MISC *insulin syringes (disposable)*	Covered	QL 200 UNITS / 30 DAYS 90D
KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
KROGER INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
KROGER INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
KROGER INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
KROGER INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
KROGER INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
KROGER INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
KROGER PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
KROGER PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
KROGER PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
KROGER PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
KROGER PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
KROGER PEN NEEDLES 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
LEADER INSULIN SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LEADER INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LEADER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LEADER INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LEADER INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LEADER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LEADER INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LEADER INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LEADER INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LEADER INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LEADER UNIFINE PENTIPS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
LEADER UNIFINE PENTIPS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
LEADER UNIFINE PENTIPS PLUS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
LITETOUCH PEN NEEDLES 29G X 12.7MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
LITETOUCH PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
LITETOUCH PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
LITETOUCH PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
LITETOUCH PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MARATHON MEDICAL PENTIPS 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MARATHON MEDICAL PENTIPS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MARATHON MEDICAL PENTIPS 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MARATHON MEDICAL PENTIPS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MAXICOMFORT II PEN NEEDLE 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MEDICINE SHOPPE PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MEIJER PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MEIJER PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MEIJER PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MICRODOT PEN NEEDLE 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MICRODOT PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MICRODOT PEN NEEDLE 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MM PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MM PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MM PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MM PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT INSULIN SYRINGE U-100 1 ML MISC *insulin syringes (disposable)*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
MS INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
NOVOFINE PEN NEEDLE 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
NOVOTWIST PEN NEEDLE 32G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
PC UNIFINE PENTIPS 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
PC UNIFINE PENTIPS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PC UNIFINE PENTIPS 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PC UNIFINE PENTIPS 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PEN NEEDLES 30G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PEN NEEDLES 30G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PEN NEEDLES 32G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PEN NEEDLES 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PEN NEEDLES 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PEN NEEDLES 5/16" 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PENTIPS 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PENTIPS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PENTIPS 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PENTIPS 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PENTIPS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PENTIPS 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PENTIPS GENERIC PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PENTIPS GENERIC PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
PENTIPS GENERIC PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PENTIPS GENERIC PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PENTIPS GENERIC PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PREFERRED PLUS UNIFINE PENTIPS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
PREFERRED PLUS UNIFINE PENTIPS 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
PREFERRED PLUS UNIFINE PENTIPS 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
PREFERRED PLUS UNIFINE PENTIPS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PREVENT SAFETY PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
PREVENT SAFETY PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS

DRUG NAME	TIER	DRUG EDITS
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
PRO COMFORT PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PRO COMFORT PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PRO COMFORT PEN NEEDLES 32G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PRO COMFORT PEN NEEDLES 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
PURE COMFORT PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PURE COMFORT PEN NEEDLE 32G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
PURE COMFORT PEN NEEDLE 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PURE COMFORT PEN NEEDLE 32G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PX EXTRA SHORT PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
PX MINI PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PX PEN NEEDLE 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PX PEN NEEDLE 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
QC PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
QC PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
QC PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
QC UNIFINE PENTIPS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
RA INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
RA INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
RA INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
RA INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
RA PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
RA PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
RAYA SURE PEN NEEDLE 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
RAYA SURE PEN NEEDLE 31G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
RAYA SURE PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
RAYA SURE PEN NEEDLE 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
RAYA SURE PEN NEEDLE 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
REALITY INSULIN SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
REALITY INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
RELION INSULIN SYRINGE 31G X 15/64" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
RELION INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
RELION INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
RELION INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
RELION MINI PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
RELION PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
RELION PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
RELION PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
RELION PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
RELION SHORT PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
SAFETY INSULIN SYRINGES 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
SAFETY PEN NEEDLES 30G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
SAFETY PEN NEEDLES 30G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SB INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
SB INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SB INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SB INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
SHOPKO UNIFINE PENTIPS 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
SHOPKO UNIFINE PENTIPS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
SHOPKO UNIFINE PENTIPS 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
SHOPKO UNIFINE PENTIPS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
SHOPKO UNIFINE PENTIPS PLUS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
SHOPKO UNIFINE PENTIPS PLUS 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
SHOPKO UNIFINE PENTIPS PLUS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
SURE COMFORT PEN NEEDLES 29G X 12.7MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT PEN NEEDLES 30G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE COMFORT PEN NEEDLES 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
SURE-FINE PEN NEEDLES 29G X 12.7MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
SURE-FINE PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
SURE-FINE PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
SURE-JECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
SURE-JECT INSULIN SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
SURE-JECT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
SURE-JECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
SURE-JECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
SURE-JECT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS

DRUG NAME	TIER	DRUG EDITS
SURE-JECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
SURE-JECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
SURE-JECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
TECHLITE INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
TECHLITE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
TECHLITE INSULIN SYRINGE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TECHLITE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
TECHLITE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
TECHLITE INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TECHLITE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TECHLITE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TECHLITE INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TECHLITE PEN NEEDLES 29G X 10MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
TECHLITE PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
TECHLITE PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
TECHLITE PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
TECHLITE PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TECHLITE PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
TECHLITE PEN NEEDLES 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TECHLITE PEN NEEDLES 32G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
TODAYS HEALTH PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
TRUE COMFORT PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT PEN NEEDLES 32G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT PEN NEEDLES 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT PEN NEEDLES 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT PEN NEEDLES 33G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT PEN NEEDLES 33G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
TRUE COMFORT SAFETY PEN NEEDLE 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
TRUE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUEPLUS PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUEPLUS PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUEPLUS PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
TRUEPLUS PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
TRUEPLUS PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE MICRO PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE MICRO PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE MICRO PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE MINI PEN NEEDLES 30G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE MINI PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE MINI PEN NEEDLES 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE PEN NEEDLES 29G X 12.7MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTICARE SHORT PEN NEEDLES 30G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTILET INSULIN SYRINGE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS

DRUG NAME	TIER	DRUG EDITS
ULTILET INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTILET INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTILET INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTILET INSULIN SYRINGE 31G X 1/4" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTILET INSULIN SYRINGE 31G X 1/4" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTILET INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTILET INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTILET INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTILET INSULIN SYRINGE SHORT 30G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS

DRUG NAME	TIER	DRUG EDITS
ULTILET PEN NEEDLE 29G X 12.7MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
ULTILET PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
ULTILET PEN NEEDLE 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
ULTILET PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS

DRUG NAME	TIER	DRUG EDITS
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTRA THIN PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRACARE INSULIN SYRINGE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRACARE PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
ULTRACARE PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRACARE PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRACARE PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRACARE PEN NEEDLES 32G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRACARE PEN NEEDLES 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ULTRACARE PEN NEEDLES 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE OTC PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
UNIFINE OTC PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
UNIFINE PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
UNIFINE PENTIPS 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE PENTIPS 30G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE PENTIPS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE PENTIPS 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE PENTIPS 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE PENTIPS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE PENTIPS 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
UNIFINE PENTIPS 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE PENTIPS PLUS 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE PENTIPS PLUS 30G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE PENTIPS PLUS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE PENTIPS PLUS 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE PENTIPS PLUS 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE PENTIPS PLUS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE PENTIPS PLUS 33G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
VALUMARK PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
VALUMARK PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
VALUMARK PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
VANISHPOINT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
VERIFINE INSULIN PEN NEEDLE 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
VERIFINE INSULIN PEN NEEDLE 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
VERIFINE INSULIN PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
VERIFINE PLUS PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
VERIFINE PLUS PEN NEEDLE 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
VERIFINE PLUS PEN NEEDLE 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
VIDA MIA UNIFINE PENTIPS 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
VIDA MIA UNIFINE PENTIPS 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
VIDA MIA UNIFINE PENTIPS 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
VIDA MIA UNIFINE PENTIPS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
WEGMANS UNIFINE PENTIPS PLUS 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
WEGMANS UNIFINE PENTIPS PLUS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ZEVRX INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ZEVRX INSULIN SYRINGE 30G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ZEVRX INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ZEVRX INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS 90D
ZEVRX PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ZEVRX PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
ZEVRX PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D

DRUG NAME	TIER	DRUG EDITS
ZEVRX PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS 90D
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG 140 MG/ML SOLN A-INJ *erenumab-aooe*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
AIMOVIG 70 MG/ML SOLN A-INJ *erenumab-aooe*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
AJOVY 225 MG/1.5ML SOLN A-INJ *fremanezumab-vfrm*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
AJOVY 225 MG/1.5ML SOLN PRSYR *fremanezumab-vfrm*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
EMGALITY 120 MG/ML SOLN A-INJ *galcanezumab-gnlm*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
EMGALITY 120 MG/ML SOLN PRSYR *galcanezumab-gnlm*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR *galcanezumab-gnlm*	PDL Preferred	ST NOTE Clinical Criteria Apply
NURTEC 75 MG TAB DISP *rimegepant sulfate*	PDL Preferred	ST NOTE Clinical Criteria Apply
QULIPTA 10 MG TAB *atogepant*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
QULIPTA 30 MG TAB *atogepant*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
QULIPTA 60 MG TAB *atogepant*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
UBRELVY 100 MG TAB *ubrogepant*	PDL Preferred	QL 10 UNITS / 30 DAYS ST NOTE Quanity limit of 6 fills per 12 months NOTE Clinical Criteria Apply
UBRELVY 50 MG TAB *ubrogepant*	PDL Preferred	QL 10 UNITS / 30 DAYS ST NOTE Quanity limit of 6 fills per 12 months NOTE Clinical Criteria Apply
VYEPTI 100 MG/ML SOLUTION *eptinezumab-jjmr*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
ZAVZPRET 10 MG/ACT SOLUTION *zavegepant hcl*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply
MIGRAINE COMBINATIONS		
MIGERGOT 2-100 MG SUPPOS *ergotamine w/ caffeine*	Covered	
sumatriptan-naproxen sodium 85-500 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
MIGRAINE PRODUCTS		
dihydroergotamine mesylate 1 mg/ml solution	Covered	
dihydroergotamine mesylate 4 mg/ml solution	Covered	
MIGRANAL 4 MG/ML SOLUTION *dihydroergotamine mesylate*	Covered	
MIGRAINE PRODUCTS - NSAIDS		
diclofenac potassium(migraine) 50 mg packet	PDL Non-Preferred	ST NOTE Trial and failure of 2 preferred NSAIDs, in addition to trial and failure of 2 preferred triptans in the Antimigraine Agents class required for coverage

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
ELYXYB 120 MG/4.8ML SOLUTION *celecoxib (migraine)*	PDL Non-Preferred	ST NOTE Trial and failure of 2 preferred NSAIDs, in addition to trial and failure of 2 preferred triptans in the Antimigraine Agents class required for coverage
SEROTONIN AGONISTS		
almotriptan malate 12.5 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
almotriptan malate 6.25 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
eletriptan hydrobromide 20 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
eletriptan hydrobromide 40 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
FROVA 2.5 MG TAB *frovatriptan succinate*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
frovatriptan succinate 2.5 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
IMITREX 100 MG TAB *sumatriptan succinate*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
IMITREX 20 MG/ACT SOLUTION *sumatriptan*	Covered	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
IMITREX 25 MG TAB *sumatriptan succinate*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply

DRUG NAME	TIER	DRUG EDITS
IMITREX 5 MG/ACT SOLUTION *sumatriptan*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
IMITREX 50 MG TAB *sumatriptan succinate*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
IMITREX STATDOSE REFILL 4 MG/0.5ML SOLN CART *sumatriptan succinate*	PDL Non-Preferred	QL 6 UNITS / 30 DAYS ST NOTE Quantity limits apply
IMITREX STATDOSE REFILL 6 MG/0.5ML SOLN CART *sumatriptan succinate*	PDL Non-Preferred	QL 6 UNITS / 30 DAYS ST NOTE Quantity limits apply
IMITREX STATDOSE SYSTEM 4 MG/0.5ML SOLN A-INJ *sumatriptan succinate*	PDL Non-Preferred	QL 6 UNITS / 30 DAYS ST NOTE Quantity limits apply
IMITREX STATDOSE SYSTEM 6 MG/0.5ML SOLN A-INJ *sumatriptan succinate*	PDL Non-Preferred	QL 6 UNITS / 30 DAYS ST NOTE Quantity limits apply
MAXALT 10 MG TAB *rizatriptan benzoate*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
MAXALT-MLT 10 MG TAB DISP *rizatriptan benzoate*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
naratriptan hcl 1 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
naratriptan hcl 2.5 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
RELPAX 20 MG TAB *eletriptan hydrobromide*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply

DRUG NAME	TIER	DRUG EDITS
RELPAX 40 MG TAB *eletriptan hydrobromide*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
REYVOW 100 MG TAB *lasmiditan succinate*	PDL Non-Preferred	ST
REYVOW 50 MG TAB *lasmiditan succinate*	PDL Non-Preferred	ST
rizatriptan benzoate 10 mg tab	PDL Preferred	QL 12 UNITS / 30 DAYS ST NOTE Prior Authorization only required for quantities above 12 units per month NOTE Quantity limits apply
rizatriptan benzoate 10 mg tab disp	PDL Preferred	QL 12 UNITS / 30 DAYS ST NOTE Prior Authorization only required for quantities above 12 units per month NOTE Quantity limits apply
rizatriptan benzoate 5 mg tab	PDL Preferred	QL 12 UNITS / 30 DAYS ST NOTE Prior Authorization only required for quantities above 12 units per month NOTE Quantity limits apply
rizatriptan benzoate 5 mg tab disp	PDL Preferred	QL 12 UNITS / 30 DAYS ST NOTE Prior Authorization only required for quantities above 12 units per month NOTE Quantity limits apply
sumatriptan 20 mg/act solution	PDL Preferred	QL 12 UNITS / 30 DAYS ST NOTE Prior Authorization only required for quantities above 12 units per month NOTE Quantity limits apply

DRUG NAME	TIER	DRUG EDITS
sumatriptan 5 mg/act solution	PDL Preferred	QL 12 UNITS / 30 DAYS ST NOTE Prior Authorization only required for quantities above 12 units per month NOTE Quantity limits apply
sumatriptan succinate 100 mg tab	PDL Preferred	QL 12 UNITS / 30 DAYS ST NOTE Prior Authorization only required for quantities above 12 units per month NOTE Quantity limits apply
sumatriptan succinate 25 mg tab	PDL Preferred	QL 12 UNITS / 30 DAYS ST NOTE Prior Authorization only required for quantities above 12 units per month NOTE Quantity limits apply
sumatriptan succinate 4 mg/0.5ml soln a-inj	PDL Non-Preferred	QL 6 UNITS / 30 DAYS ST NOTE Quantity limits apply
sumatriptan succinate 50 mg tab	PDL Preferred	QL 12 UNITS / 30 DAYS ST NOTE Prior Authorization only required for quantities above 12 units per month NOTE Quantity limits apply
sumatriptan succinate 6 mg/0.5ml soln a-inj	PDL Non-Preferred	QL 6 UNITS / 30 DAYS ST NOTE Quantity limits apply
sumatriptan succinate 6 mg/0.5ml solution	PDL Preferred	QL 6 UNITS / 30 DAYS ST NOTE Prior Authorization only required for quantities above 12 units per month NOTE Quantity limits apply

DRUG NAME	TIER	DRUG EDITS
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART *sumatriptan succinate*	PDL Non-Preferred	QL 6 UNITS / 30 DAYS ST NOTE Quantity limits apply
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART *sumatriptan succinate*	PDL Non-Preferred	QL 6 UNITS / 30 DAYS ST NOTE Quantity limits apply
TOSYMRA 10 MG/ACT SOLUTION *sumatriptan*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
ZEMBRACE SYMTOUCH 3 MG/0.5ML SOLN A-INJ *sumatriptan succinate*	PDL Non-Preferred	QL 6 UNITS / 30 DAYS ST NOTE Quantity limits apply
ZOLMITRIPTAN 2.5 MG SOLUTION *zolmitriptan*	Covered	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
zolmitriptan 2.5 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
zolmitriptan 2.5 mg tab disp	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
zolmitriptan 5 mg solution	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
zolmitriptan 5 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
zolmitriptan 5 mg tab disp	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
ZOMIG 2.5 MG TAB *zolmitriptan*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply

DRUG NAME	TIER	DRUG EDITS
ZOMIG 5 MG SOLUTION *zolmitriptan*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
ZOMIG 5 MG TAB *zolmitriptan*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
zomig 5 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
ZOMIG ZMT 2.5 MG TAB DISP *zolmitriptan*	Covered	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
ZOMIG ZMT 5 MG TAB DISP *zolmitriptan*	Covered	QL 12 UNITS / 30 DAYS ST NOTE Quantity limits apply
MINERALS ELECTROLYTES		
BICARBONATES		
SODIUM ACETATE 2 MEQ/ML SOLUTION *sodium acetate*	Covered	
sodium acetate 2 meq/ml solution	Covered	
sodium acetate 4 meq/ml solution	Covered	
sodium bicarbonate 4.2 % solution	Covered	
SODIUM BICARBONATE 7.5 % SOLUTION *sodium bicarbonate*	Covered	
sodium bicarbonate 8.4 % solution	Covered	
THAM 30 MEQ/100ML SOLUTION *tromethamine*	Covered	
CALCIUM		
calcium chloride 10 % solution	Covered	
CALCIUM GLUCONATE 10 % SOLUTION *calcium gluconate*	Covered	
calcium gluconate 10 % solution	Covered	
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% SOLUTION *calcium gluconate-sodium chloride*	Covered	

DRUG NAME	TIER	DRUG EDITS
calcium gluconate-nacl 1-0.675 gm/50ml-% solution	Covered	
CALCIUM GLUCONATE-NACL 1-0.8 GM/100ML-% SOLUTION *calcium gluconate-sodium chloride*	Covered	
CALCIUM GLUCONATE-NACL 2-0.675 GM/100ML-% SOLUTION *calcium gluconate-sodium chloride*	Covered	
calcium gluconate-nacl 2-0.675 gm/100ml-% solution	Covered	
CALCIUM-FOLIC ACID PLUS D 1342-1 MG WAFER *calcium carbonate-folic acid-vit d-b6-b12-boron-magnesium*	Covered	
LIQUICAL PLUS 84-24-0.7-10 MG-MCG/5ML LIQUID *calcium-magnesium-zinc-cholecalciferol*	Covered	
MAGNEBIND 400 80-115 MG TAB *calcium carbonate-magnesium carbonate*	PDL Non-Preferred	ST
ELECTROLYTE MIXTURES		
DEXTROSE 5%/ELECTROLYTE #48 SOLUTION *electrolyte-48 in dextrose*	Covered	
dextrose in lactated ringers 5 % solution	Covered	
DEXTROSE-SODIUM CHLORIDE 10-0.2 % SOLUTION *dextrose w/ sodium chloride*	Covered	
DEXTROSE-SODIUM CHLORIDE 10-0.45 % SOLUTION *dextrose w/ sodium chloride*	Covered	
DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION *dextrose w/ sodium chloride*	Covered	
dextrose-sodium chloride 2.5-0.45 % solution	Covered	
DEXTROSE-SODIUM CHLORIDE 5-0.2 % SOLUTION *dextrose w/ sodium chloride*	Covered	
DEXTROSE-SODIUM CHLORIDE 5-0.225 % SOLUTION *dextrose w/ sodium chloride*	Covered	
dextrose-sodium chloride 5-0.225 % solution	Covered	
DEXTROSE-SODIUM CHLORIDE 5-0.3 % SOLUTION *dextrose w/ sodium chloride*	Covered	
dextrose-sodium chloride 5-0.3 % solution	Covered	

DRUG NAME	TIER	DRUG EDITS
DEXTROSE-SODIUM CHLORIDE 5-0.33 % SOLUTION *dextrose w/ sodium chloride*	Covered	
DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION *dextrose w/ sodium chloride*	Covered	
dextrose-sodium chloride 5-0.45 % solution	Covered	
DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION *dextrose w/ sodium chloride*	Covered	
dextrose-sodium chloride 5-0.9 % solution	Covered	
IONOSOL-MB IN D5W SOLUTION *electrolyte-mb in dextrose*	Covered	
ISOLYTE-P IN D5W SOLUTION *electrolyte-p in dextrose*	Covered	
ISOLYTE-S SOLUTION *electrolyte-s*	Covered	
ISOLYTE-S PH 7.4 SOLUTION *electrolyte-s (ph 7.4)*	Covered	
KCL (0.149%) IN NACL 20-0.45 MEQ/L-% SOLUTION *potassium chloride in nacl*	Covered	
KCL (0.149%) IN NACL 20-0.9 MEQ/L-% SOLUTION *potassium chloride in nacl*	Covered	
KCL (0.298%) IN NACL 40-0.9 MEQ/L-% SOLUTION *potassium chloride in nacl*	Covered	
kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution	Covered	
kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution	Covered	
KCL IN DEXTROSE-NACL 20-5-0.225 MEQ/L-%-% SOLUTION *potassium chloride in dextrose & sodium chloride*	Covered	
kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution	Covered	
kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution	Covered	
kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution	Covered	
kcl in dextrose-nacl 30-5-0.45 meq/l-%-% solution	Covered	
kcl in dextrose-nacl 40-5-0.45 meq/l-%-% solution	Covered	
KCL IN DEXTROSE-NACL 40-5-0.9 MEQ/L-%-% SOLUTION *potassium chloride in dextrose & sodium chloride*	Covered	
kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution	Covered	

DRUG NAME	TIER	DRUG EDITS
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION *potassium chloride in d5w lactated ringers*	Covered	
LACTATED RINGERS SOLUTION *lactated ringer's*	Covered	
lactated ringers solution	Covered	
MULTIPLE ELECTRO TYPE 1 PH 5.5 SOLUTION *electrolyte-148*	Covered	
multiple electro type 1 ph 7.4 solution	Covered	
NORMOSOL-M IN D5W SOLUTION *electrolyte-m in dextrose*	Covered	
NORMOSOL-R SOLUTION *electrolyte-r*	Covered	
NORMOSOL-R IN D5W SOLUTION *electrolyte-r in dextrose*	Covered	
NORMOSOL-R PH 7.4 SOLUTION *electrolyte-r (ph 7.4)*	Covered	
PLASMA-LYTE A SOLUTION *electrolyte-a*	Covered	
POTASSIUM CHLORIDE IN DEXTROSE 10-5 MEQ/L-% SOLUTION *potassium chloride in dextrose*	Covered	
potassium chloride in dextrose 20-5 meq/l-% solution	Covered	
POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION *potassium chloride in nacl*	Covered	
potassium chloride in nacl 20-0.45 meq/l-% solution	Covered	
POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION *potassium chloride in nacl*	Covered	
potassium chloride in nacl 20-0.9 meq/l-% solution	Covered	
POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION *potassium chloride in nacl*	Covered	
potassium chloride in nacl 40-0.9 meq/l-% solution	Covered	
ringers solution	Covered	
TPN ELECTROLYTES CONC *parenteral electrolytes*	Covered	

DRUG NAME	TIER	DRUG EDITS
FLUORIDE		
FLORIVA 0.25-400 MG-UNIT/ML LIQUID *sodium fluoride-vitamin d*	Covered	
sodium fluoride 0.55 (0.25 f) mg chew tab	Covered	90D
sodium fluoride 1.1 (0.5 f) mg chew tab	Covered	90D
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION *sodium fluoride*	Covered	90D
sodium fluoride 2.2 (1 f) mg chew tab	Covered	90D
MAGNESIUM		
MAGNESIUM CHLORIDE 200 MG/ML SOLUTION *magnesium chloride*	Covered	
MAGNESIUM SULFATE 2 GM/50ML SOLUTION *magnesium sulfate*	Covered	
magnesium sulfate 2 gm/50ml solution	Covered	
MAGNESIUM SULFATE 20 GM/500ML SOLUTION *magnesium sulfate*	Covered	
magnesium sulfate 20 gm/500ml solution	Covered	
MAGNESIUM SULFATE 4 GM/100ML SOLUTION *magnesium sulfate*	Covered	
magnesium sulfate 4 gm/100ml solution	Covered	
MAGNESIUM SULFATE 4 GM/50ML SOLUTION *magnesium sulfate*	Covered	
magnesium sulfate 4 gm/50ml solution	Covered	
MAGNESIUM SULFATE 40 GM/1000ML SOLUTION *magnesium sulfate*	Covered	
magnesium sulfate 40 gm/1000ml solution	Covered	
magnesium sulfate 50 % solution	Covered	
MAGNESIUM SULFATE IN D5W 1-5 GM/100ML-% SOLUTION *magnesium sulfate in dextrose*	Covered	
magnesium sulfate in d5w 1-5 gm/100ml-% solution	Covered	
MANGANESE		
MANGANESE CHLORIDE 0.1 MG/ML SOLUTION *manganese chloride*	Covered	

