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