DRUG NAME	TIER	DRUG EDITS
PHOSPHATE		
K-PHOS 500 MG TAB *potassium phosphate monobasic*	Covered	
K-PHOS-NEUTRAL 155-852-130 MG TAB *pot phosphate monobasic w/ sod phosphate dibasic & monobasic*	Covered	
phospha 250 neutral 155-852-130 mg tab	Covered	
POTASSIUM PHOSPHATES 15 MMOLE/5ML SOLUTION *potassium phosphates*	Covered	
potassium phosphates 15 mmole/5ml solution	Covered	
POTASSIUM PHOSPHATES 150 MMOLE/50ML SOLUTION *potassium phosphates*	Covered	
potassium phosphates 150 mmole/50ml solution	Covered	
potassium phosphates 45 mmole/15ml solution	Covered	
POTASSIUM PHOSPHATES(66 MEQ K) 45 MMOLE/15ML SOLUTION *potassium phosphates*	Covered	
potassium phosphates(66 meq k) 45 mmole/15ml solution	Covered	
POTASSIUM PHOSPHATES(71 MEQ K) 45 MMOLE/15ML SOLUTION *potassium phosphates*	Covered	
sodium phosphates 15 mmole/5ml solution	Covered	
sodium phosphates 150 mmole/50ml solution	Covered	
sodium phosphates 45 mmole/15ml solution	Covered	
POTASSIUM		
EFFER-K 10 MEQ EFFER TAB *potassium bicarbonate-citric acid*	Covered	90D
EFFER-K 20 MEQ EFFER TAB *potassium bicarbonate-citric acid*	Covered	90D
effer-k 25 meq effer tab	Covered	90D
K-TAB 20 MEQ TAB ER *potassium chloride*	Covered	90D
klor-con 20 meq packet	Covered	90D
klor-con 8 meq tab er	Covered	90D

DRUG NAME	TIER	DRUG EDITS
klor-con 10 10 meq tab er	Covered	90D
klor-con m10 10 meq tab er	Covered	90D
klor-con m15 15 meq tab er	Covered	90D
klor-con m20 20 meq tab er	Covered	90D
klor-con/ef 25 meq effer tab	Covered	90D
POKONZA 10 MEQ PACKET *potassium chloride*	Covered	90D
POTASSIUM ACETATE 2 MEQ/ML SOLUTION *potassium acetate*	Covered	
potassium acetate 2 meq/ml solution	Covered	
potassium chloride 10 % solution	Covered	90D
POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION *potassium chloride*	Covered	
potassium chloride 10 meq/100ml solution	Covered	
POTASSIUM CHLORIDE 10 MEQ/50ML SOLUTION *potassium chloride*	Covered	
potassium chloride 10 meq/50ml solution	Covered	
potassium chloride 2 meq/ml solution	Covered	
potassium chloride 20 meq packet	Covered	90D
POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION *potassium chloride*	Covered	
potassium chloride 20 meq/100ml solution	Covered	
potassium chloride 20 meq/15ml (10%) solution	Covered	90D
POTASSIUM CHLORIDE 20 MEQ/50ML SOLUTION *potassium chloride*	Covered	
potassium chloride 20 meq/50ml solution	Covered	
POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION *potassium chloride*	Covered	
potassium chloride 40 meq/100ml solution	Covered	
potassium chloride 40 meq/15ml (20%) solution	Covered	90D
potassium chloride crys er 10 meq tab er	Covered	90D
potassium chloride crys er 15 meq tab er	Covered	90D
potassium chloride crys er 20 meq tab er	Covered	90D

DRUG NAME	TIER	DRUG EDITS
potassium chloride er 10 meq cap er	Covered	90D
potassium chloride er 10 meq tab er	Covered	90D
potassium chloride er 20 meq tab er	Covered	90D
potassium chloride er 8 meq cap er	Covered	90D
potassium chloride er 8 meq tab er	Covered	90D
SODIUM		
sodium chloride 0.45 % solution	Covered	
sodium chloride 0.9 % solution	Covered	
sodium chloride 2.5 meq/ml solution	Covered	
sodium chloride 3 % solution	Covered	
sodium chloride 4 meq/ml solution	Covered	
sodium chloride 5 % solution	Covered	
sodium chloride (pf) 0.9 % solution	Covered	
TRACE MINERALS		
CHROMIC CHLORIDE 40 MCG/10ML SOLUTION *chromic chloride*	Covered	
CUPRIC CHLORIDE 0.4 MG/ML SOLUTION *cupric chloride*	Covered	
cupric chloride 0.4 mg/ml solution	Covered	
MULTRYS 60-3-6-1000 MCG/ML SOLUTION *trace minerals (cu-mn-se-zn)*	Covered	
SELENIOUS ACID 12 MCG/2ML SOLUTION *selenious acid*	Covered	
selenious acid 40 mcg/ml solution	Covered	
SELENIOUS ACID 60 MCG/ML SOLUTION *selenious acid*	Covered	
TRALEMENT 300-55-60-3000 MCG/ML SOLUTION *trace minerals (cu-mn-se-zn)*	Covered	
ZINC		
GALZIN 25 MG CAP *zinc acetate (oral)*	Covered	
GALZIN 50 MG CAP *zinc acetate (oral)*	Covered	

DRUG NAME	TIER	DRUG EDITS
ZINC CHLORIDE 1 MG/ML SOLUTION *zinc chloride*	Covered	
zinc chloride 1 mg/ml solution	Covered	
ZINC SULFATE 1 MG/ML SOLUTION *zinc sulfate*	Covered	
zinc sulfate 1 mg/ml solution	Covered	
ZINC SULFATE 3 MG/ML SOLUTION *zinc sulfate*	Covered	
zinc sulfate 3 mg/ml solution	Covered	
ZINC SULFATE 5 MG/ML SOLUTION *zinc sulfate*	Covered	
zinc sulfate 5 mg/ml solution	Covered	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
CUPRIMINE 250 MG CAP *penicillamine*	Covered	90D
CUVRIOR 300 MG TAB *trientine tetrahydrochloride*	Covered	90D
DEPEN TITRATABS 250 MG TAB *penicillamine*	Covered	90D
penicillamine 250 mg cap	Covered	90D
penicillamine 250 mg tab	Covered	90D
SYPRINE 250 MG CAP *trientine hcl*	Covered	90D
trientine hcl 250 mg cap	Covered	90D
TRIENTINE HCL 500 MG CAP *trientine hcl*	Covered	90D
ENZYMES		
AMPHADASE 150 UNIT/ML SOLUTION *hyaluronidase bovine*	Covered	
HYLENEX 150 UNIT/ML SOLUTION *hyaluronidase human*	Covered	
VITRASE 200 UNIT/ML SOLUTION *hyaluronidase ovine*	Covered	
XIAFLEX 0.9 MG RECON SOLN *collagenase clostridium histolyticum*	Covered	

DRUG NAME	TIER	DRUG EDITS
IMMUNOMODULATORS		
JOENJA 70 MG TAB *leniolisib phosphate*	Covered	90D
lenalidomide 10 mg cap	Covered	90D
lenalidomide 15 mg cap	Covered	90D
lenalidomide 2.5 mg cap	Covered	90D
lenalidomide 20 mg cap	Covered	90D
lenalidomide 25 mg cap	Covered	90D
lenalidomide 5 mg cap	Covered	90D
REVLIMID 10 MG CAP *lenalidomide*	Covered	90D
REVLIMID 15 MG CAP *lenalidomide*	Covered	90D
REVLIMID 2.5 MG CAP *lenalidomide*	Covered	90D
REVLIMID 20 MG CAP *lenalidomide*	Covered	90D
REVLIMID 25 MG CAP *lenalidomide*	Covered	90D
REVLIMID 5 MG CAP *lenalidomide*	Covered	90D
REZUROCK 200 MG TAB *belumosudil mesylate*	PDL Preferred	90D
RYSTIGGO 280 MG/2ML SOLUTION *rozanolixizumab-noli*	Covered	90D
RYSTIGGO 420 MG/3ML SOLUTION *rozanolixizumab-noli*	Covered	
RYSTIGGO 560 MG/4ML SOLUTION *rozanolixizumab-noli*	Covered	
RYSTIGGO 840 MG/6ML SOLUTION *rozanolixizumab-noli*	Covered	
THALOMID 100 MG CAP *thalidomide*	Covered	90D
THALOMID 150 MG CAP *thalidomide*	Covered	
THALOMID 200 MG CAP *thalidomide*	Covered	

DRUG NAME	TIER	DRUG EDITS
THALOMID 50 MG CAP *thalidomide*	Covered	90D
VYVGART 400 MG/20ML SOLUTION *efgartigimod alfa-fcab*	Covered	90D
VYVGART HYTRULO 180-2000 MG-UNIT/ML SOLUTION *efgartigimod alfa and hyaluronidase-qvfc*	Covered	90D
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL 0.5 MG CAP ER 24H *tacrolimus*	PDL Preferred	90D
ASTAGRAF XL 1 MG CAP ER 24H *tacrolimus*	PDL Preferred	90D
ASTAGRAF XL 5 MG CAP ER 24H *tacrolimus*	PDL Preferred	90D
ATGAM 50 MG/ML SOLUTION *lymphocyte immune globulin,anti-thymocyte globulin (equine)*	Covered	
azasan 100 mg tab	PDL Preferred	90D
azasan 75 mg tab	PDL Preferred	90D
azathioprine 100 mg tab	PDL Preferred	90D
azathioprine 50 mg tab	PDL Preferred	90D
azathioprine 75 mg tab	PDL Preferred	90D
AZATHIOPRINE SODIUM 100 MG RECON SOLN *azathioprine sodium*	Covered	
CELLCEPT 200 MG/ML RECON SUSP *mycophenolate mofetil*	PDL Preferred	90D
CELLCEPT 250 MG CAP *mycophenolate mofetil*	PDL Preferred	90D
CELLCEPT 500 MG TAB *mycophenolate mofetil*	PDL Preferred	90D
CELLCEPT INTRAVENOUS 500 MG RECON SOLN *mycophenolate mofetil hcl*	Covered	
cyclosporine 100 mg cap	PDL Preferred	90D
cyclosporine 25 mg cap	PDL Preferred	90D
cyclosporine 50 mg/ml solution	Covered	
cyclosporine modified 100 mg cap	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
cyclosporine modified 100 mg/ml solution	PDL Preferred	90D
cyclosporine modified 25 mg cap	PDL Preferred	90D
cyclosporine modified 50 mg cap	PDL Preferred	90D
ENSPRYNG 120 MG/ML SOLN PRSYR *satralizumab-mwge*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ENVARSUS XR 0.75 MG TAB ER 24H *tacrolimus*	PDL Preferred	90D
ENVARSUS XR 1 MG TAB ER 24H *tacrolimus*	PDL Preferred	90D
ENVARSUS XR 4 MG TAB ER 24H *tacrolimus*	PDL Preferred	90D
everolimus 0.25 mg tab	PDL Preferred	90D
everolimus 0.5 mg tab	PDL Preferred	90D
everolimus 0.75 mg tab	PDL Preferred	90D
everolimus 1 mg tab	PDL Preferred	90D
GAMIFANT 10 MG/2ML SOLUTION *emapalumab-lzsg*	Covered	90D
GAMIFANT 100 MG/20ML SOLUTION *emapalumab-lzsg*	Covered	90D
GAMIFANT 50 MG/10ML SOLUTION *emapalumab-lzsg*	Covered	90D
gengraf 100 mg cap	PDL Preferred	90D
gengraf 100 mg/ml solution	PDL Preferred	90D
gengraf 25 mg cap	PDL Preferred	90D
IMURAN 50 MG TAB *azathioprine*	PDL Preferred	90D
LUPKYNIS 7.9 MG CAP *voclosporin*	Covered	ST 90D
mycophenolate mofetil 200 mg/ml recon susp	PDL Preferred	90D
mycophenolate mofetil 250 mg cap	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
mycophenolate mofetil 500 mg recon soln	Covered	
mycophenolate mofetil 500 mg tab	PDL Preferred	90D
mycophenolate mofetil hcl 500 mg recon soln	Covered	
mycophenolate sodium 180 mg tab dr	PDL Preferred	90D
mycophenolate sodium 360 mg tab dr	PDL Preferred	90D
mycophenolic acid 180 mg tab dr	PDL Preferred	90D
mycophenolic acid 360 mg tab dr	PDL Preferred	90D
MYFORTIC 180 MG TAB DR *mycophenolate sodium*	PDL Preferred	90D
MYFORTIC 360 MG TAB DR *mycophenolate sodium*	PDL Preferred	90D
MYHIBBIN 200 MG/ML SUSPENSION *mycophenolate mofetil*	PDL Preferred	90D
NEORAL 100 MG CAP *cyclosporine modified (for microemulsion)*	PDL Preferred	90D
NEORAL 100 MG/ML SOLUTION *cyclosporine modified (for microemulsion)*	PDL Preferred	90D
NEORAL 25 MG CAP *cyclosporine modified (for microemulsion)*	PDL Preferred	90D
NULOJIX 250 MG RECON SOLN *belatacept*	Covered	90D
PROGRAF 0.2 MG PACKET *tacrolimus*	PDL Preferred	90D
PROGRAF 0.5 MG CAP *tacrolimus*	PDL Preferred	90D
PROGRAF 1 MG CAP *tacrolimus*	PDL Preferred	90D
PROGRAF 1 MG PACKET *tacrolimus*	PDL Preferred	90D
PROGRAF 5 MG CAP *tacrolimus*	PDL Preferred	90D
PROGRAF 5 MG/ML SOLUTION *tacrolimus*	Covered	
RAPAMUNE 0.5 MG TAB *sirolimus*	PDL Preferred	90D
RAPAMUNE 1 MG TAB *sirolimus*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
RAPAMUNE 1 MG/ML SOLUTION *sirolimus*	PDL Preferred	90D
RAPAMUNE 2 MG TAB *sirolimus*	PDL Preferred	90D
SANDIMMUNE 100 MG CAP *cyclosporine*	PDL Preferred	90D
SANDIMMUNE 100 MG/ML SOLUTION *cyclosporine*	PDL Preferred	90D
SANDIMMUNE 25 MG CAP *cyclosporine*	PDL Preferred	90D
SANDIMMUNE 50 MG/ML SOLUTION *cyclosporine*	Covered	
SIMULECT 10 MG RECON SOLN *basiliximab*	Covered	
SIMULECT 20 MG RECON SOLN *basiliximab*	Covered	
sirolimus 0.5 mg tab	PDL Preferred	90D
sirolimus 1 mg tab	PDL Preferred	90D
sirolimus 1 mg/ml solution	PDL Preferred	90D
sirolimus 2 mg tab	PDL Preferred	90D
tacrolimus 0.5 mg cap	PDL Preferred	90D
tacrolimus 1 mg cap	PDL Preferred	90D
tacrolimus 5 mg cap	PDL Preferred	90D
THYMOGLOBULIN 25 MG RECON SOLN *anti-thymocyte globulin (rabbit), lymphocyte immune globulin*	Covered	
UPLIZNA 100 MG/10ML SOLUTION *inebilizumab-cdon*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug required 90D
ZORTRESS 0.25 MG TAB *everolimus (immunosuppressant)*	PDL Preferred	90D
ZORTRESS 0.5 MG TAB *everolimus (immunosuppressant)*	PDL Preferred	90D
ZORTRESS 0.75 MG TAB *everolimus (immunosuppressant)*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
ZORTRESS 1 MG TAB *everolimus (immunosuppressant)*	PDL Preferred	90D
IRRIGATION SOLUTIONS		
lactated ringers solution	Covered	
physiolyte solution	Covered	
physiosol irrigation solution	Covered	
ringers irrigation solution	Covered	
sterile water for irrigation solution	Covered	
tis-u-sol solution	Covered	
water for irrigation, sterile solution	Covered	
LYMPHATIC AGENTS		
SYLVANT 100 MG RECON SOLN *siltuximab*	Covered	90D
SYLVANT 400 MG RECON SOLN *siltuximab*	Covered	90D
PERITONEAL DIALYSIS SOLUTIONS		
DIANEAL LOW CALCIUM/1.5% DEX 344 MOSM/L SOLUTION *peritoneal dialysis solutions*	Covered	
DIANEAL LOW CALCIUM/2.5% DEX 395 MOSM/L SOLUTION *peritoneal dialysis solutions*	Covered	
DIANEAL LOW CALCIUM/4.25% DEX 483 MOSM/L SOLUTION *peritoneal dialysis solutions*	Covered	
DIANEAL PD-2/1.5% DEXTROSE 346 MOSM/L SOLUTION *peritoneal dialysis solutions*	Covered	
DIANEAL PD-2/2.5% DEXTROSE 396 MOSM/L SOLUTION *peritoneal dialysis solutions*	Covered	
DIANEAL PD-2/4.25% DEXTROSE 485 MOSM/L SOLUTION *peritoneal dialysis solutions*	Covered	
EXTRANEAL 7.5 % SOLUTION *icodextrin-electrolytes*	Covered	
ULTRABAG/DIANEAL PD-2/1.5% DEX 346 MOSM/L SOLUTION *peritoneal dialysis solutions*	Covered	

DRUG NAME	TIER	DRUG EDITS
ULTRABAG/DIANEAL PD-2/2.5% DEX 396 MOSM/L SOLUTION *peritoneal dialysis solutions*	Covered	
ULTRABAG/DIANEAL PD-2/4.25%DEX 485 MOSM/L SOLUTION *peritoneal dialysis solutions*	Covered	
ULTRABAG/DIANEAL/2.5% DEXTROSE 395 MOSM/L SOLUTION *peritoneal dialysis solutions*	Covered	
ULTRABAG/DIANEAL/4.25% DEX 483 MOSM/L SOLUTION *peritoneal dialysis solutions*	Covered	
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE 125 MG TAB THPK *alpelisib (pros agents)*	Covered	90D
VIJOICE 200 & 50 MG TAB THPK *alpelisib (pros agents)*	Covered	90D
VIJOICE 50 MG PACKET *alpelisib (pros agents)*	Covered	90D
VIJOICE 50 MG TAB THPK *alpelisib (pros agents)*	Covered	90D
POTASSIUM REMOVING AGENTS		
kionex 15 gm/60ml suspension	Covered	
LOKELMA 10 GM PACKET *sodium zirconium cyclosilicate*	Covered	90D
LOKELMA 5 GM PACKET *sodium zirconium cyclosilicate*	Covered	90D
sodium polystyrene sulfonate powder	Covered	
sps (sodium polystyrene sulf) 15 gm/60ml suspension	Covered	
SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION *sodium polystyrene sulfonate*	Covered	
VELTASSA 16.8 GM PACKET *patiromer sorbitex calcium*	Covered	90D
VELTASSA 25.2 GM PACKET *patiromer sorbitex calcium*	Covered	90D
VELTASSA 8.4 GM PACKET *patiromer sorbitex calcium*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
PROGERIA TREATMENT AGENTS		
ZOKINVY 50 MG CAP *lonafarnib*	Covered	90D
ZOKINVY 75 MG CAP *lonafarnib*	Covered	90D
PROSTAGLANDINS		
PROSTIN VR 500 MCG/ML SOLUTION *alprostadil*	Covered	
SCLEROSING AGENTS		
sodium tetradecyl sulfate 3 % solution	Covered	
SOTRADECOL 1 % SOLUTION *sodium tetradecyl sulfate*	Covered	
sotradecol 3 % solution	Covered	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA 120 MG RECON SOLN *belimumab*	Covered	ST 90D
BENLYSTA 200 MG/ML SOLN A-INJ *belimumab*	Covered	ST 90D
BENLYSTA 200 MG/ML SOLN PRSYR *belimumab*	Covered	ST 90D
BENLYSTA 400 MG RECON SOLN *belimumab*	Covered	ST 90D
SAPHNELO 300 MG/2ML SOLUTION *anifrolumab-fnia*	Covered	ST 90D
UREMIC PRURITUS AGENTS		
KORSUVA 65 MCG/1.3ML SOLUTION *difelikefalin acetate*	Covered	90D
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION *lidocaine hcl (mouth-throat)*	Covered	
lidocaine viscous hcl 2 % solution	Covered	

DRUG NAME	TIER	DRUG EDITS
ANTI-INFECTIVES - THROAT		
clotrimazole 10 mg troche	PDL Preferred	
NYSTATIN 100000 UNIT/ML SUSPENSION *nystatin (mouth-throat)*	PDL Preferred	
nystatin 100000 unit/ml suspension	PDL Preferred	
ORAVIG 50 MG TAB *miconazole (mouth-throat)*	PDL Non-Preferred	ST
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate 0.12 % solution	Covered	
DENTAL PRODUCTS		
denta 5000 plus 1.1 % cream	Covered	90D
DENTA 5000 PLUS SENSITIVE 1.1-5 % GEL *sodium fluoride-potassium nitrate*	Covered	
dentagel 1.1 % gel	Covered	90D
fraiche 5000 dental 1.1 % gel	Covered	90D
FRAICHE 5000 PREVI 1.1-3 % GEL *sodium fluoride-tribasic calcium phosphate*	Covered	90D
FRAICHE 5000 SENSITIVE 1.1-4.5 % GEL *sodium fluoride-potassium nitrate*	Covered	90D
SOD FLUORIDE-POTASSIUM NITRATE 1.1-5 % GEL *sodium fluoride-potassium nitrate*	Covered	
sodium fluoride 0.2 % solution	Covered	
sodium fluoride 1.1 % gel	Covered	90D
SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL *sodium fluoride-potassium nitrate*	Covered	
sodium fluoride 5000 plus 1.1 % cream	Covered	90D
sodium fluoride 5000 ppm 1.1 % cream	Covered	90D
sodium fluoride 5000 ppm 1.1 % gel	Covered	
sodium fluoride 5000 ppm 1.1 % paste	Covered	90D
SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL *sodium fluoride-potassium nitrate*	Covered	

DRUG NAME	TIER	DRUG EDITS
STEROIDS - MOUTH/THROAT/DENTAL		
oralone 0.1 % paste	Covered	
triamcinolone acetonide 0.1 % paste	Covered	
THROAT PRODUCTS - MISC.		
cevimeline hcl 30 mg cap	Covered	90D
EVOXAC 30 MG CAP *cevimeline hcl*	Covered	90D
pilocarpine hcl 5 mg tab	Covered	90D
pilocarpine hcl 7.5 mg tab	Covered	90D
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
dialyvite tab	Covered	
DIALYVITE/ZINC TAB b-complex w/ c-zn & folic acid	Covered	90D
NEPHPLEX RX TAB b-complex w/ c-zn & folic acid	Covered	90D
tm-vite rx 1 mg tab	Covered	
triphrocaps 1 mg cap	Covered	
virt-caps 1 mg cap	Covered	
vp-vite rx 1 mg tab	Covered	
wescaps 1 mg cap	Covered	
IRON W/ VITAMINS		
vitafol tab	Covered	
MULTIPLE VITAMINS W/ IRON		
DAVIMET-IRON CHEW TAB *multiple vitamins w/ iron*	Covered	
MULTIVITAMINS		
ALTRIXA TAB *multiple vitamin*	Covered	
INFUVITE ADULT SOLUTION *multiple vitamin*	Covered	

DRUG NAME	TIER	DRUG EDITS
PEDIATRIC MULTIPLE VITAMINS		
INFUVITE PEDIATRIC SOLUTION *pediatric multiple vitamins*	Covered	
PRENATAL VITAMINS		
C-NATE DHA 28-1-200 MG CAP *prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*	Covered	90D
CITRANATAL 90 DHA 90-1 & 300 MG MISC *prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha*	Covered	90D
CITRANATAL ASSURE 35-1 & 300 MG MISC *prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha*	Covered	90D
CITRANATAL B-CALM 20-1 MG & 2 X 25 MG MISC *prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa & vit b6*	Covered	90D
CITRANATAL BLOOM 90-1 MG TAB *prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid*	Covered	
CITRANATAL HARMONY 27-1-260 MG CAP *prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha*	Covered	90D
CITRANATAL MEDLEY 27-1-200 MG CAP *prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha*	Covered	
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC *prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3*	Covered	90D
COMPLETENATE 29-1 MG CHEW TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	90D
DERMACINRX PRETRATE 1 MG TAB *prenatal multivit-min w/fe-fa*	Covered	90D
ELITE-OB 50-1.25 MG TAB *prenatal vit w/ iron carbonyl-folic acid*	Covered	90D
ENBRACE HR CAP *prenatal vit w/ fe glycine cysteinate-fa-omega 3 fatty acids*	Covered	90D
FOLIVANE-OB 85-1 MG CAP *prenatal without a vit w/ fe fum-iron polysacch complex -fa*	Covered	90D
M-NATAL PLUS 27-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	90D
NESTABS 32-1 MG TAB *prenatal vit without vit a w/ fe bisglycinate-folic acid*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
NESTABS DHA 32-1 MG MISC *prenatal vit without vit a w/ fe bisglycinate-fa-omeg 3*	Covered	90D
NESTABS ONE 38-1-225 MG CAP *prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha*	Covered	90D
NIVA-PLUS 27-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	
OB COMPLETE 50-1.25 MG TAB *prenatal vit w/ iron carbonyl-folic acid*	Covered	90D
OB COMPLETE ONE 50-1-476 MG CAP *prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil*	Covered	90D
OB COMPLETE PETITE 35-5-1-200 MG CAP *prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3*	Covered	90D
OB COMPLETE PREMIER 30-20-1 MG TAB *prenatal vit w/ iron carbonyl-fe aspart glycinate-fa*	Covered	90D
OB COMPLETE/DHA 30-10-1-200 MG CAP *prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid*	Covered	90D
PNV-DHA 27-0.6-0.4-300 MG CAP *prenatal without a w/ fe fumarate-l methylfolate-fa-dha*	Covered	90D
PNV-DHA+DOCUSATE 27-1.25-300 MG CAP *prenatal w/o vit a w/ fe fumarate-dss-fa-dha*	Covered	90D
PNV-OMEGA 28-0.6-0.4-340 MG CAP *prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*	Covered	90D
PNV-SELECT 27-0.6-0.4 MG TAB *prenatal vit w/ ferrous fumarate-l methylfolate-folic acid*	Covered	90D
PRENAISSANCE 29-1.25-325 MG CAP *prenatal w/o vit a w/ fe fumarate-dss-fa-dha*	Covered	90D
PRENAISSANCE PLUS 28-1-250 MG CAP *prenatal w/o vit a w/ fe carbonyl-dss-fa-dha*	Covered	90D
PRENATAL 27-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	90D
PRENATE 0.6-0.4 MG CHEW TAB *prenatal multivitamins & minerals w/ l-methylfolate-fa*	Covered	90D
PRENATE AM 1 MG TAB *prenatal w/ calcium-vit b6-vit b12-folic acid-ginger*	Covered	90D
PRENATE DHA 18-0.6-0.4-300 MG CAP *prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
PRENATE ELITE 20-0.6-0.4 MG TAB *prenatal w/ fe asparto glycinate-l methylfolate-folic acid*	Covered	90D
PRENATE ENHANCE 28-0.6-0.4-400 MG CAP *prenatal without a w/ fe fumarate-l methylfolate-fa-dha*	Covered	90D
PRENATE ESSENTIAL 18-0.6-0.4-300 MG CAP *prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*	Covered	90D
PRENATE MINI 18-0.6-0.4-350 MG CAP *prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha*	Covered	90D
PRENATE PIXIE 10-0.6-0.4-200 MG CAP *prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*	Covered	90D
PRENATE RESTORE 27-0.6-0.4-400 MG CAP *prenatal without a w/ fe fumarate-l methylfolate-fa-dha*	Covered	90D
PRENATOL-M 27-1.2 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	
PRENATRIX 27-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	90D
PRENATRYL 27-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	90D
PRIMACARE 30-1-470 MG CAP *prenatal without a w/ fe asp glyc-l methylfolate-fa-omega 3*	Covered	90D
SE-NATAL 19 29-1 MG CHEW TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	90D
SE-NATAL 19 29-1 MG TAB *prenatal vit w/ docusate-fe fumarate-folic acid*	Covered	90D
SELECT-OB 29-0.6-0.4 MG CHEW TAB *prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa*	Covered	90D
SELECT-OB 29-1 MG CHEW TAB *prenatal vit w/ iron polysaccharide complex-folic acid*	Covered	90D
SELECT-OB+DHA 29-1 & 250 MG MISC *prenatal mv & min w/fe polysaccharide complex-fa-dha*	Covered	90D
TARON-C DHA 35-1 MG CAP *prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*	Covered	90D
TARON-PREX 30-1.2-265 MG CAP *prenatal w/o vit a w/ fe fumarate-dss-fa-dha*	Covered	
THRIVITE RX 29-1 MG TAB *prenatal vit w/ iron carbonyl-folic acid*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
TRICARE TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	90D
TRINATAL RX 1 60-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	90D
TRISTART DHA 31-0.6-0.4-200 MG CAP *prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*	Covered	90D
TRISTART ONE 35-1-215 MG CAP *prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*	Covered	
VIRT-NATE DHA 28-1-200 MG CAP *prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*	Covered	
VIRT-PN DHA 27-0.6-0.4-300 MG CAP *prenatal without a w/ fe fumarate-l methylfolate-fa-dha*	Covered	
VITAFOL FE+ 90-0.6-0.4-200 MG CAP *prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha*	Covered	90D
VITAFOL GUMMIES 3.33-0.333-34.8 MG CHEW TAB *prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids*	Covered	90D
VITAFOL STRIPS 1 MG FILM *prenatal w/ vit b6-b12-cholecalciferol-folic acid*	Covered	
VITAFOL ULTRA 29-0.6-0.4-200 MG CAP *prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha*	Covered	90D
VITAFOL-NANO 18-0.6-0.4 MG TAB *prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid*	Covered	
VITAFOL-OB TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	90D
VITAFOL-OB+DHA 65-1 & 250 MG MISC *prenatal mv & min w/fe fumarate-fa-dha*	Covered	90D
VITAFOL-ONE 29-1-200 MG CAP *prenatal mv & min w/fe polysaccharide complex-fa-dha*	Covered	90D
WESCAP-C DHA 53.5-38-1 MG CAP *prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*	Covered	90D
WESCAP-PN DHA 27-0.6-0.4-300 MG CAP *prenatal without a w/ fe fumarate-l methylfolate-fa-dha*	Covered	90D
WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC *prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3*	Covered	90D
WESNATE DHA 28-1-200 MG CAP *prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
WESTAB PLUS 27-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	90D
WESTGEL DHA 31-0.6-0.4-200 MG CAP *prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*	Covered	90D
ZATEAN-PN DHA 27-0.6-0.4-300 MG CAP *prenatal without a w/ fe fumarate-l methylfolate-fa-dha*	Covered	
ZATEAN-PN PLUS 28-0.6-0.4-340 MG CAP *prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*	Covered	
SPECIALTY VITAMINS PRODUCTS		
INFLAMEX CAP *specialty vitamins products*	Covered	
VITAMIN MIXTURES		
NICOMIDE 750-27-2-0.5 MG TAB *niacinamide w/ zinc-copper-methylfolate-se-cr*	Covered	
nicotinamide 750-27-2-0.5 mg tab	Covered	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
AMRIX 15 MG CAP ER 24H *cyclobenzaprine hcl*	PDL Non-Preferred	ST
AMRIX 30 MG CAP ER 24H *cyclobenzaprine hcl*	PDL Non-Preferred	ST
baclofen 10 mg tab	PDL Preferred	90D
BACLOFEN 10 MG/20ML SOLUTION *baclofen*	Covered	ST 90D
baclofen 10 mg/20ml solution	Covered	ST 90D
BACLOFEN 10 MG/5ML SOLUTION *baclofen*	PDL Non-Preferred	ST 90D
baclofen 15 mg tab	PDL Preferred	
baclofen 20 mg tab	PDL Preferred	90D
baclofen 20000 mcg/20ml solution	Covered	ST 90D
baclofen 25 mg/5ml suspension	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
baclofen 40 mg/20ml solution	Covered	ST 90D
baclofen 40000 mcg/20ml solution	Covered	ST 90D
baclofen 5 mg tab	PDL Preferred	90D
baclofen 5 mg/5ml solution	PDL Non-Preferred	ST 90D
BACLOFEN 50 MCG/ML SOLN PRSYR *baclofen*	Covered	90D
carisoprodol 250 mg tab	PDL Non-Preferred	ST
carisoprodol 350 mg tab	PDL Non-Preferred	ST
chlorzoxazone 250 mg tab	PDL Non-Preferred	ST
chlorzoxazone 375 mg tab	PDL Non-Preferred	ST
chlorzoxazone 500 mg tab	PDL Non-Preferred	ST
chlorzoxazone 750 mg tab	PDL Non-Preferred	ST
cyclobenzaprine hcl 10 mg tab	PDL Preferred	
cyclobenzaprine hcl 5 mg tab	PDL Preferred	
cyclobenzaprine hcl 7.5 mg tab	PDL Preferred	
cyclobenzaprine hcl er 15 mg cap er 24h	PDL Non-Preferred	ST
cyclobenzaprine hcl er 30 mg cap er 24h	PDL Non-Preferred	ST
fexmid 7.5 mg tab	PDL Non-Preferred	ST
FLEQSUVY 25 MG/5ML SUSPENSION *baclofen*	PDL Non-Preferred	ST 90D
GABLOFEN 10000 MCG/20ML SOLN PRSYR *baclofen*	Covered	90D
GABLOFEN 10000 MCG/20ML SOLUTION *baclofen*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
GABLOFEN 20000 MCG/20ML SOLN PRSYR *baclofen*	Covered	90D
GABLOFEN 20000 MCG/20ML SOLUTION *baclofen*	Covered	90D
GABLOFEN 40000 MCG/20ML SOLN PRSYR *baclofen*	Covered	90D
GABLOFEN 40000 MCG/20ML SOLUTION *baclofen*	Covered	90D
GABLOFEN 50 MCG/ML SOLN PRSYR *baclofen*	Covered	90D
LIORESAL 0.05 MG/ML SOLUTION *baclofen*	Covered	90D
LIORESAL 10 MG/20ML SOLUTION *baclofen*	Covered	90D
LIORESAL 10 MG/5ML SOLUTION *baclofen*	Covered	90D
LIORESAL 40 MG/20ML SOLUTION *baclofen*	Covered	90D
lorzone 375 mg tab	PDL Non-Preferred	ST
lorzone 750 mg tab	PDL Non-Preferred	ST
LYVISPAH 10 MG PACKET *baclofen*	PDL Non-Preferred	ST 90D
LYVISPAH 20 MG PACKET *baclofen*	PDL Non-Preferred	ST 90D
LYVISPAH 5 MG PACKET *baclofen*	PDL Non-Preferred	ST 90D
metaxalone 400 mg tab	PDL Non-Preferred	ST
metaxalone 800 mg tab	PDL Non-Preferred	ST
methocarbamol 1000 mg/10ml solution	Covered	
methocarbamol 500 mg tab	PDL Preferred	
methocarbamol 750 mg tab	PDL Preferred	
orphenadrine citrate 30 mg/ml solution	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
orphenadrine citrate er 100 mg tab er 12h	PDL Non-Preferred	ST
ROBAXIN 1000 MG/10ML SOLUTION *methocarbamol*	PDL Non-Preferred	ST
SOMA 250 MG TAB *carisoprodol*	PDL Non-Preferred	ST
SOMA 350 MG TAB *carisoprodol*	PDL Non-Preferred	ST
tanlor 1000 mg tab	PDL Non-Preferred	ST
tizanidine hcl 2 mg cap	PDL Non-Preferred	ST 90D
tizanidine hcl 2 mg tab	PDL Preferred	90D
tizanidine hcl 4 mg cap	PDL Non-Preferred	ST 90D
tizanidine hcl 4 mg tab	PDL Preferred	90D
tizanidine hcl 6 mg cap	PDL Non-Preferred	ST 90D
ZANAFLEX 2 MG CAP *tizanidine hcl*	PDL Non-Preferred	ST 90D
ZANAFLEX 4 MG CAP *tizanidine hcl*	PDL Non-Preferred	ST 90D
ZANAFLEX 4 MG TAB *tizanidine hcl*	PDL Non-Preferred	ST 90D
ZANAFLEX 6 MG CAP *tizanidine hcl*	PDL Non-Preferred	ST 90D
DIRECT MUSCLE RELAXANTS		
DANTRIUM 20 MG RECON SOLN *dantrolene sodium*	PDL Non-Preferred	ST
DANTRIUM 25 MG CAP *dantrolene sodium*	PDL Non-Preferred	ST 90D
dantrolene sodium 100 mg cap	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
dantrolene sodium 20 mg recon soln	Covered	
dantrolene sodium 25 mg cap	PDL Non-Preferred	ST 90D
dantrolene sodium 50 mg cap	PDL Non-Preferred	ST 90D
revonto 20 mg recon soln	Covered	
RYANODEX 250 MG RECON SUSP *dantrolene sodium*	Covered	
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS 1 MG CAP *palovarotene*	Covered	90D
SOHONOS 1.5 MG CAP *palovarotene*	Covered	90D
SOHONOS 10 MG CAP *palovarotene*	Covered	90D
SOHONOS 2.5 MG CAP *palovarotene*	Covered	90D
SOHONOS 5 MG CAP *palovarotene*	Covered	90D
MUSCLE RELAXANT COMBINATIONS		
NORGESIC 25-385-30 MG TAB *orphenadrine w/ aspirin & caff*	PDL Non-Preferred	ST
NORGESIC FORTE 50-770-60 MG TAB *orphenadrine w/ aspirin & caff*	PDL Non-Preferred	ST
ORPHENADRINE-ASPIRIN-CAFFEINE 25-385-30 MG TAB *orphenadrine w/ aspirin & caff*	PDL Non-Preferred	ST
ORPHENGESIC FORTE 50-770-60 MG TAB *orphenadrine w/ aspirin & caff*	PDL Non-Preferred	ST
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine-fluticasone 137-50 mcg/act suspension	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children less than 4 years of age for steroid-containing products

DRUG NAME	TIER	DRUG EDITS
DYMISTA 137-50 MCG/ACT SUSPENSION *azelastine hcl-fluticasone propionate*	PDL Preferred	
RYALTRIS 665-25 MCG/ACT SUSPENSION *olopatadine hcl-mometasone furoate*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children less than 4 years of age for steroid-containing products
NASAL ANESTHETICS		
COCAINE HCL 40 MG/ML SOLUTION *cocaine hcl (nasal anesthetic)*	Covered	
NUMBRINO 40 MG/ML SOLUTION *cocaine hcl (nasal anesthetic)*	Covered	
NASAL ANTIALLERGY		
azelastine hcl 0.1 % solution	PDL Preferred	90D
azelastine hcl 0.15 % solution	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children less than 4 years of age for steroid-containing products 90D
azelastine hcl 137 mcg/spray solution	PDL Preferred	90D
olopatadine hcl 0.6 % solution	PDL Preferred	
NASAL ANTICHOLINERGICS		
ipratropium bromide 0.03 % solution	PDL Preferred	90D
ipratropium bromide 0.06 % solution	PDL Preferred	
NASAL STEROIDS		
BECONASE AQ 42 MCG/SPRAY SUSPENSION *beclomethasone diprop monohyd*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children less than 4 years of age for steroid-containing products
flunisolide 25 mcg/act (0.025%) solution	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children less than 4 years of age for steroid-containing products 90D

DRUG NAME	TIER	DRUG EDITS
fluticasone propionate 50 mcg/act suspension	PDL Preferred	90D
mometasone furoate 50 mcg/act suspension	PDL Non-Preferred	ST NOTE 90D Trial and failure of preferred agents not required for children less than 4 years of age for steroid-containing products
OMNARIS 50 MCG/ACT SUSPENSION *ciclesonide (nasal)*	PDL Non-Preferred	ST NOTE 90D Trial and failure of preferred agents not required for children less than 4 years of age for steroid-containing products
QNASL 80 MCG/ACT AERO SOLN *beclomethasone dipropionate (nasal)*	PDL Non-Preferred	ST NOTE 90D Trial and failure of preferred agents not required for children less than 4 years of age for steroid-containing products
QNASL CHILDRENS 40 MCG/ACT AERO SOLN *beclomethasone dipropionate (nasal)*	PDL Non-Preferred	ST NOTE 90D Trial and failure of preferred agents not required for children less than 4 years of age for steroid-containing products
SINUVA 1350 MCG IMPLANT *mometasone furoate (nasal)*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children less than 4 years of age for steroid-containing products
XHANCE 93 MCG/ACT EXHU *fluticasone propionate (nasal)*	PDL Non-Preferred	ST NOTE 90D Trial and failure of preferred agents not required for children less than 4 years of age for steroid-containing products

DRUG NAME	TIER	DRUG EDITS
ZETONNA 37 MCG/ACT AERO SOLN *ciclesonide (nasal)*	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children less than 4 years of age for steroid-containing products 90D
NEUROMUSCULAR AGENTS		
ALS AGENTS		
edaravone 30 mg/100ml solution	PDL Non-Preferred	ST 90D
EXSERVAN 50 MG FILM *riluzole*	Covered	ST 90D
QALSODY 100 MG/15ML SOLUTION *tofersen*	PDL Non-Preferred	ST
RADICAVA 30 MG/100ML SOLUTION *edaravone*	PDL Non-Preferred	ST 90D
RADICAVA ORS 105 MG/5ML SUSPENSION *edaravone*	PDL Non-Preferred	ST 90D
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION *edaravone*	PDL Non-Preferred	ST 90D
RELYVRIO 3-1 GM PACKET *sodium phenylbutyrate-taurursodiol*	Covered	
RILUTEK 50 MG TAB *riluzole*	Covered	90D
riluzole 50 mg tab	PDL Preferred	90D
TEGLUTIK 50 MG/10ML SUSPENSION *riluzole*	PDL Non-Preferred	ST 90D
TIGLUTIK 50 MG/10ML SUSPENSION *riluzole*	PDL Non-Preferred	ST
DEPOLARIZING MUSCLE RELAXANTS		
ANECTINE 20 MG/ML SOLUTION *succinylcholine chloride*	Covered	
QUELICIN 20 MG/ML SOLUTION *succinylcholine chloride*	Covered	

DRUG NAME	TIER	DRUG EDITS
SUCCINYLCHOLINE CHLORIDE 100 MG/5ML SOLN PRSYR *succinylcholine chloride*	Covered	
succinylcholine chloride 20 mg/ml solution	Covered	
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS 50 MG CAP *omaveloxolone*	Covered	90D
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45 100 MG/2ML SOLUTION *casimersen*	Covered	ST 90D
DUVYZAT 8.86 MG/ML SUSPENSION *givinostat hcl*	Covered	90D
EXONDYS 51 100 MG/2ML SOLUTION *eteplirsen*	Covered	ST 90D
EXONDYS 51 500 MG/10ML SOLUTION *eteplirsen*	Covered	ST 90D
VILTEPSO 250 MG/5ML SOLUTION *viltolarsen*	Covered	ST 90D
VYONDYS 53 100 MG/2ML SOLUTION *golodirsen*	Covered	ST 90D
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX 100 UNIT RECON SOLN *onabotulinumtoxina*	Covered	QL 6 UNITS / 90 DAYS ST
BOTOX 200 UNIT RECON SOLN *onabotulinumtoxina*	Covered	QL 3 UNITS / 90 DAYS ST
DYSPORT 300 UNIT RECON SOLN *abobotulinumtoxina*	Covered	QL 5 UNITS / 84 DAYS ST
DYSPORT 500 UNIT RECON SOLN *abobotulinumtoxina*	Covered	QL 3 UNITS / 84 DAYS ST
MYOBLOC 10000 UNIT/2ML SOLUTION *rimabotulinumtoxinb*	Covered	QL 2 UNITS / 84 DAYS ST
MYOBLOC 2500 UNIT/0.5ML SOLUTION *rimabotulinumtoxinb*	Covered	QL 2 UNITS / 84 DAYS ST

DRUG NAME	TIER	DRUG EDITS
MYOBLOC 5000 UNIT/ML SOLUTION *rimabotulinumtoxinb*	Covered	QL 2 UNITS / 84 DAYS ST
XEOMIN 100 UNIT RECON SOLN *incobotulinumtoxina*	Covered	QL 5 UNITS / 84 DAYS ST
XEOMIN 200 UNIT RECON SOLN *incobotulinumtoxina*	Covered	QL 3 UNITS / 84 DAYS ST
XEOMIN 50 UNIT RECON SOLN *incobotulinumtoxina*	Covered	QL 10 UNITS / 84 DAYS ST
NONDEPOLARIZING MUSCLE RELAXANTS		
atracurium besylate 100 mg/10ml solution	Covered	
atracurium besylate 50 mg/5ml solution	Covered	
cisatracurium besylate 20 mg/10ml solution	Covered	
cisatracurium besylate (pf) 10 mg/5ml solution	Covered	
cisatracurium besylate (pf) 200 mg/20ml solution	Covered	
rocuronium bromide 100 mg/10ml solution	Covered	
rocuronium bromide 50 mg/5ml solution	Covered	
vecuronium bromide 10 mg recon soln	Covered	
vecuronium bromide 20 mg recon soln	Covered	
RETT SYNDROME AGENTS		
DAYBUE 200 MG/ML SOLUTION *trofinetide*	Covered	90D
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75 MG/ML RECON SOLN *risdiplam*	Covered	ST 90D
NUTRIENTS		
CARBOHYDRATES		
DEXTROSE 10 % SOLUTION *dextrose*	Covered	
dextrose 10 % solution	Covered	
DEXTROSE 20 % SOLUTION *dextrose*	Covered	

DRUG NAME	TIER	DRUG EDITS
DEXTROSE 250 MG/ML SOLUTION *dextrose*	Covered	
DEXTROSE 30 % SOLUTION *dextrose*	Covered	
DEXTROSE 40 % SOLUTION *dextrose*	Covered	
DEXTROSE 5 % SOLUTION *dextrose*	Covered	
dextrose 5 % solution	Covered	
DEXTROSE 50 % SOLUTION *dextrose*	Covered	
dextrose 50 % solution	Covered	
DEXTROSE 70 % SOLUTION *dextrose*	Covered	
LIPIDS		
CLINOLIPID 20 % EMULSION *fat emulsion plant based (soy/olive)*	Covered	
DOJOLVI 100 % LIQUID *triheptanoin*	Covered	90D
INTRALIPID 20 % EMULSION *fat emulsion plant based (soy)*	Covered	
INTRALIPID 30 % EMULSION *fat emulsion plant based (soy)*	Covered	
NUTRILIPID 20 % EMULSION *fat emulsion plant based (soy)*	Covered	
OMEGAVEN 10 GM/100ML EMULSION *fat emulsion fish oil triglyceride based*	Covered	
OMEGAVEN 5 GM/50ML EMULSION *fat emulsion fish oil triglyceride based*	Covered	
SMOFLIPID 20 % EMULSION *fat emulsion fish oil and plant based*	Covered	
PROTEIN-CARBOHYDRATE-LIPID COMBINATIONS		
KABIVEN 3.3-10.8-3.9 % EMULSION *amino acids-dextrose-lipids with electrolytes*	Covered	
PERIKABIVEN 2.4-6.8-3.5-0.5 % EMULSION *amino acids-dextrose-lipids with electrolytes*	Covered	

DRUG NAME	TIER	DRUG EDITS
PROTEINS		
AMINOSYN II 10 % SOLUTION *amino acid infusion*	Covered	
aminosyn ii 15 % solution	Covered	
AMINOSYN-PF 10 % SOLUTION *amino acid infusion*	Covered	
AMINOSYN-PF 7% 7 % SOLUTION *amino acid infusion*	Covered	
CLINIMIX E/DEXTROSE (2.75/5) 2.75 % SOLUTION *amino acid electrolyte w/ calcium infusion in d5w*	Covered	
CLINIMIX E/DEXTROSE (4.25/10) 4.25 % SOLUTION *amino acid electrolyte w/ calcium infusion in d10w*	Covered	
CLINIMIX E/DEXTROSE (4.25/5) 4.25 % SOLUTION *amino acid electrolyte w/ calcium infusion in d5w*	Covered	
CLINIMIX E/DEXTROSE (5/15) 5 % SOLUTION *amino acid electrolyte w/ calcium infusion in d15w*	Covered	
CLINIMIX E/DEXTROSE (5/20) 5 % SOLUTION *amino acid electrolyte w/ calcium infusion in d20w*	Covered	
CLINIMIX E/DEXTROSE (8/10) 8 % SOLUTION *amino acid electrolyte w/ calcium infusion in d10w*	Covered	
CLINIMIX E/DEXTROSE (8/14) 8 % SOLUTION *amino acid electrolyte w/ calcium infusion in d14w*	Covered	
CLINIMIX/DEXTROSE (4.25/10) 4.25 % SOLUTION *amino acid infusion in d10w*	Covered	
CLINIMIX/DEXTROSE (4.25/5) 4.25 % SOLUTION *amino acid infusion in d5w*	Covered	
CLINIMIX/DEXTROSE (5/15) 5 % SOLUTION *amino acid infusion in d15w*	Covered	
CLINIMIX/DEXTROSE (5/20) 5 % SOLUTION *amino acid infusion in d20w*	Covered	
CLINIMIX/DEXTROSE (6/5) 6 % SOLUTION *amino acid infusion in d5w*	Covered	
CLINIMIX/DEXTROSE (8/10) 8 % SOLUTION *amino acid infusion in d10w*	Covered	
CLINIMIX/DEXTROSE (8/14) 8 % SOLUTION *amino acid infusion in d14w*	Covered	
clinisol sf 15 % solution	Covered	
ELCYS 50 MG/ML SOLUTION *cysteine hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
plenamine 15 % solution	Covered	
PREMASOL 10 % SOLUTION *amino acid infusion*	Covered	
PROSOL 20 % SOLUTION *amino acid infusion*	Covered	
TRAVASOL 10 % SOLUTION *amino acid infusion*	Covered	
TROPHAMINE 10 % SOLUTION *amino acid infusion*	Covered	
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT 5 MG INSERT *artificial tear insert*	Covered	
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION *betaxolol hcl (ophth)*	PDL Non-Preferred	ST 90D
BETIMOL 0.25 % SOLUTION *timolol*	PDL Non-Preferred	ST 90D
BETIMOL 0.5 % SOLUTION *timolol*	PDL Non-Preferred	ST 90D
BETOPTIC-S 0.25 % SUSPENSION *betaxolol hcl (ophth)*	PDL Non-Preferred	ST 90D
brimonidine tartrate-timolol 0.2-0.5 % solution	PDL Non-Preferred	ST 90D
CARTEOLOL HCL 1 % SOLUTION *carteolol hcl (ophth)*	PDL Non-Preferred	ST 90D
COMBIGAN 0.2-0.5 % SOLUTION *brimonidine tartrate-timolol maleate*	PDL Preferred	90D
COSOPT 22.3-6.8 MG/ML SOLUTION *dorzolamide hcl-timolol maleate*	PDL Non-Preferred	ST 90D
COSOPT PF 2-0.5 % SOLUTION *dorzolamide hcl-timolol maleate*	PDL Non-Preferred	ST 90D
dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
dorzolamide hcl-timolol mal pf 2-0.5 % solution	PDL Non-Preferred	ST 90D
ISTALOL 0.5 % SOLUTION *timolol maleate (ophth)*	PDL Non-Preferred	ST 90D
LEVOBUNOLOL HCL 0.5 % SOLUTION *levobunolol hcl*	PDL Non-Preferred	ST 90D
timolol maleate 0.25 % gel f soln	PDL Preferred	90D
timolol maleate 0.25 % solution	PDL Preferred	90D
timolol maleate 0.5 % (daily) solution	PDL Non-Preferred	ST 90D
timolol maleate 0.5 % gel f soln	PDL Preferred	90D
timolol maleate 0.5 % solution	PDL Preferred	90D
timolol maleate (once-daily) 0.5 % solution	PDL Non-Preferred	ST 90D
timolol maleate ocudose 0.5 % solution	PDL Non-Preferred	ST 90D
timolol maleate pf 0.25 % solution	PDL Non-Preferred	ST 90D
timolol maleate pf 0.5 % solution	PDL Non-Preferred	ST 90D
TIMOPTIC 0.25 % SOLUTION *timolol maleate (ophth)*	PDL Non-Preferred	ST
TIMOPTIC 0.5 % SOLUTION *timolol maleate (ophth)*	PDL Non-Preferred	ST
TIMOPTIC OCUDOSE 0.25 % SOLUTION *timolol maleate (ophth)*	PDL Non-Preferred	ST 90D
TIMOPTIC OCUDOSE 0.5 % SOLUTION *timolol maleate (ophth)*	PDL Non-Preferred	ST 90D
TIMOPTIC-XE 0.25 % GEL F SOLN *timolol maleate (ophth)*	PDL Non-Preferred	ST
TIMOPTIC-XE 0.5 % GEL F SOLN *timolol maleate (ophth)*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
CHOLINERGIC AGONISTS		
TYRVAYA 0.03 MG/ACT SOLUTION *varenicline tartrate (cholinergic agonist)*	PDL Non-Preferred	ST 90D
CYCLOPLEGIC MYDRIATICS		
atropine sulfate 1 % ointment	Covered	
ATROPINE SULFATE 1 % SOLUTION *atropine sulfate (ophthalmic)*	Covered	90D
ATROPINE SULFATE 1 % SOLUTION *atropine sulfate (ophthalmic)*	Covered	90D
atropine sulfate 1 % solution	Covered	90D
CYCLOGYL 0.5 % SOLUTION *cyclopentolate hcl*	Covered	
CYCLOGYL 1 % SOLUTION *cyclopentolate hcl*	Covered	
CYCLOGYL 2 % SOLUTION *cyclopentolate hcl*	Covered	
CYCLOMYDRIL 0.2-1 % SOLUTION *cyclopentolate w/ phenylephrine*	Covered	
cyclopentolate hcl 1 % solution	Covered	
MYDRIACYL 1 % SOLUTION *tropicamide*	Covered	
phenylephrine hcl 10 % solution	Covered	
phenylephrine hcl 2.5 % solution	Covered	
tropicamide 0.5 % solution	Covered	
tropicamide 1 % solution	Covered	
MIOTICS		
MIOCHOL-E 20 MG RECON SOLN *acetylcholine chloride*	Covered	
MIOSTAT 0.01 % SOLUTION *carbachol (ophth)*	Covered	
PHOSPHOLINE IODIDE 0.125 % RECON SOLN *echothiophate iodide*	Covered	90D
pilocarpine hcl 1 % solution	Covered	90D
pilocarpine hcl 2 % solution	Covered	90D
pilocarpine hcl 4 % solution	Covered	90D

DRUG NAME	TIER	DRUG EDITS
VUITY 1.25 % SOLUTION *pilocarpine hcl*	Covered	90D
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU 6 MG/0.05ML SOLN PRSYR *brolucizumab-dbll*	Covered	90D
BYOOVIZ 0.5 MG/0.05ML SOLUTION *ranibizumab-nuna*	Covered	90D
CIMERLI 0.3 MG/0.05ML SOLUTION *ranibizumab-eqrn*	Covered	90D
CIMERLI 0.5 MG/0.05ML SOLUTION *ranibizumab-eqrn*	Covered	90D
EYLEA 2 MG/0.05ML SOLN PRSYR *aflibercept*	Covered	90D
EYLEA 2 MG/0.05ML SOLUTION *aflibercept*	Covered	90D
EYLEA HD 8 MG/0.07ML SOLUTION *aflibercept*	Covered	90D
LUCENTIS 0.3 MG/0.05ML SOLN PRSYR *ranibizumab*	Covered	90D
LUCENTIS 0.5 MG/0.05ML SOLN PRSYR *ranibizumab*	Covered	90D
SUSVIMO (IMPLANT 1ST FILL) 10 MG/0.1ML SOLUTION *ranibizumab*	Covered	
SUSVIMO (IMPLANT REFILL) 10 MG/0.1ML SOLUTION *ranibizumab*	Covered	90D
VABYSMO 6 MG/0.05ML SOLN PRSYR *faricimab-svoa*	Covered	
VABYSMO 6 MG/0.05ML SOLUTION *faricimab-svoa*	Covered	90D
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P 0.1 % SOLUTION *brimonidine tartrate*	PDL Preferred	90D
ALPHAGAN P 0.15 % SOLUTION *brimonidine tartrate*	PDL Preferred	90D
APRACLONIDINE HCL 0.5 % SOLUTION *apraclonidine hcl*	PDL Non-Preferred	ST
brimonidine tartrate 0.1 % solution	PDL Non-Preferred	ST 90D

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DRUG NAME	TIER	DRUG EDITS
brimonidine tartrate 0.15 % solution	PDL Non-Preferred	ST 90D
brimonidine tartrate 0.2 % solution	PDL Preferred	90D
IOPIDINE 1 % SOLUTION *apraclonidine hcl*	PDL Non-Preferred	ST
SIMBRINZA 1-0.2 % SUSPENSION *brinzolamide-brimonidine tartrate*	PDL Preferred	90D
OPHTHALMIC ANTI-INFECTIVES		
AZASITE 1 % SOLUTION *azithromycin (ophth)*	PDL Non-Preferred	ST
BACITRACIN 500 UNIT/GM OINTMENT *bacitracin (ophthalmic)*	PDL Non-Preferred	ST
bacitracin-polymyxin b 500-10000 unit/gm ointment	PDL Preferred	
BESIVANCE 0.6 % SUSPENSION *besifloxacin hcl*	PDL Non-Preferred	ST
BETADINE OPHTHALMIC PREP 5 % SOLUTION *povidone-iodine (ophth)*	Covered	
CILOXAN 0.3 % OINTMENT *ciprofloxacin hcl (ophth)*	PDL Non-Preferred	ST
ciprofloxacin hcl 0.3 % solution	PDL Preferred	
ERYTHROMYCIN 5 MG/GM OINTMENT *erythromycin (ophth)*	Covered	
erythromycin 5 mg/gm ointment	PDL Preferred	
gatifloxacin 0.5 % solution	PDL Non-Preferred	ST
gentamicin sulfate 0.3 % solution	PDL Preferred	
moxifloxacin hcl 0.5 % solution	PDL Preferred	
NATACYN 5 % SUSPENSION *natamycin*	PDL Non-Preferred	ST
neo-polycin 3.5-400-10000 ointment	PDL Non-Preferred	ST
neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment	PDL Non-Preferred	ST
neomycin-bacitracin zn-polymyx 5-400-10000 ointment	PDL Non-Preferred	ST
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION *neomycin-polymyxin-gramicidin*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
OCUFLOX 0.3 % SOLUTION *ofloxacin (ophth)*	PDL Non-Preferred	ST
ofloxacin 0.3 % solution	PDL Preferred	
polycin 500-10000 unit/gm ointment	PDL Preferred	
polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution	PDL Preferred	
SULFACETAMIDE SODIUM 10 % OINTMENT *sulfacetamide sodium (ophth)*	PDL Non-Preferred	ST
sulfacetamide sodium 10 % solution	PDL Preferred	
tobramycin 0.3 % solution	PDL Preferred	
TOBREX 0.3 % OINTMENT *tobramycin (ophth)*	PDL Non-Preferred	ST
TRIFLURIDINE 1 % SOLUTION *trifluridine*	Covered	
VIGAMOX 0.5 % SOLUTION *moxifloxacin hcl (ophth)*	PDL Non-Preferred	ST
XDEMVY 0.25 % SOLUTION *lotilaner*	Covered	
ZIRGAN 0.15 % GEL *ganciclovir ophthalmic*	Covered	
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY 2 MG/0.1ML SOLUTION *avacincaptad pegol*	Covered	90D
SYFOVRE 15 MG/0.1ML SOLUTION *pegcetacoplan (ophthalmic)*	Covered	90D
OPHTHALMIC IMMUNOMODULATORS		
CEQUA 0.09 % SOLUTION *cyclosporine (ophth)*	PDL Non-Preferred	ST 90D
cyclosporine 0.05 % emulsion	PDL Non-Preferred	ST 90D
RESTASIS 0.05 % EMULSION *cyclosporine (ophth)*	PDL Preferred	90D
RESTASIS MULTIDOSE 0.05 % EMULSION *cyclosporine (ophth)*	PDL Preferred	90D
VERKAZIA 0.1 % EMULSION *cyclosporine (ophth)*	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required diagnosis of vernal keratoconjunctivitis (VKC) 90D

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DRUG NAME	TIER	DRUG EDITS
VEVYE 0.1 % SOLUTION *cyclosporine (ophth)*	PDL Non-Preferred	ST 90D
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA 5 % SOLUTION *lifitegrast*	PDL Preferred	90D
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA 0.02 % SOLUTION *netarsudil dimesylate*	PDL Preferred	90D
ROCKLATAN 0.02-0.005 % SOLUTION *netarsudil dimesylate-latanoprost*	PDL Preferred	90D
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN 3.5 % GEL *lidocaine hcl (ophth)*	Covered	
ALCAINE 0.5 % SOLUTION *proparacaine hcl*	Covered	
IHEEZO 3 % GEL *chloroprocaine hcl (ophth)*	Covered	
proparacaine hcl 0.5 % solution	Covered	
tetracaine hcl 0.5 % solution	Covered	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE 0.002 % SOLUTION *cenegermin-bkbj*	Covered	
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE 15 MG RECON SOLN *verteporfin*	Covered	
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA-PHOTREXA VISCOUS KIT 0.146 &0.146-20 % SOLN PRSYR *riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran*	Covered	
OPHTHALMIC STEROIDS		
ALREX 0.2 % SUSPENSION *loteprednol etabonate*	PDL Non-Preferred	ST
bacitra-neomycin-polymyxin-hc 1 % ointment	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION *dexamethasone sodium phosphate (ophth)*	PDL Preferred	
DEXTENZA 0.4 MG INSERT *dexamethasone (ophth)*	PDL Non-Preferred	ST
difluprednate 0.05 % emulsion	PDL Preferred	
DUREZOL 0.05 % EMULSION *difluprednate*	PDL Non-Preferred	ST
EYSUVIS 0.25 % SUSPENSION *loteprednol etabonate*	PDL Non-Preferred	ST
FLAREX 0.1 % SUSPENSION *fluorometholone acetate*	PDL Preferred	
fluorometholone 0.1 % suspension	PDL Preferred	
FML FORTE 0.25 % SUSPENSION *fluorometholone (ophth)*	PDL Non-Preferred	ST
FML LIQUIFILM 0.1 % SUSPENSION *fluorometholone (ophth)*	PDL Non-Preferred	ST
ILUVIEN 0.19 MG IMPLANT *fluocinolone acetonide (ophth)*	PDL Non-Preferred	ST 90D
INVELTYS 1 % SUSPENSION *loteprednol etabonate*	PDL Non-Preferred	ST
LOTEMAX 0.5 % GEL *loteprednol etabonate*	PDL Non-Preferred	ST
LOTEMAX 0.5 % OINTMENT *loteprednol etabonate*	PDL Non-Preferred	ST
LOTEMAX 0.5 % SUSPENSION *loteprednol etabonate*	PDL Preferred	
LOTEMAX SM 0.38 % GEL *loteprednol etabonate*	PDL Non-Preferred	ST
loteprednol etabonate 0.2 % suspension	PDL Non-Preferred	ST
loteprednol etabonate 0.5 % gel	PDL Non-Preferred	ST
loteprednol etabonate 0.5 % suspension	PDL Non-Preferred	ST
MAXIDEX 0.1 % SUSPENSION *dexamethasone (ophth)*	PDL Non-Preferred	ST
MAXITROL 0.1 % SUSPENSION *neomycin-polymy-dexameth*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
MAXITROL 3.5-10000-0.1 OINTMENT *neomycin-polymy-dexameth*	PDL Non-Preferred	ST
MAXITROL 3.5-10000-0.1 SUSPENSION *neomycin-polymy-dexameth*	PDL Non-Preferred	ST
neo-polycin hc 1 % ointment	PDL Non-Preferred	ST
neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment	PDL Preferred	
neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension	PDL Preferred	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION *neomycin-polymyxin-hc (ophth)*	PDL Non-Preferred	ST
OZURDEX 0.7 MG IMPLANT *dexamethasone (ophth)*	PDL Non-Preferred	ST
PRED FORTE 1 % SUSPENSION *prednisolone acetate (ophth)*	PDL Non-Preferred	ST
PRED MILD 0.12 % SUSPENSION *prednisolone acetate (ophth)*	PDL Preferred	
prednisolone acetate 1 % suspension	PDL Preferred	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION *prednisolone sodium phosphate (ophth)*	PDL Non-Preferred	ST
RETISERT 0.59 MG IMPLANT *fluocinolone acetonide (ophth)*	PDL Non-Preferred	ST 90D
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION *sulfacetamide sod-prednisolone*	PDL Non-Preferred	ST
TOBRADEX 0.3-0.1 % OINTMENT *tobramycin-dexamethasone*	PDL Preferred	
TOBRADEX 0.3-0.1 % SUSPENSION *tobramycin-dexamethasone*	Covered	
TOBRADEX ST 0.3-0.05 % SUSPENSION *tobramycin-dexamethasone*	PDL Non-Preferred	ST
tobramycin-dexamethasone 0.3-0.1 % suspension	PDL Preferred	
TRIESENCE 40 MG/ML SUSPENSION *triamcinolone acetonide (ophth)*	Covered	ST
XIPERE 40 MG/ML SUSPENSION *triamcinolone acetonide (ophth)*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
YUTIQ 0.18 MG IMPLANT *fluocinolone acetonide (ophth)*	PDL Non-Preferred	ST 90D
ZYLET 0.5-0.3 % SUSPENSION *loteprednol etabonate-tobramycin*	PDL Non-Preferred	ST
OPHTHALMIC SURGICAL AIDS		
OMIDRIA 1-0.3 % SOLUTION *phenylephrine-ketorolac*	Covered	
OPHTHALMICS - MISC.		
ACULAR 0.5 % SOLUTION *ketorolac tromethamine (ophth)*	PDL Non-Preferred	ST
ACULAR LS 0.4 % SOLUTION *ketorolac tromethamine (ophth)*	PDL Non-Preferred	ST
ACUVAIL 0.45 % SOLUTION *ketorolac tromethamine (ophth)*	PDL Non-Preferred	ST
ALOMIDE 0.1 % SOLUTION *lodoxamide tromethamine*	PDL Non-Preferred	ST
azelastine hcl 0.05 % solution	PDL Non-Preferred	ST
AZOPT 1 % SUSPENSION *brinzolamide*	PDL Non-Preferred	ST 90D
balanced salt solution	Covered	
bepotastine besilate 1.5 % solution	PDL Non-Preferred	ST
BEPREVE 1.5 % SOLUTION *bepotastine besilate*	PDL Non-Preferred	ST
brinzolamide 1 % suspension	PDL Non-Preferred	ST 90D
bromfenac sodium 0.07 % solution	PDL Non-Preferred	ST
bromfenac sodium 0.075 % solution	PDL Non-Preferred	ST
bromfenac sodium (once-daily) 0.09 % solution	PDL Non-Preferred	ST
BROMSITE 0.075 % SOLUTION *bromfenac sodium (ophth)*	PDL Non-Preferred	ST
BSS SOLUTION *ophthalmic irrigation solution - intraocular*	Covered	

DRUG NAME	TIER	DRUG EDITS
BSS PLUS SOLUTION *ophthalmic irrigation solution - intraocular*	Covered	
CROMOLYN SODIUM 4 % SOLUTION *cromolyn sodium (ophth)*	PDL Preferred	
CYSTADROPS 0.37 % SOLUTION *cysteamine hcl*	Covered	90D
CYSTARAN 0.44 % SOLUTION *cysteamine hcl*	Covered	90D
diclofenac sodium 0.1 % solution	PDL Preferred	
dorzolamide hcl 2 % solution	PDL Preferred	90D
epinastine hcl 0.05 % solution	PDL Non-Preferred	ST
eye allergy itch relief 0.2 % solution	PDL Preferred	
eye allergy itch/redness rel 0.1 % solution	PDL Preferred	
fluorescein 10 % solution	Covered	
FLUORESCEIN SODIUM/BENOXINATE 0.3-0.4 % SOLUTION *fluorescein w/ benoxinate*	Covered	
FLUORESCITE 10 % SOLUTION *fluorescein sodium injection*	Covered	
FLURBIPROFEN SODIUM 0.03 % SOLUTION *flurbiprofen sodium*	PDL Preferred	
ft eye allergy itch & redness 0.1 % solution	PDL Preferred	
ft eye allergy itch relief 0.2 % solution	PDL Preferred	
GLOSTRIPS 1 MG STRIP *fluorescein sodium topical*	Covered	
gnp olopatadine hcl 0.1 % solution	PDL Preferred	
gnp olopatadine hcl 0.2 % solution	PDL Preferred	
hm eye allergy itch relief 0.2 % solution	PDL Preferred	
hm eye allergy itch/red relief 0.1 % solution	PDL Preferred	
ILEVRO 0.3 % SUSPENSION *nepafenac*	PDL Non-Preferred	ST
ketorolac tromethamine 0.4 % solution	PDL Preferred	
ketorolac tromethamine 0.5 % solution	PDL Preferred	
MIEBO 1.338 GM/ML SOLUTION *perfluorohexyloctane*	PDL Non-Preferred	ST
NEVANAC 0.1 % SUSPENSION *nepafenac*	PDL Preferred	

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DRUG NAME	TIER	DRUG EDITS
olopatadine hcl 0.1 % solution	PDL Preferred	
olopatadine hcl 0.2 % solution	PDL Preferred	
PROLENSA 0.07 % SOLUTION *bromfenac sodium (ophth)*	PDL Non-Preferred	ST
sm olopatadine hcl 0.2 % solution	PDL Preferred	
ZERVIATE 0.24 % SOLUTION *cetirizine hcl (ophth)*	PDL Non-Preferred	ST
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost 0.03 % solution	PDL Non-Preferred	ST 90D
DURYSTA 10 MCG IMPLANT *bimatoprost*	PDL Non-Preferred	ST
IDOSE TR 75 MCG IMPLANT *travoprost*	PDL Non-Preferred	ST
IYUZEH 0.005 % SOLUTION *latanoprost*	PDL Non-Preferred	ST 90D
latanoprost 0.005 % solution	PDL Preferred	90D
LUMIGAN 0.01 % SOLUTION *bimatoprost*	PDL Non-Preferred	ST 90D
tafluprost (pf) 0.0015 % solution	PDL Non-Preferred	ST 90D
TRAVATAN Z 0.004 % SOLUTION *travoprost*	PDL Preferred	90D
travoprost (bak free) 0.004 % solution	PDL Non-Preferred	ST 90D
VYZULTA 0.024 % SOLUTION *latanoprostene bunod*	PDL Non-Preferred	ST 90D
XALATAN 0.005 % SOLUTION *latanoprost*	Covered	ST 90D
XELPROS 0.005 % EMULSION *latanoprost*	PDL Non-Preferred	ST 90D
ZIOPTAN 0.0015 % SOLUTION *tafluprost*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid 2 % solution	PDL Preferred	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl 0.2 % solution	PDL Non-Preferred	ST
ofloxacin 0.3 % solution	PDL Preferred	
OTIC COMBINATIONS		
CIPRO HC 0.2-1 % SUSPENSION *ciprofloxacin-hydrocortisone*	PDL Non-Preferred	ST
CIPRODEX 0.3-0.1 % SUSPENSION *ciprofloxacin-dexamethasone*	Covered	
ciprofloxacin-dexamethasone 0.3-0.1 % suspension	PDL Preferred	
CIPROFLOXACIN-FLUOCINOLONE PF 0.3-0.025 % SOLUTION *ciprofloxacin-fluocinolone acetonide*	PDL Non-Preferred	ST
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION *neomycin-colistin-hc-thonzonium*	PDL Non-Preferred	ST
neomycin-polymyxin-hc 1 % solution	PDL Preferred	
neomycin-polymyxin-hc 3.5-10000-1 solution	PDL Preferred	
neomycin-polymyxin-hc 3.5-10000-1 suspension	PDL Preferred	
OTIC STEROIDS		
DERMOTIC 0.01 % OIL *fluocinolone acetonide (otic)*	PDL Preferred	
fluocinolone acetonide 0.01 % oil	PDL Non-Preferred	ST
hydrocortisone-acetic acid 1-2 % solution	PDL Non-Preferred	ST
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CARBOPROST TROMETHAMINE 250 MCG/ML SOLN PRSYR *carboprost tromethamine*	Covered	
carboprost tromethamine 250 mcg/ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
CERVIDIL 10 MG INSERT *dinoprostone*	Covered	
HEMABATE 250 MCG/ML SOLUTION *carboprost tromethamine*	Covered	
PREPIDIL 0.5 MG/3GM GEL *dinoprostone*	Covered	
OXYTOCICS		
methergine 0.2 mg tab	Covered	
methylergonovine maleate 0.2 mg tab	Covered	
methylergonovine maleate 0.2 mg/ml solution	Covered	
oxytocin 10 unit/ml solution	Covered	
PITOCIN 10 UNIT/ML SOLUTION *oxytocin*	Covered	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
ANTITOXINS-ANTIVENINS		
ANTIVENIN LATRODECTUS MACTANS KIT *antivenin latrodectus mactans*	Covered	
ANTIVENIN MICRURUS FULVIUS RECON SOLN *antivenin micrurus fulvius*	Covered	
IMMUNE SERUMS		
ALYGLO 10 GM/100ML SOLUTION *immune globulin (human)-stwk*	Covered	
ALYGLO 20 GM/200ML SOLUTION *immune globulin (human)-stwk*	Covered	
ALYGLO 5 GM/50ML SOLUTION *immune globulin (human)-stwk*	Covered	
ASCENIV 5 GM/50ML SOLUTION *immune globulin (human)-slra*	Covered	90D
BIVIGAM 10 GM/100ML SOLUTION *immune globulin (human) iv*	Covered	90D
BIVIGAM 5 GM/50ML SOLUTION *immune globulin (human) iv*	Covered	90D
CUTAQUIG 1 GM/6ML SOLUTION *immune globulin (human)-hipp*	Covered	90D
CUTAQUIG 1.65 GM/10ML SOLUTION *immune globulin (human)-hipp*	Covered	90D
CUTAQUIG 2 GM/12ML SOLUTION *immune globulin (human)-hipp*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
CUTAQUIG 3.3 GM/20ML SOLUTION *immune globulin (human)-hipp*	Covered	90D
CUTAQUIG 4 GM/24ML SOLUTION *immune globulin (human)-hipp*	Covered	90D
CUTAQUIG 8 GM/48ML SOLUTION *immune globulin (human)-hipp*	Covered	90D
CUVITRU 1 GM/5ML SOLUTION *immune globulin (human) subcutaneous*	Covered	90D
CUVITRU 10 GM/50ML SOLUTION *immune globulin (human) subcutaneous*	Covered	90D
CUVITRU 2 GM/10ML SOLUTION *immune globulin (human) subcutaneous*	Covered	90D
CUVITRU 4 GM/20ML SOLUTION *immune globulin (human) subcutaneous*	Covered	90D
CUVITRU 8 GM/40ML SOLUTION *immune globulin (human) subcutaneous*	Covered	90D
CYTOGAM 50 MG/ML SOLUTION *cytomegalovirus immune globulin (human)*	Covered	
FLEBOGAMMA DIF 5 GM/100ML SOLUTION *immune globulin (human) iv*	Covered	90D
GAMASTAN INJECTABLE *immune globulin (human) im*	Covered	
GAMMAGARD 1 GM/10ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	90D
GAMMAGARD 10 GM/100ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	90D
GAMMAGARD 2.5 GM/25ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	90D
GAMMAGARD 20 GM/200ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	90D
GAMMAGARD 30 GM/300ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	90D
GAMMAGARD 5 GM/50ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	90D
GAMMAGARD S/D LESS IGA 10 GM RECON SOLN *immune globulin (human) iv*	Covered	90D
GAMMAGARD S/D LESS IGA 5 GM RECON SOLN *immune globulin (human) iv*	Covered	90D
GAMMAKED 1 GM/10ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
GAMMAKED 10 GM/100ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	90D
GAMMAKED 20 GM/200ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	90D
GAMMAKED 5 GM/50ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	90D
GAMMAPLEX 10 GM/100ML SOLUTION *immune globulin (human) iv*	Covered	90D
GAMMAPLEX 10 GM/200ML SOLUTION *immune globulin (human) iv*	Covered	90D
GAMMAPLEX 20 GM/200ML SOLUTION *immune globulin (human) iv*	Covered	90D
GAMMAPLEX 20 GM/400ML SOLUTION *immune globulin (human) iv*	Covered	90D
GAMMAPLEX 5 GM/100ML SOLUTION *immune globulin (human) iv*	Covered	90D
GAMMAPLEX 5 GM/50ML SOLUTION *immune globulin (human) iv*	Covered	90D
GAMUNEX-C 1 GM/10ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	90D
GAMUNEX-C 10 GM/100ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	90D
GAMUNEX-C 2.5 GM/25ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	90D
GAMUNEX-C 20 GM/200ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	90D
GAMUNEX-C 40 GM/400ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	90D
GAMUNEX-C 5 GM/50ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	90D
HEPAGAM B 312 UNIT/ML SOLUTION *hepatitis b immune globulin (human)*	Covered	
HIZENTRA 1 GM/5ML SOLN PRSYR *immune globulin (human) subcutaneous*	Covered	90D
HIZENTRA 1 GM/5ML SOLUTION *immune globulin (human) subcutaneous*	Covered	90D
HIZENTRA 10 GM/50ML SOLN PRSYR *immune globulin (human) subcutaneous*	Covered	90D
HIZENTRA 10 GM/50ML SOLUTION *immune globulin (human) subcutaneous*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
HIZENTRA 2 GM/10ML SOLN PRSYR *immune globulin (human) subcutaneous*	Covered	90D
HIZENTRA 2 GM/10ML SOLUTION *immune globulin (human) subcutaneous*	Covered	90D
HIZENTRA 4 GM/20ML SOLN PRSYR *immune globulin (human) subcutaneous*	Covered	90D
HIZENTRA 4 GM/20ML SOLUTION *immune globulin (human) subcutaneous*	Covered	90D
HYPERHEP B 110 UNIT/0.5ML SOLN PRSYR *hepatitis b immune globulin (human)*	Covered	
HYPERHEP B 220 UNIT/ML SOLUTION *hepatitis b immune globulin (human)*	Covered	
HYPERRAB 1500 UNIT/5ML SOLUTION *rabies immune globulin (human)*	Covered	
HYPERRAB 300 UNIT/ML SOLUTION *rabies immune globulin (human)*	Covered	
HYPERRAB 900 UNIT/3ML SOLUTION *rabies immune globulin (human)*	Covered	
HYPERRHO S/D 1500 UNIT SOLN PRSYR *rho d immune globulin (human)*	Covered	
HYPERRHO S/D 250 UNIT SOLN PRSYR *rho d immune globulin (human)*	Covered	
HYPERTET 250 UNIT/ML SOLN PRSYR *tetanus immune globulin (human)*	Covered	
KEDRAB 1500 UNIT/10ML SOLUTION *rabies immune globulin (human)*	Covered	
KEDRAB 300 UNIT/2ML SOLUTION *rabies immune globulin (human)*	Covered	
NABI-HB 312 UNIT/ML SOLUTION *hepatitis b immune globulin (human)*	Covered	
OCTAGAM 1 GM/20ML SOLUTION *immune globulin (human) iv*	Covered	90D
OCTAGAM 10 GM/100ML SOLUTION *immune globulin (human) iv*	Covered	90D
OCTAGAM 10 GM/200ML SOLUTION *immune globulin (human) iv*	Covered	90D
OCTAGAM 2 GM/20ML SOLUTION *immune globulin (human) iv*	Covered	90D
OCTAGAM 2.5 GM/50ML SOLUTION *immune globulin (human) iv*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
OCTAGAM 20 GM/200ML SOLUTION *immune globulin (human) iv*	Covered	90D
OCTAGAM 25 GM/500ML SOLUTION *immune globulin (human) iv*	Covered	
OCTAGAM 30 GM/300ML SOLUTION *immune globulin (human) iv*	Covered	90D
OCTAGAM 5 GM/100ML SOLUTION *immune globulin (human) iv*	Covered	90D
OCTAGAM 5 GM/50ML SOLUTION *immune globulin (human) iv*	Covered	90D
PANZYGA 10 GM/100ML SOLUTION *immune globulin (human)-ifas*	Covered	90D
PANZYGA 2.5 GM/25ML SOLUTION *immune globulin (human)-ifas*	Covered	90D
PANZYGA 20 GM/200ML SOLUTION *immune globulin (human)-ifas*	Covered	90D
PANZYGA 30 GM/300ML SOLUTION *immune globulin (human)-ifas*	Covered	90D
PANZYGA 5 GM/50ML SOLUTION *immune globulin (human)-ifas*	Covered	90D
PRIVIGEN 10 GM/100ML SOLUTION *immune globulin (human) iv*	Covered	90D
PRIVIGEN 20 GM/200ML SOLUTION *immune globulin (human) iv*	Covered	90D
PRIVIGEN 40 GM/400ML SOLUTION *immune globulin (human) iv*	Covered	90D
PRIVIGEN 5 GM/50ML SOLUTION *immune globulin (human) iv*	Covered	90D
RHOGAM ULTRA-FILTERED PLUS 1500 UNIT SOLN PRSYR *rho d immune globulin (human)*	Covered	
RHOPHYLAC 1500 UNIT/2ML SOLN PRSYR *rho d immune globulin (human)*	Covered	
VARIZIG 125 UNIT/1.2ML SOLUTION *varicella-zoster immune globulin (human)*	Covered	
WINRHO SDF 1500 UNIT/1.3ML SOLUTION *rho d immune globulin (human)*	Covered	
WINRHO SDF 15000 UNIT/13ML SOLUTION *rho d immune globulin (human)*	Covered	
WINRHO SDF 2500 UNIT/2.2ML SOLUTION *rho d immune globulin (human)*	Covered	

DRUG NAME	TIER	DRUG EDITS
WINRHO SDF 5000 UNIT/4.4ML SOLUTION *rho d immune globulin (human)*	Covered	
XEMBIFY 1 GM/5ML SOLUTION *immune globulin (human)-klhw*	Covered	90D
XEMBIFY 10 GM/50ML SOLUTION *immune globulin (human)-klhw*	Covered	90D
XEMBIFY 2 GM/10ML SOLUTION *immune globulin (human)-klhw*	Covered	90D
XEMBIFY 4 GM/20ML SOLUTION *immune globulin (human)-klhw*	Covered	90D
MONOCLONAL ANTIBODIES		
SYNAGIS 100 MG/ML SOLUTION *palivizumab*	Covered	ST
SYNAGIS 50 MG/0.5ML SOLUTION *palivizumab*	Covered	ST
ZINPLAVA 1000 MG/40ML SOLUTION *bezlotoxumab*	Covered	
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA 10 GM/100ML KIT *immune globulin (human)-hyaluronidase (human recombinant)*	Covered	90D
HYQVIA 2.5 GM/25ML KIT *immune globulin (human)-hyaluronidase (human recombinant)*	Covered	90D
HYQVIA 20 GM/200ML KIT *immune globulin (human)-hyaluronidase (human recombinant)*	Covered	90D
HYQVIA 30 GM/300ML KIT *immune globulin (human)-hyaluronidase (human recombinant)*	Covered	90D
HYQVIA 5 GM/50ML KIT *immune globulin (human)-hyaluronidase (human recombinant)*	Covered	90D
PENICILLINS		
AMINOPENICILLINS		
AMOXICILLIN 125 MG CHEW TAB *amoxicillin*	PDL Preferred	
amoxicillin 125 mg/5ml recon susp	PDL Preferred	
amoxicillin 200 mg/5ml recon susp	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
amoxicillin 250 mg cap	PDL Preferred	
AMOXICILLIN 250 MG CHEW TAB *amoxicillin*	PDL Preferred	
amoxicillin 250 mg/5ml recon susp	PDL Preferred	
AMOXICILLIN 400 MG/5ML RECON SUSP *amoxicillin*	PDL Preferred	
amoxicillin 400 mg/5ml recon susp	PDL Preferred	
amoxicillin 500 mg cap	PDL Preferred	
amoxicillin 500 mg tab	PDL Preferred	
amoxicillin 875 mg tab	PDL Preferred	
ampicillin 500 mg cap	PDL Preferred	
AMPICILLIN SODIUM 1 GM RECON SOLN *ampicillin sodium*	PDL Preferred	
ampicillin sodium 1 gm recon soln	PDL Preferred	
ampicillin sodium 10 gm recon soln	PDL Preferred	
AMPICILLIN SODIUM 125 MG RECON SOLN *ampicillin sodium*	PDL Preferred	
AMPICILLIN SODIUM 2 GM RECON SOLN *ampicillin sodium*	PDL Preferred	
ampicillin sodium 2 gm recon soln	PDL Preferred	
ampicillin sodium 250 mg recon soln	PDL Preferred	
ampicillin sodium 500 mg recon soln	PDL Preferred	
NATURAL PENICILLINS		
BICILLIN L-A 1200000 UNIT/2ML SUSP PRSYR *penicillin g benzathine*	Covered	
BICILLIN L-A 2400000 UNIT/4ML SUSP PRSYR *penicillin g benzathine*	Covered	
BICILLIN L-A 600000 UNIT/ML SUSP PRSYR *penicillin g benzathine*	Covered	
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML SOLUTION *penicillin g pot in dextrose*	Covered	
PENICILLIN G POT IN DEXTROSE 60000 UNIT/ML SOLUTION *penicillin g pot in dextrose*	Covered	
penicillin g potassium 20000000 unit recon soln	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
penicillin g potassium 5000000 unit recon soln	PDL Preferred	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN *penicillin g sodium*	PDL Preferred	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN *penicillin v potassium*	PDL Preferred	
penicillin v potassium 250 mg tab	PDL Preferred	
PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN *penicillin v potassium*	PDL Preferred	
penicillin v potassium 500 mg tab	PDL Preferred	
pfizerpen 20000000 unit recon soln	PDL Preferred	
pfizerpen 5000000 unit recon soln	PDL Preferred	
PENICILLIN COMBINATIONS		
AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB *amoxicillin & pot clavulanate*	PDL Non-Preferred	ST
amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp	PDL Preferred	
amoxicillin-pot clavulanate 250-125 mg tab	PDL Preferred	
amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp	PDL Preferred	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB *amoxicillin & pot clavulanate*	PDL Non-Preferred	ST
amoxicillin-pot clavulanate 400-57 mg/5ml recon susp	PDL Preferred	
amoxicillin-pot clavulanate 500-125 mg tab	PDL Preferred	
amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp	PDL Preferred	
amoxicillin-pot clavulanate 875-125 mg tab	PDL Preferred	
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H *amoxicillin & pot clavulanate*	PDL Preferred	
AMPICILLIN-SULBACTAM SODIUM 1.5 (1-0.5) GM RECON SOLN *ampicillin & sulbactam sodium*	PDL Preferred	
ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
ampicillin-sulbactam sodium 15 (10-5) gm recon soln	PDL Preferred	
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) GM RECON SOLN *ampicillin & sulbactam sodium*	PDL Preferred	
ampicillin-sulbactam sodium 3 (2-1) gm recon soln	PDL Preferred	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP *amoxicillin & pot clavulanate*	PDL Non-Preferred	ST
AUGMENTIN ES-600 600-42.9 MG/5ML RECON SUSP *amoxicillin & pot clavulanate*	PDL Non-Preferred	ST
BICILLIN C-R 1200000 UNIT/2ML SUSPENSION *penicillin g benzathine & procaine*	PDL Preferred	
BICILLIN C-R 900/300 900000-300000 UNIT/2ML SUSPENSION *penicillin g benzathine & procaine*	PDL Preferred	
piperacillin sod-tazobactam so 13.5 (12-1.5) gm recon soln	PDL Preferred	
piperacillin sod-tazobactam so 2.25 (2-0.25) gm recon soln	PDL Preferred	
piperacillin sod-tazobactam so 3-0.375 gm recon soln	PDL Preferred	
piperacillin sod-tazobactam so 3.375 (3-0.375) gm recon soln	PDL Preferred	
piperacillin sod-tazobactam so 4-0.5 gm recon soln	PDL Preferred	
piperacillin sod-tazobactam so 4.5 (4-0.5) gm recon soln	PDL Preferred	
piperacillin sod-tazobactam so 40.5 (36-4.5) gm recon soln	PDL Preferred	
UNASYN 1.5 (1-0.5) GM RECON SOLN *ampicillin & sulbactam sodium*	PDL Preferred	
UNASYN 15 (10-5) GM RECON SOLN *ampicillin & sulbactam sodium*	PDL Preferred	
UNASYN 3 (2-1) GM RECON SOLN *ampicillin & sulbactam sodium*	PDL Preferred	
ZOSYN 2-0.25 GM/50ML SOLUTION *piperacillin sodium-tazobactam sodium in dextrose*	PDL Preferred	
ZOSYN 3-0.375 GM/50ML SOLUTION *piperacillin sodium-tazobactam sodium in dextrose*	PDL Preferred	
ZOSYN 4-0.5 GM/100ML SOLUTION *piperacillin sodium-tazobactam sodium in dextrose*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium 250 mg cap	PDL Preferred	
dicloxacillin sodium 500 mg cap	PDL Preferred	
nafcillin sodium 1 gm recon soln	PDL Preferred	
nafcillin sodium 10 gm recon soln	PDL Preferred	
nafcillin sodium 2 gm recon soln	PDL Preferred	
NAFCILLIN SODIUM IN DEXTROSE 1 GM/50ML SOLUTION *nafcillin sodium in dextrose*	PDL Preferred	
NAFCILLIN SODIUM IN DEXTROSE 2 GM/100ML SOLUTION *nafcillin sodium in dextrose*	PDL Preferred	
oxacillin sodium 1 gm recon soln	PDL Preferred	
oxacillin sodium 10 gm recon soln	PDL Preferred	
oxacillin sodium 2 gm recon soln	PDL Preferred	
OXACILLIN SODIUM IN DEXTROSE 2 GM/50ML SOLUTION *oxacillin sodium in dextrose*	PDL Preferred	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
BACTERIOSTATIC WATER(BENZ ALC) SOLUTION *water for inject, bacteriostatic benzyl alcohol*	Covered	
diluent for treprostinil solution	Covered	90D
saline bacteriostatic 0.9 % solution	Covered	
sodium chloride bacteriostatic 0.9 % solution	Covered	
STERILE DILUENT FLOLAN PH 12 SOLUTION *glycine diluent*	Covered	90D
STERILE DILUENT FOR REMODULIN SOLUTION *glycine diluent*	Covered	90D
STERILE WATER FOR INJECTION SOLUTION *water for injection, sterile*	Covered	
sterile water for injection solution	Covered	

DRUG NAME	TIER	DRUG EDITS
PROGESTINS		
PROGESTINS		
AYGESTIN 5 MG TAB *norethindrone acetate*	Covered	
hydroxyprogesterone caproate 250 mg/ml oil	Covered	
LILETTA (52 MG) 20.1 MCG/DAY IUD *levonorgestrel (iud)*	Covered	90D
MAKENA 275 MG/1.1ML SOLN A-INJ *hydroxyprogesterone caproate*	Covered	
medroxyprogesterone acetate 10 mg tab	Covered	90D
medroxyprogesterone acetate 2.5 mg tab	Covered	90D
medroxyprogesterone acetate 5 mg tab	Covered	90D
MEGESTROL ACETATE 625 MG/5ML SUSPENSION *megestrol acetate (appetite)*	PDL Non-Preferred	ST 90D
NEXPLANON 68 MG IMPLANT *etonogestrel*	Covered	
norethindrone acetate 5 mg tab	Covered	90D
progesterone 100 mg cap	Covered	90D
progesterone 200 mg cap	Covered	90D
progesterone 50 mg/ml oil	Covered	
PROMETRIUM 100 MG CAP *progesterone*	Covered	90D
PROMETRIUM 200 MG CAP *progesterone*	Covered	90D
PROVERA 10 MG TAB *medroxyprogesterone acetate*	Covered	90D
PROVERA 2.5 MG TAB *medroxyprogesterone acetate*	Covered	90D
PROVERA 5 MG TAB *medroxyprogesterone acetate*	Covered	90D
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium 333 mg tab dr	Covered	90D

DRUG NAME	TIER	DRUG EDITS
disulfiram 250 mg tab	Covered	90D
disulfiram 500 mg tab	Covered	90D
lofexidine hcl 0.18 mg tab	PDL Non-Preferred	ST NOTE T/F of preferred agents not required for diagnosis of opioid withdrawal
LUCEMYRA 0.18 MG TAB *lofexidine hcl*	PDL Non-Preferred	ST NOTE T/F of preferred agents not required for diagnosis of opioid withdrawal
ANTI-CATAPLECTIC AGENTS		
SODIUM OXYBATE 500 MG/ML SOLUTION *sodium oxybate*	Covered	QL 675 UNITS / 30 DAYS ST 90D
XYREM 500 MG/ML SOLUTION *sodium oxybate*	Covered	QL 675 UNITS / 30 DAYS ST 90D
XYWAV 500 MG/ML SOLUTION *calcium, magnesium, potassium, & sodium oxybates*	Covered	ST 90D
ANTIDEMENTIA AGENTS		
ADLARITY 10 MG/DAY PATCH WK *donepezil hydrochloride*	PDL Non-Preferred	ST 90D
ADLARITY 5 MG/DAY PATCH WK *donepezil hydrochloride*	PDL Non-Preferred	ST 90D
ADUHELM 170 MG/1.7ML SOLUTION *aducanumab-avwa*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
ADUHELM 300 MG/3ML SOLUTION *aducanumab-avwa*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
ARICEPT 10 MG TAB *donepezil hydrochloride*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
ARICEPT 23 MG TAB *donepezil hydrochloride*	PDL Non-Preferred	ST 90D
ARICEPT 5 MG TAB *donepezil hydrochloride*	PDL Non-Preferred	ST 90D
donepezil hcl 10 mg tab	PDL Preferred	90D
donepezil hcl 10 mg tab disp	PDL Preferred	90D
donepezil hcl 23 mg tab	PDL Non-Preferred	ST 90D
donepezil hcl 5 mg tab	PDL Preferred	90D
donepezil hcl 5 mg tab disp	PDL Preferred	90D
EXELON 13.3 MG/24HR PATCH 24HR *rivastigmine*	PDL Preferred	90D
EXELON 4.6 MG/24HR PATCH 24HR *rivastigmine*	PDL Preferred	90D
EXELON 9.5 MG/24HR PATCH 24HR *rivastigmine*	PDL Preferred	90D
galantamine hydrobromide 12 mg tab	PDL Non-Preferred	ST 90D
galantamine hydrobromide 4 mg tab	PDL Non-Preferred	ST 90D
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION *galantamine hydrobromide*	PDL Non-Preferred	ST 90D
galantamine hydrobromide 8 mg tab	PDL Non-Preferred	ST 90D
galantamine hydrobromide er 16 mg cap er 24h	PDL Non-Preferred	ST 90D
galantamine hydrobromide er 24 mg cap er 24h	PDL Non-Preferred	ST 90D
galantamine hydrobromide er 8 mg cap er 24h	PDL Non-Preferred	ST 90D
KISUNLA 350 MG/20ML SOLUTION *donanemab-azbt*	PDL Non-Preferred	PA 90D

DRUG NAME	TIER	DRUG EDITS
LEQEMBI 200 MG/2ML SOLUTION *lecanemab-irmb*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
LEQEMBI 500 MG/5ML SOLUTION *lecanemab-irmb*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
memantine hcl 10 mg tab	PDL Preferred	PA 90D
memantine hcl 2 mg/ml solution	PDL Non-Preferred	ST 90D
memantine hcl 28 x 5 mg & 21 x 10 mg tab	PDL Preferred	
memantine hcl 5 mg tab	PDL Preferred	PA 90D
memantine hcl er 14 mg cap er 24h	PDL Non-Preferred	ST 90D
memantine hcl er 21 mg cap er 24h	PDL Non-Preferred	ST 90D
memantine hcl er 28 mg cap er 24h	PDL Non-Preferred	ST 90D
memantine hcl er 7 mg cap er 24h	PDL Non-Preferred	ST 90D
NAMENDA TITRATION PAK 28 X 5 MG & 21 X 10 MG TAB *memantine hcl*	PDL Non-Preferred	ST
NAMENDA XR 14 MG CAP ER 24H *memantine hcl*	PDL Non-Preferred	ST 90D
NAMENDA XR 21 MG CAP ER 24H *memantine hcl*	PDL Non-Preferred	ST 90D
NAMENDA XR 28 MG CAP ER 24H *memantine hcl*	PDL Non-Preferred	ST 90D
NAMZARIC 14-10 MG CAP ER 24H *memantine hcl-donepezil hcl*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
NAMZARIC 21-10 MG CAP ER 24H *memantine hcl-donepezil hcl*	PDL Non-Preferred	ST 90D
NAMZARIC 28-10 MG CAP ER 24H *memantine hcl-donepezil hcl*	PDL Non-Preferred	ST 90D
NAMZARIC 7 & 14 & 21 &28 -10 MG CP24 THPK *memantine hcl-donepezil hcl*	PDL Non-Preferred	ST
NAMZARIC 7-10 MG CAP ER 24H *memantine hcl-donepezil hcl*	PDL Non-Preferred	ST 90D
rivastigmine 13.3 mg/24hr patch 24hr	PDL Non-Preferred	ST 90D
rivastigmine 4.6 mg/24hr patch 24hr	PDL Non-Preferred	ST 90D
rivastigmine 9.5 mg/24hr patch 24hr	PDL Non-Preferred	ST 90D
rivastigmine tartrate 1.5 mg cap	PDL Preferred	90D
rivastigmine tartrate 3 mg cap	PDL Preferred	PA 90D
rivastigmine tartrate 4.5 mg cap	PDL Preferred	PA 90D
rivastigmine tartrate 6 mg cap	PDL Preferred	PA 90D
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TAB *chlordiazepoxide-amitriptyline*	Covered	QL 6 UNITS / 1 DAY 90D
CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB *chlordiazepoxide-amitriptyline*	Covered	QL 6 UNITS / 1 DAY 90D
LYBALVI 10-10 MG TAB *olanzapine-samidorphan l-malate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D

DRUG NAME	TIER	DRUG EDITS
LYBALVI 15-10 MG TAB *olanzapine-samidorphan l-malate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
LYBALVI 20-10 MG TAB *olanzapine-samidorphan l-malate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
LYBALVI 5-10 MG TAB *olanzapine-samidorphan l-malate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only 1 preferred drug is required 90D
olanzapine-fluoxetine hcl 12-25 mg cap	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only one preferred drug is required. 90D
olanzapine-fluoxetine hcl 12-50 mg cap	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only one preferred drug is required. 90D
olanzapine-fluoxetine hcl 3-25 mg cap	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only one preferred drug is required. 90D
olanzapine-fluoxetine hcl 6-25 mg cap	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only one preferred drug is required. 90D

DRUG NAME	TIER	DRUG EDITS
olanzapine-fluoxetine hcl 6-50 mg cap	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST NOTE Trial and failure of only one preferred drug is required. 90D
PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB *perphenazine-amitriptyline*	Covered	90D
PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB *perphenazine-amitriptyline*	Covered	90D
PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB *perphenazine-amitriptyline*	Covered	90D
PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB *perphenazine-amitriptyline*	Covered	90D
PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB *perphenazine-amitriptyline*	Covered	90D
SYMBYAX 3-25 MG CAP *olanzapine-fluoxetine hcl*	Covered	QL 1 UNITS / 1 DAYS ST 90D
SYMBYAX 6-25 MG CAP *olanzapine-fluoxetine hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS ST 90D
FIBROMYALGIA AGENTS		
SAVELLA 100 MG TAB *milnacipran hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
SAVELLA 12.5 MG TAB *milnacipran hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
SAVELLA 25 MG TAB *milnacipran hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D
SAVELLA 50 MG TAB *milnacipran hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST 90D

DRUG NAME	TIER	DRUG EDITS
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC *milnacipran hcl*	PDL Non-Preferred	QL 55 UNITS / 180 DAYS ST
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO 12 MG TAB *deutetrabenazine*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
AUSTEDO 6 MG TAB *deutetrabenazine*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
AUSTEDO 9 MG TAB *deutetrabenazine*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
AUSTEDO XR 12 MG TAB ER 24H *deutetrabenazine*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
AUSTEDO XR 18 MG TAB ER 24H *deutetrabenazine*	PDL Preferred	90D
AUSTEDO XR 24 MG TAB ER 24H *deutetrabenazine*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
AUSTEDO XR 30 MG TAB ER 24H *deutetrabenazine*	PDL Preferred	90D
AUSTEDO XR 36 MG TAB ER 24H *deutetrabenazine*	PDL Preferred	90D
AUSTEDO XR 42 MG TAB ER 24H *deutetrabenazine*	PDL Preferred	90D
AUSTEDO XR 48 MG TAB ER 24H *deutetrabenazine*	PDL Preferred	90D
AUSTEDO XR 6 MG TAB ER 24H *deutetrabenazine*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK *deutetrabenazine*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK *deutetrabenazine*	PDL Preferred	ST NOTE Clinical Criteria Apply
INGREZZA 40 & 80 MG CAP THPK *valbenazine tosylate*	Covered	ST NOTE Clinical Criteria Apply
INGREZZA 40 MG CAP *valbenazine tosylate*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
INGREZZA 40 MG CAP SPRINK *valbenazine tosylate*	PDL Non-Preferred	PA 90D
INGREZZA 60 MG CAP *valbenazine tosylate*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
INGREZZA 60 MG CAP SPRINK *valbenazine tosylate*	PDL Non-Preferred	PA 90D
INGREZZA 80 MG CAP *valbenazine tosylate*	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
INGREZZA 80 MG CAP SPRINK *valbenazine tosylate*	PDL Non-Preferred	PA 90D
tetrabenazine 12.5 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
tetrabenazine 25 mg tab	PDL Preferred	ST NOTE Clinical Criteria Apply 90D
XENAZINE 12.5 MG TAB *tetrabenazine*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D
XENAZINE 25 MG TAB *tetrabenazine*	PDL Non-Preferred	ST NOTE Clinical Criteria Apply 90D

DRUG NAME	TIER	DRUG EDITS
MULTIPLE SCLEROSIS AGENTS		
AMPYRA 10 MG TAB ER 12H *dalfampridine*	PDL Non-Preferred	ST 90D
AUBAGIO 14 MG TAB *teriflunomide*	PDL Non-Preferred	ST 90D
AUBAGIO 7 MG TAB *teriflunomide*	PDL Non-Preferred	ST 90D
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT *interferon beta-1a*	PDL Preferred	90D
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT *interferon beta-1a*	PDL Preferred	90D
BAFIERTAM 95 MG CAP DR *monomethyl fumarate*	PDL Non-Preferred	ST 90D
BETASERON 0.3 MG KIT *interferon beta-1b*	PDL Preferred	90D
BRIUMVI 150 MG/6ML SOLUTION *ublituximab-xiiy*	PDL Non-Preferred	ST 90D
COPAXONE 20 MG/ML SOLN PRSYR *glatiramer acetate*	PDL Preferred	90D
COPAXONE 40 MG/ML SOLN PRSYR *glatiramer acetate*	PDL Preferred	90D
dalfampridine er 10 mg tab er 12h	PDL Preferred	90D
dimethyl fumarate 120 mg cap dr	PDL Preferred	90D
dimethyl fumarate 240 mg cap dr	PDL Preferred	90D
dimethyl fumarate starter pack 120 & 240 mg cpdr thpk	PDL Preferred	
fingolimod hcl 0.5 mg cap	PDL Preferred	90D
GILENYA 0.25 MG CAP *fingolimod hcl*	PDL Non-Preferred	ST 90D
GILENYA 0.5 MG CAP *fingolimod hcl*	PDL Non-Preferred	ST 90D
glatiramer acetate 20 mg/ml soln prsyr	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
glatiramer acetate 40 mg/ml soln prsyr	PDL Non-Preferred	ST 90D
glatopa 20 mg/ml soln prsyr	PDL Non-Preferred	ST 90D
glatopa 40 mg/ml soln prsyr	PDL Non-Preferred	ST 90D
KESIMPTA 20 MG/0.4ML SOLN A-INJ *ofatumumab (ms)*	PDL Preferred	90D
LEMTRADA 12 MG/1.2ML SOLUTION *alemtuzumab (ms)*	PDL Non-Preferred	ST 90D
MAVENCLAD (10 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	PDL Non-Preferred	ST 90D
MAVENCLAD (4 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	PDL Non-Preferred	ST 90D
MAVENCLAD (5 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	PDL Non-Preferred	ST 90D
MAVENCLAD (6 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	PDL Non-Preferred	ST 90D
MAVENCLAD (7 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	PDL Non-Preferred	ST 90D
MAVENCLAD (8 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	PDL Non-Preferred	ST 90D
MAVENCLAD (9 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	PDL Non-Preferred	ST 90D
MAYZENT 0.25 MG TAB *siponimod fumarate*	PDL Non-Preferred	ST 90D
MAYZENT 1 MG TAB *siponimod fumarate*	PDL Non-Preferred	ST 90D
MAYZENT 2 MG TAB *siponimod fumarate*	PDL Non-Preferred	ST 90D
MAYZENT STARTER PACK 0.25 MG TAB THPK *siponimod fumarate*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK *siponimod fumarate*	PDL Non-Preferred	ST
OCREVUS 300 MG/10ML SOLUTION *ocrelizumab*	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for diagnosis of Primary Progressive MS (PPMS) 90D
OCREVUS ZUNOVO 920-23000 MG-UT/23ML SOLUTION *ocrelizumab-hyaluronidase-ocsq*	PDL Non-Preferred	PA
PLEGRIDY 125 MCG/0.5ML SOLN A-INJ *peginterferon beta-1a*	PDL Non-Preferred	ST 90D
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR *peginterferon beta-1a*	PDL Non-Preferred	ST 90D
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ *peginterferon beta-1a*	PDL Non-Preferred	ST
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR *peginterferon beta-1a*	PDL Non-Preferred	ST
PONVORY 20 MG TAB *ponesimod*	PDL Non-Preferred	ST 90D
PONVORY STARTER PACK 2-3-4-5-6-7-8-9 & 10 MG TAB THPK *ponesimod*	PDL Non-Preferred	ST
REBIF 22 MCG/0.5ML SOLN PRSYR *interferon beta-1a*	PDL Preferred	90D
REBIF 44 MCG/0.5ML SOLN PRSYR *interferon beta-1a*	PDL Preferred	90D
REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ *interferon beta-1a*	PDL Preferred	90D
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ *interferon beta-1a*	PDL Preferred	90D
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ *interferon beta-1a*	PDL Preferred	
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR *interferon beta-1a*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
TASCENSO ODT 0.25 MG TAB DISP *fingolimod lauryl sulfate*	PDL Non-Preferred	ST 90D
TASCENSO ODT 0.5 MG TAB DISP *fingolimod lauryl sulfate*	PDL Non-Preferred	ST 90D
TECFIDERA 120 & 240 MG CPDR THPK *dimethyl fumarate*	PDL Non-Preferred	ST
TECFIDERA 120 MG CAP DR *dimethyl fumarate*	PDL Non-Preferred	ST 90D
TECFIDERA 240 MG CAP DR *dimethyl fumarate*	PDL Non-Preferred	ST 90D
teriflunomide 14 mg tab	PDL Preferred	90D
teriflunomide 7 mg tab	PDL Preferred	90D
TYSABRI 300 MG/15ML CONC *natalizumab*	PDL Non-Preferred	ST 90D
VUMERITY 231 MG CAP DR *diroximel fumarate*	PDL Non-Preferred	ST 90D
ZEPOSIA 0.92 MG CAP *ozanimod hcl*	PDL Non-Preferred	ST 90D
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK *ozanimod hcl*	PDL Non-Preferred	ST
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK *ozanimod hcl*	Covered	ST
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK *ozanimod hcl*	PDL Non-Preferred	ST
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) 300 mg tab	PDL Non-Preferred	ST
gabapentin (once-daily) 600 mg tab	PDL Non-Preferred	ST
GRALISE 300 MG TAB *gabapentin (once-daily)*	PDL Non-Preferred	ST
GRALISE 450 MG TAB *gabapentin (once-daily)*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
GRALISE 600 MG TAB *gabapentin (once-daily)*	PDL Non-Preferred	ST
GRALISE 750 MG TAB *gabapentin (once-daily)*	PDL Non-Preferred	ST
GRALISE 900 MG TAB *gabapentin (once-daily)*	PDL Non-Preferred	ST
LYRICA CR 165 MG TAB ER 24H *pregabalin (once-daily)*	PDL Non-Preferred	ST 90D
LYRICA CR 330 MG TAB ER 24H *pregabalin (once-daily)*	PDL Non-Preferred	ST 90D
LYRICA CR 82.5 MG TAB ER 24H *pregabalin (once-daily)*	PDL Non-Preferred	ST 90D
pregabalin er 165 mg tab er 24h	PDL Non-Preferred	ST 90D
pregabalin er 330 mg tab er 24h	PDL Non-Preferred	ST 90D
pregabalin er 82.5 mg tab er 24h	PDL Non-Preferred	ST 90D
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD) 10 MG TAB *fluoxetine hcl (pmdd)*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST 90D
FLUOXETINE HCL (PMDD) 20 MG TAB *fluoxetine hcl (pmdd)*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST 90D
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA 20-10 MG CAP *dextromethorphan hbr-quinidine sulfate*	Covered	QL 2 UNITS / 1 DAYS 90D
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES 1 MG TAB *ergoloid mesylates*	Covered	90D
PIMOZIDE 1 MG TAB *pimozide*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
PIMOZIDE 2 MG TAB *pimozide*	Covered	90D
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT 300 MG TAB ER *gabapentin enacarbil*	PDL Non-Preferred	ST 90D
HORIZANT 600 MG TAB ER *gabapentin enacarbil*	PDL Non-Preferred	ST 90D
SMOKING DETERRENTS		
bupropion hcl er (smoking det) 150 mg tab er 12h	PDL Preferred	
CHANTIX 0.5 MG TAB *varenicline tartrate*	PDL Preferred	
CHANTIX 1 MG TAB *varenicline tartrate*	PDL Preferred	
CHANTIX CONTINUING MONTH PAK 1 MG TAB *varenicline tartrate*	PDL Preferred	
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 MG X 42 TAB THPK *varenicline tartrate*	PDL Preferred	
ft nicotine 2 mg gum	PDL Preferred	
ft nicotine 2 mg lozenge	PDL Preferred	
ft nicotine 4 mg gum	PDL Preferred	
ft nicotine 4 mg lozenge	PDL Preferred	
ft nicotine mini 2 mg lozenge	PDL Preferred	
ft nicotine mini 4 mg lozenge	PDL Preferred	
gnp nicotine 14 mg/24hr patch 24hr	PDL Preferred	
gnp nicotine 2 mg gum	PDL Preferred	
gnp nicotine 21 mg/24hr patch 24hr	PDL Preferred	
gnp nicotine 4 mg gum	PDL Preferred	
gnp nicotine 7 mg/24hr patch 24hr	PDL Preferred	
gnp nicotine mini 2 mg lozenge	PDL Preferred	
gnp nicotine mini 4 mg lozenge	PDL Preferred	
gnp nicotine polacrilex 2 mg gum	PDL Preferred	
gnp nicotine polacrilex 2 mg lozenge	PDL Preferred	
gnp nicotine polacrilex 4 mg gum	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
gnp nicotine polacrilex 4 mg lozenge	PDL Preferred	
goodsense nicotine 2 mg gum	PDL Preferred	
goodsense nicotine 2 mg lozenge	PDL Preferred	
goodsense nicotine 4 mg gum	PDL Preferred	
goodsense nicotine 4 mg lozenge	PDL Preferred	
hm nicotine 14 mg/24hr patch 24hr	PDL Preferred	
hm nicotine 21 mg/24hr patch 24hr	PDL Preferred	
hm nicotine 7 mg/24hr patch 24hr	PDL Preferred	
hm nicotine polacrilex 2 mg lozenge	PDL Preferred	
hm nicotine polacrilex 4 mg lozenge	PDL Preferred	
nicotine 14 mg/24hr patch 24hr	PDL Preferred	
nicotine 21 mg/24hr patch 24hr	PDL Preferred	
NICOTINE 21-14-7 MG/24HR KIT *nicotine*	PDL Preferred	
nicotine 7 mg/24hr patch 24hr	PDL Preferred	
nicotine mini 2 mg lozenge	PDL Preferred	
nicotine mini 4 mg lozenge	PDL Preferred	
nicotine polacrilex 2 mg gum	PDL Preferred	
nicotine polacrilex 2 mg lozenge	PDL Preferred	
nicotine polacrilex 4 mg gum	PDL Preferred	
nicotine polacrilex 4 mg lozenge	PDL Preferred	
nicotine polacrilex mini 2 mg lozenge	PDL Preferred	
nicotine step 1 21 mg/24hr patch 24hr	PDL Preferred	
nicotine step 2 14 mg/24hr patch 24hr	PDL Preferred	
nicotine step 3 7 mg/24hr patch 24hr	PDL Preferred	
NICOTROL 10 MG INHALER *nicotine*	PDL Non-Preferred	ST
NICOTROL NS 10 MG/ML SOLUTION *nicotine*	PDL Non-Preferred	ST
sm nicotine 14 mg/24hr patch 24hr	PDL Preferred	
sm nicotine 2 mg lozenge	PDL Preferred	
sm nicotine 4 mg gum	PDL Preferred	
sm nicotine 7 mg/24hr patch 24hr	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
sm nicotine polacrilex 2 mg gum	PDL Preferred	
sm nicotine polacrilex 2 mg lozenge	PDL Preferred	
sm nicotine polacrilex 4 mg gum	PDL Preferred	
sm nicotine polacrilex 4 mg lozenge	PDL Preferred	
varenicline tartrate 0.5 mg tab	PDL Preferred	
varenicline tartrate 1 mg tab	PDL Preferred	
varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk	PDL Preferred	QL 6 FILLS / 365 DAYS NOTE Quantity limited to 6 months supply per 12 months
varenicline tartrate(continue) 1 mg tab	PDL Preferred	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA 25 MG/0.5ML SOLN PRSYR *vutrisiran sodium*	Covered	90D
ONPATTRO 10 MG/5ML SOLUTION *patisiran sodium*	Covered	90D
TEGSEDI 284 MG/1.5ML SOLN PRSYR *inotersen sodium*	Covered	90D
WAINUA 45 MG/0.8ML SOLN A-INJ *eplontersen sodium*	Covered	90D
VASOMOTOR SYMPTOM AGENTS		
paroxetine mesylate 7.5 mg cap	PDL Non-Preferred	ST 90D
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP 1000 MG RECON SOLN *alpha1-proteinase inhibitor (human)*	Covered	90D
ARALAST NP 500 MG RECON SOLN *alpha1-proteinase inhibitor (human)*	Covered	90D
GLASSIA 1000 MG/50ML SOLUTION *alpha1-proteinase inhibitor (human)*	Covered	90D
PROLASTIN-C 1000 MG/20ML SOLUTION *alpha1-proteinase inhibitor (human)*	Covered	90D
ZEMAIRA 1000 MG RECON SOLN *alpha1-proteinase inhibitor (human)*	Covered	90D
ZEMAIRA 4000 MG RECON SOLN *alpha1-proteinase inhibitor (human)*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
ZEMAIRA 5000 MG RECON SOLN *alpha1-proteinase inhibitor (human)*	Covered	90D
CYSTIC FIBROSIS AGENTS		
BRONCHITOL 40 MG CAP *mannitol (cystic fibrosis)*	Covered	90D
BRONCHITOL TOLERANCE TEST 40 MG CAP *mannitol (cystic fibrosis)*	Covered	90D
KALYDECO 13.4 MG PACKET *ivacaftor*	Covered	ST 90D
KALYDECO 150 MG TAB *ivacaftor*	Covered	ST 90D
KALYDECO 25 MG PACKET *ivacaftor*	Covered	ST 90D
KALYDECO 5.8 MG PACKET *ivacaftor*	Covered	ST 90D
KALYDECO 50 MG PACKET *ivacaftor*	Covered	ST 90D
KALYDECO 75 MG PACKET *ivacaftor*	Covered	ST 90D
ORKAMBI 100-125 MG PACKET *lumacaftor-ivacaftor*	Covered	ST 90D
ORKAMBI 100-125 MG TAB *lumacaftor-ivacaftor*	Covered	ST 90D
ORKAMBI 150-188 MG PACKET *lumacaftor-ivacaftor*	Covered	ST 90D
ORKAMBI 200-125 MG TAB *lumacaftor-ivacaftor*	Covered	ST 90D
ORKAMBI 75-94 MG PACKET *lumacaftor-ivacaftor*	Covered	ST 90D
PULMOZYME 2.5 MG/2.5ML SOLUTION *dornase alfa*	Covered	90D
SYMDEKO 100-150 & 150 MG TAB THPK *tezacaftor-ivacaftor*	Covered	ST 90D

DRUG NAME	TIER	DRUG EDITS
SYMDEKO 50-75 & 75 MG TAB THPK *tezacaftor-ivacaftor*	Covered	ST 90D
TRIKAFTA 100-50-75 & 150 MG TAB THPK *elexacaftor-tezacaftor-ivacaftor*	Covered	ST 90D
TRIKAFTA 100-50-75 & 75 MG THER PACK *elexacaftor-tezacaftor-ivacaftor*	Covered	ST 90D
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK *elexacaftor-tezacaftor-ivacaftor*	Covered	ST 90D
TRIKAFTA 80-40-60 & 59.5 MG THER PACK *elexacaftor-tezacaftor-ivacaftor*	Covered	ST 90D
PULMONARY FIBROSIS AGENTS		
ESBRIET 267 MG CAP *pirfenidone*	Covered	90D
ESBRIET 267 MG TAB *pirfenidone*	Covered	90D
ESBRIET 801 MG TAB *pirfenidone*	Covered	90D
OFEV 100 MG CAP *nintedanib esylate*	Covered	90D
OFEV 150 MG CAP *nintedanib esylate*	Covered	90D
pirfenidone 267 mg cap	Covered	90D
pirfenidone 267 mg tab	Covered	90D
PIRFENIDONE 534 MG TAB *pirfenidone*	Covered	90D
pirfenidone 801 mg tab	Covered	90D
RESPIRATORY AGENTS - MISC.		
CUROSURF 120 MG/1.5ML SUSPENSION *poractant alfa*	Covered	
CUROSURF 240 MG/3ML SUSPENSION *poractant alfa*	Covered	
SURVANTA 25-0.9 MG/ML-% SUSPENSION *beractant in nacl*	Covered	

DRUG NAME	TIER	DRUG EDITS
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine 500 mg tab	Covered	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA 100 MG RECON SOLN *omadacycline tosylate*	Covered	
NUZYRA 150 MG TAB *omadacycline tosylate*	PDL Non-Preferred	ST
FLUOROCYCLINES		
XERAVA 100 MG RECON SOLN *eravacycline dihydrochloride*	Covered	
XERAVA 50 MG RECON SOLN *eravacycline dihydrochloride*	Covered	
GLYCYLCYCLINES		
TIGECYCLINE 50 MG RECON SOLN *tigecycline*	Covered	
tigecycline 50 mg recon soln	Covered	
TYGACIL 50 MG RECON SOLN *tigecycline*	Covered	
TETRACYCLINES		
demeclocycline hcl 150 mg tab	PDL Non-Preferred	ST
demeclocycline hcl 300 mg tab	PDL Non-Preferred	ST
DORYX MPC 60 MG TAB DR *doxycycline hyclate*	PDL Non-Preferred	ST
doxy 100 100 mg recon soln	Covered	
doxycycline hyclate 100 mg cap	PDL Preferred	
doxycycline hyclate 100 mg recon soln	Covered	
doxycycline hyclate 100 mg tab	PDL Preferred	
doxycycline hyclate 100 mg tab dr	PDL Non-Preferred	ST
doxycycline hyclate 150 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
doxycycline hyclate 150 mg tab dr	PDL Non-Preferred	ST
doxycycline hyclate 20 mg tab	PDL Preferred	
doxycycline hyclate 200 mg tab dr	PDL Non-Preferred	ST
doxycycline hyclate 50 mg cap	PDL Preferred	
doxycycline hyclate 50 mg tab	PDL Preferred	
doxycycline hyclate 50 mg tab dr	PDL Non-Preferred	ST
doxycycline hyclate 75 mg tab	PDL Preferred	
doxycycline hyclate 75 mg tab dr	PDL Non-Preferred	ST
DOXYCYCLINE HYCLATE 80 MG TAB DR *doxycycline hyclate*	PDL Non-Preferred	ST
doxycycline monohydrate 100 mg cap	PDL Preferred	
doxycycline monohydrate 100 mg tab	PDL Non-Preferred	ST
doxycycline monohydrate 150 mg cap	PDL Non-Preferred	ST
doxycycline monohydrate 150 mg tab	PDL Non-Preferred	ST
doxycycline monohydrate 25 mg/5ml recon susp	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age
doxycycline monohydrate 50 mg cap	PDL Preferred	
doxycycline monohydrate 50 mg tab	PDL Non-Preferred	ST
doxycycline monohydrate 75 mg cap	PDL Non-Preferred	ST
doxycycline monohydrate 75 mg tab	PDL Non-Preferred	ST
MINOCIN 100 MG RECON SOLN *minocycline hcl*	Covered	
minocycline hcl 100 mg cap	PDL Preferred	
minocycline hcl 100 mg tab	PDL Non-Preferred	ST
minocycline hcl 50 mg cap	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
minocycline hcl 50 mg tab	PDL Non-Preferred	ST
minocycline hcl 75 mg cap	PDL Preferred	
minocycline hcl 75 mg tab	PDL Non-Preferred	ST
minocycline hcl er 105 mg tab er 24h	PDL Non-Preferred	ST NOTE Clinical justification and failure of doxycycline and minocycline is required. Limited to a 12 week supply.
minocycline hcl er 115 mg tab er 24h	PDL Non-Preferred	ST NOTE Clinical justification and failure of doxycycline and minocycline is required. Limited to a 12 week supply.
minocycline hcl er 135 mg tab er 24h	PDL Non-Preferred	ST NOTE Clinical justification and failure of doxycycline and minocycline is required. Limited to a 12 week supply.
minocycline hcl er 45 mg tab er 24h	PDL Non-Preferred	ST NOTE Clinical justification and failure of doxycycline and minocycline is required. Limited to a 12 week supply.
minocycline hcl er 55 mg tab er 24h	PDL Non-Preferred	ST NOTE Clinical justification and failure of doxycycline and minocycline is required. Limited to a 12 week supply.
minocycline hcl er 65 mg tab er 24h	PDL Non-Preferred	ST NOTE Clinical justification and failure of doxycycline and minocycline is required. Limited to a 12 week supply.
minocycline hcl er 80 mg tab er 24h	PDL Non-Preferred	ST NOTE Clinical justification and failure of doxycycline and minocycline is required. Limited to a 12 week supply.

DRUG NAME	TIER	DRUG EDITS
minocycline hcl er 90 mg tab er 24h	PDL Non-Preferred	ST NOTE Clinical justification and failure of doxycycline and minocycline is required. Limited to a 12 week supply.
MINOLIRA 105 MG TAB ER 24H *minocycline hcl*	PDL Non-Preferred	ST
MINOLIRA 135 MG TAB ER 24H *minocycline hcl*	PDL Non-Preferred	ST
MORGIDOX 1 X 100 MG KIT *doxycycline hyclate w/ cleanser*	PDL Non-Preferred	ST
morgidox 100 mg cap	PDL Preferred	
MORGIDOX 2 X 100 MG KIT *doxycycline hyclate w/ cleanser*	PDL Non-Preferred	ST
SOLODYN 55 MG TAB ER 24H *minocycline hcl*	Covered	ST NOTE Clinical justification and failure of doxycycline and minocycline is required. Limited to a 12 week supply.
SOLODYN 80 MG TAB ER 24H *minocycline hcl*	PDL Non-Preferred	ST NOTE Clinical justification and failure of doxycycline and minocycline is required. Limited to a 12 week supply.
tetracycline hcl 250 mg cap	PDL Non-Preferred	ST
TETRACYCLINE HCL 250 MG TAB *tetracycline hcl*	PDL Non-Preferred	ST
tetracycline hcl 500 mg cap	PDL Non-Preferred	ST
TETRACYCLINE HCL 500 MG TAB *tetracycline hcl*	PDL Non-Preferred	ST
VIBRAMYCIN 100 MG CAP *doxycycline hyclate*	Covered	ST
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole 10 mg tab	Covered	90D
methimazole 5 mg tab	Covered	90D

DRUG NAME	TIER	DRUG EDITS
propylthiouracil 50 mg tab	Covered	90D
THYROID HORMONES		
ADTHYZA 120 MG TAB *thyroid*	Covered	90D
ADTHYZA 130 MG TAB *thyroid*	Covered	90D
ADTHYZA 15 MG TAB *thyroid*	Covered	90D
ADTHYZA 16.25 MG TAB *thyroid*	Covered	90D
ADTHYZA 30 MG TAB *thyroid*	Covered	90D
ADTHYZA 32.5 MG TAB *thyroid*	Covered	90D
ADTHYZA 60 MG TAB *thyroid*	Covered	90D
ADTHYZA 65 MG TAB *thyroid*	Covered	90D
ADTHYZA 90 MG TAB *thyroid*	Covered	90D
ADTHYZA 97.5 MG TAB *thyroid*	Covered	90D
ARMOUR THYROID 120 MG TAB *thyroid*	Covered	90D
ARMOUR THYROID 15 MG TAB *thyroid*	Covered	90D
ARMOUR THYROID 180 MG TAB *thyroid*	Covered	90D
ARMOUR THYROID 240 MG TAB *thyroid*	Covered	90D
ARMOUR THYROID 30 MG TAB *thyroid*	Covered	90D
ARMOUR THYROID 300 MG TAB *thyroid*	Covered	90D
ARMOUR THYROID 60 MG TAB *thyroid*	Covered	90D
ARMOUR THYROID 90 MG TAB *thyroid*	Covered	90D
CYTOMEL 25 MCG TAB *liothyronine sodium*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
CYTOMEL 5 MCG TAB *liothyronine sodium*	Covered	90D
CYTOMEL 50 MCG TAB *liothyronine sodium*	Covered	90D
ERMEZA 150 MCG/5ML SOLUTION *levothyroxine sodium*	Covered	90D
euthyrox 100 mcg tab	Covered	90D
euthyrox 112 mcg tab	Covered	90D
euthyrox 125 mcg tab	Covered	90D
euthyrox 137 mcg tab	Covered	90D
euthyrox 150 mcg tab	Covered	90D
euthyrox 175 mcg tab	Covered	90D
euthyrox 200 mcg tab	Covered	90D
euthyrox 25 mcg tab	Covered	90D
euthyrox 50 mcg tab	Covered	90D
euthyrox 75 mcg tab	Covered	90D
euthyrox 88 mcg tab	Covered	90D
levo-t 100 mcg tab	Covered	90D
levo-t 112 mcg tab	Covered	90D
levo-t 125 mcg tab	Covered	90D
levo-t 137 mcg tab	Covered	90D
levo-t 150 mcg tab	Covered	90D
levo-t 175 mcg tab	Covered	90D
levo-t 200 mcg tab	Covered	90D
levo-t 25 mcg tab	Covered	90D
levo-t 300 mcg tab	Covered	90D
levo-t 50 mcg tab	Covered	90D
levo-t 75 mcg tab	Covered	90D
levo-t 88 mcg tab	Covered	90D

DRUG NAME	TIER	DRUG EDITS
LEVOTHYROXINE SODIUM 100 MCG CAP *levothyroxine sodium*	Covered	90D
LEVOTHYROXINE SODIUM 100 MCG RECON SOLN *levothyroxine sodium*	Covered	
levothyroxine sodium 100 mcg recon soln	Covered	
levothyroxine sodium 100 mcg tab	Covered	90D
LEVOTHYROXINE SODIUM 100 MCG/5ML SOLUTION *levothyroxine sodium*	Covered	
LEVOTHYROXINE SODIUM 100 MCG/ML SOLUTION *levothyroxine sodium*	Covered	
LEVOTHYROXINE SODIUM 112 MCG CAP *levothyroxine sodium*	Covered	90D
levothyroxine sodium 112 mcg tab	Covered	90D
LEVOTHYROXINE SODIUM 125 MCG CAP *levothyroxine sodium*	Covered	90D
levothyroxine sodium 125 mcg tab	Covered	90D
LEVOTHYROXINE SODIUM 13 MCG CAP *levothyroxine sodium*	Covered	90D
LEVOTHYROXINE SODIUM 137 MCG CAP *levothyroxine sodium*	Covered	90D
levothyroxine sodium 137 mcg tab	Covered	90D
LEVOTHYROXINE SODIUM 150 MCG CAP *levothyroxine sodium*	Covered	90D
levothyroxine sodium 150 mcg tab	Covered	90D
LEVOTHYROXINE SODIUM 175 MCG CAP *levothyroxine sodium*	Covered	90D
levothyroxine sodium 175 mcg tab	Covered	90D
LEVOTHYROXINE SODIUM 200 MCG CAP *levothyroxine sodium*	Covered	90D
LEVOTHYROXINE SODIUM 200 MCG RECON SOLN *levothyroxine sodium*	Covered	
levothyroxine sodium 200 mcg recon soln	Covered	
levothyroxine sodium 200 mcg tab	Covered	90D

DRUG NAME	TIER	DRUG EDITS
LEVOTHYROXINE SODIUM 200 MCG/5ML SOLUTION *levothyroxine sodium*	Covered	
LEVOTHYROXINE SODIUM 25 MCG CAP *levothyroxine sodium*	Covered	90D
levothyroxine sodium 25 mcg tab	Covered	90D
levothyroxine sodium 300 mcg tab	Covered	90D
LEVOTHYROXINE SODIUM 50 MCG CAP *levothyroxine sodium*	Covered	90D
levothyroxine sodium 50 mcg tab	Covered	90D
LEVOTHYROXINE SODIUM 500 MCG RECON SOLN *levothyroxine sodium*	Covered	
levothyroxine sodium 500 mcg recon soln	Covered	
LEVOTHYROXINE SODIUM 500 MCG/5ML SOLUTION *levothyroxine sodium*	Covered	
LEVOTHYROXINE SODIUM 75 MCG CAP *levothyroxine sodium*	Covered	90D
levothyroxine sodium 75 mcg tab	Covered	90D
LEVOTHYROXINE SODIUM 88 MCG CAP *levothyroxine sodium*	Covered	90D
levothyroxine sodium 88 mcg tab	Covered	90D
levoxyl 100 mcg tab	Covered	90D
levoxyl 112 mcg tab	Covered	90D
levoxyl 125 mcg tab	Covered	90D
levoxyl 137 mcg tab	Covered	90D
levoxyl 150 mcg tab	Covered	90D
levoxyl 175 mcg tab	Covered	90D
levoxyl 200 mcg tab	Covered	90D
levoxyl 25 mcg tab	Covered	90D
levoxyl 50 mcg tab	Covered	90D
levoxyl 75 mcg tab	Covered	90D

DRUG NAME	TIER	DRUG EDITS
levoxyl 88 mcg tab	Covered	90D
LIOTHYRONINE SODIUM 10 MCG/ML SOLUTION *liothyronine sodium*	Covered	
liothyronine sodium 25 mcg tab	Covered	90D
liothyronine sodium 5 mcg tab	Covered	90D
liothyronine sodium 50 mcg tab	Covered	90D
NIVA THYROID 120 MG TAB *thyroid*	Covered	90D
NIVA THYROID 15 MG TAB *thyroid*	Covered	90D
NIVA THYROID 30 MG TAB *thyroid*	Covered	90D
NIVA THYROID 60 MG TAB *thyroid*	Covered	90D
NIVA THYROID 90 MG TAB *thyroid*	Covered	90D
NP THYROID 120 MG TAB *thyroid*	Covered	90D
NP THYROID 15 MG TAB *thyroid*	Covered	90D
NP THYROID 30 MG TAB *thyroid*	Covered	90D
NP THYROID 60 MG TAB *thyroid*	Covered	90D
NP THYROID 90 MG TAB *thyroid*	Covered	90D
SYNTHROID 100 MCG TAB *levothyroxine sodium*	Covered	90D
SYNTHROID 112 MCG TAB *levothyroxine sodium*	Covered	90D
SYNTHROID 125 MCG TAB *levothyroxine sodium*	Covered	90D
SYNTHROID 137 MCG TAB *levothyroxine sodium*	Covered	90D
SYNTHROID 150 MCG TAB *levothyroxine sodium*	Covered	90D
SYNTHROID 175 MCG TAB *levothyroxine sodium*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
SYNTHROID 200 MCG TAB *levothyroxine sodium*	Covered	90D
SYNTHROID 25 MCG TAB *levothyroxine sodium*	Covered	90D
SYNTHROID 300 MCG TAB *levothyroxine sodium*	Covered	90D
SYNTHROID 50 MCG TAB *levothyroxine sodium*	Covered	90D
SYNTHROID 75 MCG TAB *levothyroxine sodium*	Covered	90D
SYNTHROID 88 MCG TAB *levothyroxine sodium*	Covered	90D
THYQUIDITY 100 MCG/5ML SOLUTION *levothyroxine sodium*	Covered	90D
THYROID 120 MG TAB *thyroid*	Covered	90D
THYROID 15 MG TAB *thyroid*	Covered	90D
THYROID 30 MG TAB *thyroid*	Covered	90D
THYROID 60 MG TAB *thyroid*	Covered	90D
THYROID 90 MG TAB *thyroid*	Covered	90D
TIROSINT 100 MCG CAP *levothyroxine sodium*	Covered	90D
TIROSINT 112 MCG CAP *levothyroxine sodium*	Covered	90D
TIROSINT 125 MCG CAP *levothyroxine sodium*	Covered	90D
TIROSINT 13 MCG CAP *levothyroxine sodium*	Covered	90D
TIROSINT 137 MCG CAP *levothyroxine sodium*	Covered	90D
TIROSINT 150 MCG CAP *levothyroxine sodium*	Covered	90D
TIROSINT 175 MCG CAP *levothyroxine sodium*	Covered	90D
TIROSINT 200 MCG CAP *levothyroxine sodium*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
TIROSINT 25 MCG CAP *levothyroxine sodium*	Covered	90D
TIROSINT 37.5 MCG CAP *levothyroxine sodium*	Covered	90D
TIROSINT 44 MCG CAP *levothyroxine sodium*	Covered	90D
TIROSINT 50 MCG CAP *levothyroxine sodium*	Covered	90D
TIROSINT 62.5 MCG CAP *levothyroxine sodium*	Covered	90D
TIROSINT 75 MCG CAP *levothyroxine sodium*	Covered	90D
TIROSINT 88 MCG CAP *levothyroxine sodium*	Covered	90D
TIROSINT-SOL 100 MCG/ML SOLUTION *levothyroxine sodium*	Covered	90D
TIROSINT-SOL 112 MCG/ML SOLUTION *levothyroxine sodium*	Covered	90D
TIROSINT-SOL 125 MCG/ML SOLUTION *levothyroxine sodium*	Covered	90D
TIROSINT-SOL 13 MCG/ML SOLUTION *levothyroxine sodium*	Covered	90D
TIROSINT-SOL 137 MCG/ML SOLUTION *levothyroxine sodium*	Covered	90D
TIROSINT-SOL 150 MCG/ML SOLUTION *levothyroxine sodium*	Covered	90D
TIROSINT-SOL 175 MCG/ML SOLUTION *levothyroxine sodium*	Covered	90D
TIROSINT-SOL 200 MCG/ML SOLUTION *levothyroxine sodium*	Covered	90D
TIROSINT-SOL 25 MCG/ML SOLUTION *levothyroxine sodium*	Covered	90D
TIROSINT-SOL 37.5 MCG/ML SOLUTION *levothyroxine sodium*	Covered	90D
TIROSINT-SOL 44 MCG/ML SOLUTION *levothyroxine sodium*	Covered	90D
TIROSINT-SOL 50 MCG/ML SOLUTION *levothyroxine sodium*	Covered	90D
TIROSINT-SOL 62.5 MCG/ML SOLUTION *levothyroxine sodium*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
TIROSINT-SOL 75 MCG/ML SOLUTION *levothyroxine sodium*	Covered	90D
TIROSINT-SOL 88 MCG/ML SOLUTION *levothyroxine sodium*	Covered	90D
unithroid 100 mcg tab	Covered	90D
unithroid 112 mcg tab	Covered	90D
unithroid 125 mcg tab	Covered	90D
unithroid 137 mcg tab	Covered	90D
unithroid 150 mcg tab	Covered	90D
unithroid 175 mcg tab	Covered	90D
unithroid 200 mcg tab	Covered	90D
unithroid 25 mcg tab	Covered	90D
unithroid 300 mcg tab	Covered	90D
unithroid 50 mcg tab	Covered	90D
unithroid 75 mcg tab	Covered	90D
unithroid 88 mcg tab	Covered	90D
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)*	Covered	QL 0.5 UNITS / 1 DAY AL 19 to 64 yrs old
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)*	Covered	QL 0.5 UNITS / 1 DAY AL At least 19 yrs old
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSPENSION *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)*	Covered	QL 0.5 UNITS / 1 DAY AL At least 19 yrs old
TDVAX 2-2 LF/0.5ML SUSPENSION *tetanus-diphtheria toxoids (td)*	Covered	QL 0.5 UNITS / 1 DAY AL At least 19 yrs old
TENIVAC 5-2 LFU INJECTABLE *tetanus-diphtheria toxoids (td)*	Covered	QL 0.5 UNITS / 1 DAY AL At least 19 yrs old

DRUG NAME	TIER	DRUG EDITS
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ATROPINE SULFATE 0.25 MG/5ML SOLN PRSYR *atropine sulfate*	Covered	
ATROPINE SULFATE 0.4 MG/ML SOLUTION *atropine sulfate*	Covered	
atropine sulfate 0.4 mg/ml solution	Covered	
ATROPINE SULFATE 0.5 MG/5ML SOLN PRSYR *atropine sulfate*	Covered	
atropine sulfate 0.5 mg/5ml soln prsyr	Covered	
ATROPINE SULFATE 1 MG/10ML SOLN PRSYR *atropine sulfate*	Covered	
atropine sulfate 1 mg/10ml soln prsyr	Covered	
ATROPINE SULFATE 1 MG/ML SOLUTION *atropine sulfate*	Covered	
atropine sulfate 1 mg/ml solution	Covered	
ATROPINE SULFATE 8 MG/20ML SOLUTION *atropine sulfate*	Covered	
atropine sulfate 8 mg/20ml solution	Covered	
BELLADONNA ALKALOIDS-OPIUM 16.2-30 MG SUPPOS *belladonna alkaloids & opium*	Covered	
BELLADONNA ALKALOIDS-OPIUM 16.2-60 MG SUPPOS *belladonna alkaloids & opium*	Covered	
BENTYL 10 MG/ML SOLUTION *dicyclomine hcl*	Covered	
chlordiazepoxide-clidinium 5-2.5 mg cap	Covered	
CUVPOSA 1 MG/5ML SOLUTION *glycopyrrolate*	Covered	90D
DARTISLA ODT 1.7 MG TAB DISP *glycopyrrolate*	Covered	
dicyclomine hcl 10 mg cap	Covered	90D
dicyclomine hcl 10 mg/5ml solution	Covered	90D
dicyclomine hcl 10 mg/ml solution	Covered	
dicyclomine hcl 20 mg tab	Covered	90D

DRUG NAME	TIER	DRUG EDITS
ed-spaz 0.125 mg tab disp	Covered	
GLYCATE 1.5 MG TAB *glycopyrrolate*	Covered	90D
glycopyrrolate 0.2 mg/ml solution	Covered	
glycopyrrolate 0.4 mg/2ml solution	Covered	
glycopyrrolate 1 mg tab	Covered	90D
glycopyrrolate 1 mg/5ml solution	Covered	90D
glycopyrrolate 2 mg tab	Covered	90D
glycopyrrolate 4 mg/20ml solution	Covered	
GLYCOPYRROLATE (PF) 0.6 MG/3ML SOLN PRSYR *glycopyrrolate*	Covered	
glycopyrrolate pf 0.2 mg/ml soln prsyr	Covered	
glycopyrrolate pf 0.4 mg/2ml soln prsyr	Covered	
GLYCOPYRROLATE PF 0.6 MG/3ML SOLN PRSYR *glycopyrrolate*	Covered	
GLYRX-PF 0.2 MG/ML SOLUTION *glycopyrrolate*	Covered	
GLYRX-PF 0.4 MG/2ML SOLUTION *glycopyrrolate*	Covered	
GLYRX-PF 0.6 MG/3ML SOLN PRSYR *glycopyrrolate*	Covered	
GLYRX-PF 1 MG/5ML SOLN PRSYR *glycopyrrolate*	Covered	
hyoscyamine sulfate 0.125 mg sl tab	Covered	90D
hyoscyamine sulfate 0.125 mg tab	Covered	90D
hyoscyamine sulfate 0.125 mg tab disp	Covered	90D
hyoscyamine sulfate 0.125 mg/5ml elixir	Covered	90D
hyoscyamine sulfate 0.125 mg/ml solution	Covered	90D
hyoscyamine sulfate er 0.375 mg tab er 12h	Covered	90D
LEVSIN 0.125 MG TAB *hyoscyamine sulfate*	Covered	90D
LEVSIN/SL 0.125 MG SL TAB *hyoscyamine sulfate*	Covered	90D

DRUG NAME	TIER	DRUG EDITS
LIBRAX 5-2.5 MG CAP *chlordiazepoxide hcl-clidinium bromide*	Covered	
methscopolamine bromide 2.5 mg tab	Covered	
methscopolamine bromide 5 mg tab	Covered	
nulev 0.125 mg tab disp	Covered	90D
oscimin 0.125 mg sl tab	Covered	90D
oscimin 0.125 mg tab	Covered	90D
ROBINUL 1 MG TAB *glycopyrrolate*	Covered	90D
ROBINUL-FORTE 2 MG TAB *glycopyrrolate*	Covered	90D
H-2 ANTAGONISTS		
acid reducer maximum strength 20 mg tab	PDL Preferred	90D
cimetidine 200 mg tab	PDL Non-Preferred	ST 90D
cimetidine 300 mg tab	PDL Non-Preferred	ST 90D
cimetidine 400 mg tab	PDL Non-Preferred	ST 90D
cimetidine 800 mg tab	PDL Non-Preferred	ST 90D
cimetidine hcl 300 mg/5ml solution	PDL Non-Preferred	PA 90D
famotidine 20 mg tab	PDL Preferred	90D
famotidine 200 mg/20ml solution	Covered	
famotidine 40 mg tab	PDL Preferred	90D
famotidine 40 mg/4ml solution	Covered	
famotidine 40 mg/5ml recon susp	PDL Preferred	90D
famotidine (pf) 20 mg/2ml solution	Covered	
famotidine maximum strength 20 mg tab	PDL Preferred	90D
FAMOTIDINE PREMIXED 20-0.9 MG/50ML-% SOLUTION *famotidine in nacl*	Covered	

DRUG NAME	TIER	DRUG EDITS
ft acid reducer max strength 20 mg tab	PDL Preferred	90D
gnp acid reducer max st 20 mg tab	PDL Preferred	90D
heartburn relief max st 20 mg tab	PDL Preferred	90D
nizatidine 150 mg cap	PDL Non-Preferred	ST 90D
NIZATIDINE 300 MG CAP *nizatidine*	PDL Non-Preferred	ST 90D
PEPCID 20 MG TAB *famotidine*	PDL Non-Preferred	ST 90D
PEPCID 40 MG TAB *famotidine*	PDL Non-Preferred	ST 90D
sm acid reducer max st 20 mg tab	PDL Preferred	90D
MISC. ANTI-ULCER		
CARAFATE 1 GM TAB *sucralfate*	Covered	90D
CARAFATE 1 GM/10ML SUSPENSION *sucralfate*	Covered	90D
sucralfate 1 gm tab	Covered	90D
sucralfate 1 gm/10ml suspension	Covered	90D
PROTON PUMP INHIBITORS		
acid reducer 20.6 (20 base) mg cap dr	PDL Non-Preferred	ST AL 0 to 12 yrs old 90D
ACIPHEX 20 MG TAB DR *rabeprazole sodium*	Covered	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
DEXILANT 30 MG CAP DR *dexlansoprazole*	PDL Preferred	90D
DEXILANT 60 MG CAP DR *dexlansoprazole*	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
dexlansoprazole 30 mg cap dr	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
dexlansoprazole 60 mg cap dr	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
esomeprazole magnesium 10 mg packet	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
esomeprazole magnesium 20 mg cap dr	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
esomeprazole magnesium 20 mg packet	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
esomeprazole magnesium 20 mg tab dr	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
esomeprazole magnesium 40 mg cap dr	PDL Preferred	90D
esomeprazole magnesium 40 mg packet	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
esomeprazole sodium 40 mg recon soln	Covered	

DRUG NAME	TIER	DRUG EDITS
ft acid reducer 15 mg cap dr	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
ft acid reducer 20 mg cap dr	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
ft omeprazole 20 mg tab dr	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
gnp esomeprazole magnesium 20 mg cap dr	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
gnp lansoprazole 15 mg cap dr	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
gnp omeprazole 20 mg tab dr	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
gnp omeprazole 20 mg tab dr disp	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age
gnp omeprazole 20.6 (20 base) mg cap dr	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D

DRUG NAME	TIER	DRUG EDITS
goodsense esomeprazole 20 mg cap dr	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
goodsense lansoprazole 15 mg cap dr	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
goodsense lansoprazole 15 mg tab dr disp	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
hm esomeprazole magnesium dr 20 mg cap dr	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
lansoprazole 15 mg cap dr	PDL Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
lansoprazole 15 mg tab dr disp	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
lansoprazole 30 mg cap dr	PDL Preferred	90D
lansoprazole 30 mg tab dr disp	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
NEXIUM 10 MG PACKET *esomeprazole magnesium*	PDL Preferred	90D

Last updated 04/01/2025

DRUG NAME	TIER	DRUG EDITS
NEXIUM 2.5 MG PACKET *esomeprazole magnesium*	PDL Preferred	90D
NEXIUM 20 MG CAP DR *esomeprazole magnesium*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
NEXIUM 20 MG PACKET *esomeprazole magnesium*	PDL Preferred	90D
NEXIUM 40 MG CAP DR *esomeprazole magnesium*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
NEXIUM 40 MG PACKET *esomeprazole magnesium*	PDL Preferred	90D
NEXIUM 5 MG PACKET *esomeprazole magnesium*	PDL Preferred	90D
NEXIUM I.V. 40 MG RECON SOLN *esomeprazole sodium*	Covered	
omeprazole 10 mg cap dr	PDL Preferred	90D
omeprazole 20 mg cap dr	PDL Preferred	90D
omeprazole 20 mg tab dr	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
omeprazole 20 mg tab dr disp	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age
omeprazole 40 mg cap dr	PDL Preferred	90D
omeprazole magnesium 20 mg tab dr	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D

DRUG NAME	TIER	DRUG EDITS
omeprazole magnesium 20.6 (20 base) mg cap dr	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
pantoprazole sodium 20 mg tab dr	PDL Preferred	90D
pantoprazole sodium 40 mg packet	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
pantoprazole sodium 40 mg recon soln	Covered	
pantoprazole sodium 40 mg tab dr	PDL Preferred	90D
PANTOPRAZOLE SODIUM-NACL 40-0.9 MG/100ML-% SOLUTION *pantoprazole sodium-nacl*	Covered	
PANTOPRAZOLE SODIUM-NACL 80-0.9 MG/100ML-% SOLUTION *pantoprazole sodium-nacl*	Covered	
PREVACID 30 MG CAP DR *lansoprazole*	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
PREVACID 24HR 15 MG CAP DR *lansoprazole*	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
PREVACID SOLUTAB 15 MG TAB DR DISP *lansoprazole*	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
PREVACID SOLUTAB 30 MG TAB DR DISP *lansoprazole*	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D

DRUG NAME	TIER	DRUG EDITS
PRILOSEC 10 MG PACKET *omeprazole magnesium*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
PRILOSEC 2.5 MG PACKET *omeprazole magnesium*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
PROTONIX 20 MG TAB DR *pantoprazole sodium*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
PROTONIX 40 MG PACKET *pantoprazole sodium*	PDL Preferred	90D
PROTONIX 40 MG RECON SOLN *pantoprazole sodium*	Covered	
PROTONIX 40 MG TAB DR *pantoprazole sodium*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
rabeprazole sodium 20 mg tab dr	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
sm esomeprazole magnesium 20 mg cap dr	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
sm lansoprazole 15 mg cap dr	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D

DRUG NAME	TIER	DRUG EDITS
sm omeprazole 20 mg tab dr	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
VOQUEZNA 10 MG TAB *vonoprazan fumarate*	PDL Non-Preferred	ST
VOQUEZNA 20 MG TAB *vonoprazan fumarate*	PDL Non-Preferred	ST
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC 100 MCG TAB *misoprostol*	Covered	90D
CYTOTEC 200 MCG TAB *misoprostol*	Covered	90D
misoprostol 100 mcg tab	Covered	90D
misoprostol 200 mcg tab	Covered	90D
ULCER THERAPY COMBINATIONS		
AMOXICILL-CLARITHRO-LANSOPRAZ 500 & 500 & 30 MG THER PACK *amoxicillin-clarithromycin w/ lansoprazole*	PDL Non-Preferred	ST
bis subcit-metronid-tetracyc 140-125-125 mg cap	PDL Non-Preferred	ST
bismuth/metronidaz/tetracyclin 140-125-125 mg cap	PDL Non-Preferred	ST
goodsense omep/sod bicarb 20-1100 mg cap	PDL Non-Preferred	ST 90D
KONVOMEP 2-84 MG/ML RECON SUSP *omeprazole-sodium bicarbonate*	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D
omeprazole-sodium bicarbonate 20-1100 mg cap	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for children under 12 years of age 90D

DRUG NAME	TIER	DRUG EDITS
omeprazole-sodium bicarbonate 20-1680 mg packet	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
omeprazole-sodium bicarbonate 40-1100 mg cap	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
omeprazole-sodium bicarbonate 40-1680 mg packet	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
PYLERA 140-125-125 MG CAP *bismuth subcitrate potassium-metronidazole-tetracycline*	PDL Preferred	
TALICIA 250-12.5-10 MG CAP DR *amoxicillin-rifabutin-omeprazole*	PDL Non-Preferred	ST
VOQUEZNA DUAL PAK 500-20 MG THER PACK *amoxicillin (trihydrate)-vonoprazan fumarate*	PDL Non-Preferred	ST
VOQUEZNA TRIPLE PAK 500-500-20 MG THER PACK *amoxicillin (trihydrate)-clarithromycin-vonoprazan fumarate*	PDL Non-Preferred	ST
ZEGERID 20-1100 MG CAP *omeprazole-sodium bicarbonate*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
ZEGERID 20-1680 MG PACKET *omeprazole-sodium bicarbonate*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
ZEGERID 40-1100 MG CAP *omeprazole-sodium bicarbonate*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D

DRUG NAME	TIER	DRUG EDITS
ZEGERID 40-1680 MG PACKET *omeprazole-sodium bicarbonate*	PDL Non-Preferred	ST NOTE Trial and failure of preferred agents not required for children under 12 years of age 90D
UNCATEGORIZED		
UNCLASSIFIED		
PYLARIFY 1-80 MCI/ML SOLUTION *piflufolastat f 18*	Covered	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide er 15 mg tab er 24h	PDL Non-Preferred	ST 90D
darifenacin hydrobromide er 7.5 mg tab er 24h	PDL Non-Preferred	ST 90D
DETROL 1 MG TAB *tolterodine tartrate*	PDL Non-Preferred	ST 90D
DETROL 2 MG TAB *tolterodine tartrate*	PDL Non-Preferred	ST 90D
DETROL LA 2 MG CAP ER 24H *tolterodine tartrate*	PDL Non-Preferred	ST 90D
DETROL LA 4 MG CAP ER 24H *tolterodine tartrate*	PDL Non-Preferred	ST 90D
fesoterodine fumarate er 4 mg tab er 24h	PDL Preferred	90D
fesoterodine fumarate er 8 mg tab er 24h	PDL Preferred	90D
GELNIQUE 10 % GEL *oxybutynin chloride*	Covered	ST 90D
OXYBUTYNIN CHLORIDE 2.5 MG TAB *oxybutynin chloride*	PDL Non-Preferred	ST 90D
oxybutynin chloride 5 mg tab	PDL Preferred	90D
oxybutynin chloride 5 mg/5ml solution	PDL Preferred	90D

DRUG NAME	TIER	DRUG EDITS
oxybutynin chloride er 10 mg tab er 24h	PDL Preferred	90D
oxybutynin chloride er 15 mg tab er 24h	PDL Preferred	90D
oxybutynin chloride er 5 mg tab er 24h	PDL Preferred	90D
OXYTROL 3.9 MG/24HR PATCH TW *oxybutynin*	PDL Non-Preferred	ST 90D
solifenacin succinate 10 mg tab	PDL Preferred	90D
solifenacin succinate 5 mg tab	PDL Preferred	90D
tolterodine tartrate 1 mg tab	PDL Preferred	90D
tolterodine tartrate 2 mg tab	PDL Preferred	90D
tolterodine tartrate er 2 mg cap er 24h	PDL Preferred	90D
tolterodine tartrate er 4 mg cap er 24h	PDL Preferred	90D
TOVIAZ 4 MG TAB ER 24H *fesoterodine fumarate*	PDL Non-Preferred	PA 90D
TOVIAZ 8 MG TAB ER 24H *fesoterodine fumarate*	PDL Non-Preferred	PA 90D
trospium chloride 20 mg tab	PDL Non-Preferred	ST 90D
trospium chloride er 60 mg cap er 24h	PDL Non-Preferred	ST 90D
VESICARE 10 MG TAB *solifenacin succinate*	PDL Non-Preferred	ST 90D
VESICARE 5 MG TAB *solifenacin succinate*	PDL Non-Preferred	ST 90D
VESICARE LS 5 MG/5ML SUSPENSION *solifenacin succinate*	PDL Non-Preferred	ST 90D
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA 75 MG TAB *vibegron*	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
mirabegron er 25 mg tab er 24h	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age greater than or equal to 65 years 90D
mirabegron er 50 mg tab er 24h	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age greater than or equal to 65 years 90D
MYRBETRIQ 25 MG TAB ER 24H *mirabegron*	PDL Non-Preferred	ST 90D
MYRBETRIQ 50 MG TAB ER 24H *mirabegron*	PDL Non-Preferred	ST 90D
MYRBETRIQ 8 MG/ML SRER *mirabegron*	PDL Non-Preferred	ST NOTE: Trial and failure of preferred agents not required for diagnosis of dementia or mild cognitive impairment 90D
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride 10 mg tab	Covered	90D
bethanechol chloride 25 mg tab	Covered	90D
bethanechol chloride 5 mg tab	Covered	90D
bethanechol chloride 50 mg tab	Covered	90D
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl 100 mg tab	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
VACCINES		
BACTERIAL VACCINES		
BEXSERO SUSP PRSYR *meningococcal vac group b (recombant omv adjuvanted)*	Covered	QL 0.5 UNITS / 1 DAY AL 19 to 25 yrs old
CAPVAXIVE 0.5 ML SOLN PRSYR *pneumococcal 21-valent conjugate vaccine*	Covered	QL 0.5 UNITS / 1 DAY AL 19 to 999 yrs old
MENACTRA SOLUTION *meningococcal (a,c,y&w-135) polysacch diphth conj vaccine*	Covered	QL 0.5 UNITS / 1 DAY AL 19 to 55 yrs old
MENQUADFI SOLUTION *meningococcal (a,c,y&w-135) polysacch tetanus conj vaccine*	Covered	QL 0.5 UNITS / 1 DAY AL At least 19 yrs old
MENVEO RECON SOLN *meningococcal (a,c,y&w-135) oligosaccharide conjugate vac*	Covered	QL 1 UNIT / 1 DAY AL 19 to 55 yrs old
MENVEO SOLUTION *meningococcal (a,c,y&w-135) oligosaccharide conjugate vac*	Covered	QL 0.5 UNITS / 1 DAY AL 19 to 55 yrs old
PENBRAYA RECON SUSP *mening (a,c,y&w) polysacch tetanus conj-mening b (rcmb) vacc*	Covered	QL 1 UNIT / 1 DAY AL 19 to 25 yrs old
PNEUMOVAX 23 25 MCG/0.5ML SOLN PRSYR *pneumococcal vac polyvalent*	Covered	QL 0.5 UNITS / 1 DAY AL At least 19 yrs old
PNEUMOVAX 23 25 MCG/0.5ML SOLUTION *pneumococcal vac polyvalent*	Covered	QL 0.5 UNITS / 1 DAY AL At least 19 yrs old
PREVNAR 13 SUSPENSION *pneumococcal 13-valent conjugate vaccine*	Covered	QL 0.5 UNITS / 1 DAY AL At least 19 yrs old
PREVNAR 20 0.5 ML SUSP PRSYR *pneumococcal 20-valent conjugate vaccine*	Covered	QL 0.5 UNITS / 1 DAY AL At least 19 yrs old
TRUMENBA SUSP PRSYR *meningococcal group b vaccine (recombinant)*	Covered	QL 0.5 UNITS / 1 DAY AL 19 to 25 yrs old
TYPHIM VI 25 MCG/0.5ML SOLN PRSYR *typhoid vi polysaccharide vaccine*	Covered	QL 0.5 UNITS / 1 DAY AL At least 19 yrs old
TYPHIM VI 25 MCG/0.5ML SOLUTION *typhoid vi polysaccharide vaccine*	Covered	QL 0.5 UNITS / 1 DAY AL At least 19 yrs old

DRUG NAME	TIER	DRUG EDITS
VAXCHORA RECON SUSP *cholera vaccine live attenuated*	Covered	QL 100 UNITS / 1 DAY AL 19 to 64 yrs old
VAXNEUVANCE 0.5 ML SUSP PRSYR *pneumococcal 15-valent conjugate vaccine*	Covered	QL 0.5 UNITS / 1 DAY AL At least 19 yrs old
VIVOTIF CAP DR *typhoid vaccine*	Covered	QL 4 UNITS / 1 DAY AL At least 19 yrs old
VIRAL VACCINES		
ABRYSVO 120 MCG/0.5ML RECON SOLN *rsv pre-fusion f a&b protein vaccine recombinant*	Covered	QL 1 UNIT / 1 DAY AL 19 to 999 yrs old
AFLURIA SUSPENSION *influenza virus vaccine split*	Covered	QL 0.5 UNITS / 1 DAY AL 3 to 999 yrs old
AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR *influenza virus vaccine split preservative free*	Covered	QL 0.5 UNITS / 1 DAY AL 3 to 999 yrs old
AREXVY 120 MCG/0.5ML RECON SUSP *rsv pre-fusion f3 protein (rsvpref3) vac recomb adjuvanted*	Covered	QL 1 UNIT / 1 DAY AL At least 60 yrs old
COMIRNATY 30 MCG/0.3ML SUSP PRSYR *covid-19 (sars-cov-2) mrna virus vaccine*	Covered	QL 0.3 UNITS / 1 DAY AL 3 to 999 yrs old
COMIRNATY 30 MCG/0.3ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	Covered	AL 3 to 999 yrs old
ENGERIX-B 20 MCG/ML SUSP PRSYR *hepatitis b vaccine (recomb)*	Covered	QL 1 UNIT / 1 DAY AL At least 20 yrs old
ENGERIX-B 20 MCG/ML SUSPENSION *hepatitis b vaccine (recomb)*	Covered	QL 1 UNIT / 1 DAY AL At least 20 yrs old
FLUAD 0.5 ML SUSP PRSYR *influenza virus vaccine types a & b surface antigen adjuvant*	Covered	QL 0.5 UNITS / 1 DAY AL 65 to 999 yrs old
FLUARIX 0.5 ML SUSP PRSYR *influenza virus vaccine split preservative free*	Covered	QL 0.5 UNITS / 1 DAY AL 3 to 999 yrs old
FLUBLOK 0.5 ML SOLN PRSYR *influenza virus vaccine recombinant hemagglutinin (ha)*	Covered	QL 0.5 UNITS / 1 DAY AL 18 to 999 yrs old
FLUCELVAX SUSPENSION *influenza virus vaccine tissue-cultured subunit*	Covered	QL 0.5 UNITS / 1 DAY AL 3 to 999 yrs old

DRUG NAME	TIER	DRUG EDITS
FLUCELVAX 0.5 ML SUSP PRSYR *influenza virus vaccine tissue-cultured subunit*	Covered	QL 0.5 UNITS / 1 DAY AL 3 to 999 yrs old
FLULAVAL 0.5 ML SUSP PRSYR *influenza virus vaccine split preservative free*	Covered	QL 0.5 UNITS / 1 DAY AL 3 to 999 yrs old
FLUMIST LIQUID *influenza virus vaccine live*	Covered	QL 1 UNIT / 1 DAY AL 3 to 49 yrs old
FLUZONE SUSPENSION *influenza virus vaccine split*	Covered	QL 0.5 UNITS / 1 DAY AL 3 to 999 yrs old
FLUZONE 0.5 ML SUSP PRSYR *influenza virus vaccine split preservative free*	Covered	QL 0.5 UNITS / 1 DAY AL 3 to 999 yrs old
FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR *influenza virus vaccine split high-dose preservative free*	Covered	QL 0.5 UNITS / 1 DAY AL 65 to 999 yrs old
GARDASIL 9 SUSP PRSYR *human papillomavirus (hpv) 9-valent recombinant vaccine*	Covered	QL 0.5 UNITS / 1 DAY AL 19 to 45 yrs old
GARDASIL 9 SUSPENSION *human papillomavirus (hpv) 9-valent recombinant vaccine*	Covered	QL 0.5 UNITS / 1 DAY AL 19 to 45 yrs old
HAVRIX 1440 EL U/ML SUSPENSION *hepatitis a vaccine*	Covered	QL 1 UNIT / 1 DAY AL At least 19 yrs old
HAVRIX 720 EL U/0.5ML SUSPENSION *hepatitis a vaccine*	Covered	AL At least 19 yrs old
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR *hepatitis b vaccine recombinant adjuvanted*	Covered	QL 0.5 UNITS / 1 DAY AL At least 19 yrs old
IXIARO SUSPENSION *japanese encephalitis vaccine inactivated adsorbed*	Covered	QL 0.5 UNITS / 1 DAY AL 19 to 999 yrs old
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR *covid-19 (sars-cov-2) mrna virus vaccine*	Covered	QL 0.25 UNITS / 1 DAY AL 3 to 999 yrs old
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	Covered	AL 3 to 999 yrs old
MRESVIA 50 MCG/0.5ML SUSP PRSYR *rsv mrna pre-fusion virus vaccine*	Covered	QL 0.5 UNITS / 1 DAY AL 60 to 999 yrs old

DRUG NAME	TIER	DRUG EDITS
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR *covid-19 (sars-cov-2) subunit (spike) protein virus vaccine*	Covered	QL 0.5 ML / 1 DAY AL 3 to 999 yrs old
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION *covid-19 (sars-cov-2) subunit (spike) protein virus vaccine*	Covered	AL 3 to 999 yrs old
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	Covered	QL 0.3 UNITS / 1 DAY AL 3 to 999 yrs old
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	Covered	QL 0.3 UNITS / 1 DAY AL 3 to 999 yrs old
PREHEVBRIO 10 MCG/ML SUSPENSION *hepatitis b vaccine 3-antigen recombinant*	Covered	QL 1 UNIT / 1 DAY AL At least 19 yrs old
PRIORIX RECON SUSP *measles, mumps & rubella virus vaccines*	Covered	QL 1 UNIT / 1 DAY AL 19 to 999 yrs old
RECOMBIVAX HB 10 MCG/ML SUSP PRSYR *hepatitis b vaccine (recomb)*	Covered	QL 1 UNIT / 1 DAY AL At least 20 yrs old
RECOMBIVAX HB 10 MCG/ML SUSPENSION *hepatitis b vaccine (recomb)*	Covered	QL 1 UNIT / 1 DAY AL At least 20 yrs old
RECOMBIVAX HB 40 MCG/ML SUSPENSION *hepatitis b vaccine (recomb)*	Covered	QL 1 UNIT / 1 DAY AL At least 19 yrs old
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR *hepatitis b vaccine (recomb)*	Covered	QL 0.5 UNITS / 1 DAY AL 19 to 19 yrs old
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION *hepatitis b vaccine (recomb)*	Covered	QL 0.5 UNITS / 1 DAY AL 19 to 19 yrs old
SHINGRIX 50 MCG/0.5ML RECON SUSP *zoster vaccine recombinant adjuvanted*	Covered	QL 1 UNIT / 1 DAY AL At least 19 yrs old
SPIKEVAX 50 MCG/0.5ML SUSP PRSYR *covid-19 (sars-cov-2) mrna virus vaccine*	Covered	QL 0.5 UNITS / 1 DAY AL 3 to 999 yrs old
SPIKEVAX 50 MCG/0.5ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	Covered	AL 3 to 999 yrs old
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR *tick-borne encephalitis virus vaccine, inactivated*	Covered	QL 1 UNIT / 1 DAY AL At least 19 yrs old

DRUG NAME	TIER	DRUG EDITS
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR *hepatitis a (inactivated)-hepatitis b (recombinant) vaccines*	Covered	QL 1 UNIT / 1 DAY AL At least 19 yrs old
VAQTA 50 UNIT/ML SUSPENSION *hepatitis a vaccine*	Covered	QL 1 UNIT / 1 DAY AL At least 19 yrs old
YF-VAX INJECTABLE *yellow fever vaccine*	Covered	QL 1 UNIT / 1 DAY AL At least 19 yrs old
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
TRIMO-SAN 0.025-0.01 % GEL *oxyquinoline sulfate-sodium lauryl sulfate*	Covered	
SPERMICIDES		
VCF VAGINAL CONTRACEPTIVE 28 % FILM *nonoxynol-9*	PDL Preferred	QL 76.5 UNITS / 30 DAYS
VCF VAGINAL CONTRACEPTIVE 4 % GEL *nonoxynol-9*	PDL Preferred	QL 76.5 UNITS / 30 DAYS
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100 MG SUPPOS *clindamycin phosphate vaginal*	PDL Preferred	
CLEOCIN 2 % CREAM *clindamycin phosphate vaginal*	PDL Non-Preferred	ST
clindamycin phosphate 2 % cream	PDL Non-Preferred	ST
CLINDESSE 2 % CREAM *clindamycin phosphate (one dose)*	PDL Preferred	
GYNAZOLE-1 2 % CREAM *butoconazole nitrate (one dose)*	Covered	
metronidazole 0.75 % gel	PDL Preferred	
MICONAZOLE 3 200 MG SUPPOS *miconazole nitrate vaginal*	Covered	
NUVESSA 1.3 % GEL *metronidazole vaginal*	PDL Preferred	
terconazole 0.4 % cream	Covered	
terconazole 0.8 % cream	Covered	
terconazole 80 mg suppos	Covered	
VANDAZOLE 0.75 % GEL *metronidazole vaginal*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
XACIATO 2 % GEL *clindamycin phosphate vaginal*	PDL Non-Preferred	ST
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI 1.8-1-0.4 % GEL *lactic acid-citric acid-potassium bitartrate*	Covered	
VAGINAL ESTROGENS		
ESTRACE 0.1 MG/GM CREAM *estradiol vaginal*	PDL Non-Preferred	ST 90D
estradiol 0.1 mg/gm cream	PDL Non-Preferred	ST 90D
estradiol 10 mcg tab	PDL Non-Preferred	ST 90D
ESTRING 2 MG RING *estradiol vaginal*	PDL Preferred	90D
ESTRING 7.5 MCG/24HR RING *estradiol vaginal*	PDL Preferred	90D
FEMRING 0.05 MG/24HR RING *estradiol acetate vaginal*	PDL Non-Preferred	ST 90D
FEMRING 0.1 MG/24HR RING *estradiol acetate vaginal*	PDL Non-Preferred	ST 90D
IMVEXXY MAINTENANCE PACK 10 MCG INSERT *estradiol vaginal*	PDL Non-Preferred	ST 90D
IMVEXXY MAINTENANCE PACK 4 MCG INSERT *estradiol vaginal*	PDL Non-Preferred	ST 90D
IMVEXXY STARTER PACK 10 MCG INSERT *estradiol vaginal*	PDL Non-Preferred	ST 90D
IMVEXXY STARTER PACK 4 MCG INSERT *estradiol vaginal*	PDL Non-Preferred	ST 90D
PREMARIN 0.625 MG/GM CREAM *estrogens, conjugated vaginal*	PDL Preferred	90D
VAGIFEM 10 MCG TAB *estradiol vaginal*	PDL Preferred	90D
yuvafem 10 mcg tab	PDL Non-Preferred	ST 90D

DRUG NAME	TIER	DRUG EDITS
VAGINAL PROGESTINS		
CRINONE 4 % GEL *progesterone (vaginal)*	Covered	
CRINONE 8 % GEL *progesterone (vaginal)*	Covered	ST
ENDOMETRIN 100 MG INSERT *progesterone (vaginal)*	Covered	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN 1 MG/ML SOLUTION *epinephrine (anaphylaxis)*	Covered	
ADRENALIN 30 MG/30ML SOLUTION *epinephrine (anaphylaxis)*	Covered	
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ *epinephrine (anaphylaxis)*	PDL Non-Preferred	QL 6 UNITS / 180 DAYS ST NOTE Quantity limits apply
AUVI-Q 0.15 MG/0.15ML SOLN A-INJ *epinephrine (anaphylaxis)*	PDL Non-Preferred	QL 6 UNITS / 180 DAYS ST NOTE Quantity limits apply
AUVI-Q 0.3 MG/0.3ML SOLN A-INJ *epinephrine (anaphylaxis)*	PDL Non-Preferred	QL 6 UNITS / 180 DAYS ST NOTE Quantity limits apply
EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ *epinephrine (anaphylaxis)*	PDL Non-Preferred	QL 6 UNITS / 180 DAYS ST NOTE Quantity limits apply
epinephrine 0.15 mg/0.3ml soln a-inj	PDL Preferred	QL 6 UNITS / 180 DAYS NOTE Quantity limits apply
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ *epinephrine (anaphylaxis)*	PDL Non-Preferred	QL 6 UNITS / 180 DAYS ST NOTE Quantity limits apply
epinephrine 0.3 mg/0.3ml soln a-inj	PDL Preferred	QL 6 UNITS / 180 DAYS NOTE Quantity limits apply
epinephrine (anaphylaxis) 30 mg/30ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
EPIPEN 2-PAK 0.3 MG/0.3ML SOLN A-INJ *epinephrine (anaphylaxis)*	PDL Preferred	QL 6 UNITS / 180 DAYS NOTE Quantity limits apply
EPIPEN JR 2-PAK 0.15 MG/0.3ML SOLN A-INJ *epinephrine (anaphylaxis)*	PDL Preferred	QL 6 UNITS / 180 DAYS NOTE Quantity limits apply
NEFFY 2 MG/0.1ML SOLUTION *epinephrine (anaphylaxis)*	PDL Non-Preferred	PA
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa 100 mg cap	Covered	90D
droxidopa 200 mg cap	Covered	90D
droxidopa 300 mg cap	Covered	90D
NORTHERA 100 MG CAP *droxidopa*	Covered	90D
NORTHERA 200 MG CAP *droxidopa*	Covered	90D
NORTHERA 300 MG CAP *droxidopa*	Covered	90D
AKOVAZ 25 MG/5ML SOLN PRSYR *ephedrine sulfate (pressors)*	Covered	
AKOVAZ 50 MG/ML SOLUTION *ephedrine sulfate (pressors)*	Covered	
BIORPHEN 0.5 MG/5ML SOLUTION *phenylephrine hcl (pressors)*	Covered	
EMERPHED 25 MG/5ML SOLN PRSYR *ephedrine sulfate (pressors)*	Covered	
EMERPHED 5 MG/ML SOLUTION *ephedrine sulfate (pressors)*	Covered	
EMERPHED 50 MG/10ML SOLN PRSYR *ephedrine sulfate (pressors)*	Covered	
EPHEDRINE SULFATE 50 MG/ML SOLUTION *ephedrine sulfate (pressors)*	Covered	
ephedrine sulfate 50 mg/ml solution	Covered	
EPHEDRINE SULFATE (PRESSORS) 5 MG/ML SOLUTION *ephedrine sulfate (pressors)*	Covered	
ephedrine sulfate (pressors) 50 mg/ml solution	Covered	
EPINEPHRINE 1 MG/10ML SOLN PRSYR *epinephrine*	Covered	

DRUG NAME	TIER	DRUG EDITS
IMMPHENTIV 0.5 MG/5ML SOLUTION *phenylephrine hcl (pressors)*	Covered	
IMMPHENTIV 1 MG/10ML SOLUTION *phenylephrine hcl (pressors)*	Covered	
LEVOPHED 1 MG/ML SOLUTION *norepinephrine bitartrate*	Covered	
midodrine hcl 10 mg tab	Covered	
midodrine hcl 2.5 mg tab	Covered	
midodrine hcl 5 mg tab	Covered	
norepinephrine bitartrate 1 mg/ml solution	Covered	
NOREPINEPHRINE-DEXTROSE 16-5 MG/250ML-% SOLUTION *norepinephrine bitartrate-dextrose*	Covered	
NOREPINEPHRINE-DEXTROSE 4-5 MG/250ML-% SOLUTION *norepinephrine bitartrate-dextrose*	Covered	
NOREPINEPHRINE-DEXTROSE 8-5 MG/250ML-% SOLUTION *norepinephrine bitartrate-dextrose*	Covered	
NOREPINEPHRINE-SODIUM CHLORIDE 16-0.9 MG/250ML-% SOLUTION *norepinephrine bitartrate-sodium chloride*	Covered	
NOREPINEPHRINE-SODIUM CHLORIDE 4-0.9 MG/250ML-% SOLUTION *norepinephrine bitartrate-sodium chloride*	Covered	
NOREPINEPHRINE-SODIUM CHLORIDE 8-0.9 MG/250ML-% SOLUTION *norepinephrine bitartrate-sodium chloride*	Covered	
PHENYLEPHRINE HCL 10 MG/ML SOLUTION *phenylephrine hcl (pressors)*	Covered	
phenylephrine hcl 10 mg/ml solution	Covered	
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML SOLUTION *phenylephrine hcl (pressors)*	Covered	
phenylephrine hcl (pressors) 10 mg/ml solution	Covered	
REZIPRES 47 MG/10ML SOLUTION *ephedrine hcl (pressors)*	Covered	
VAZCULEP 10 MG/ML SOLUTION *phenylephrine hcl (pressors)*	Covered	

DRUG NAME	TIER	DRUG EDITS
VITAMINS		
OIL SOLUBLE VITAMINS		
ergocalciferol 1.25 mg (50000 ut) cap	Covered	90D
phytonadione 1 mg/0.5ml solution	Covered	
phytonadione 10 mg/ml solution	Covered	
vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap	Covered	90D
vitamin d (ergocalciferol) 50000 unit cap	Covered	90D
vitamin k1 1 mg/0.5ml solution	Covered	
vitamin k1 10 mg/ml solution	Covered	
WATER SOLUBLE VITAMINS		
PYRIDOXINE HCL 100 MG/ML SOLUTION *pyridoxine hcl*	Covered	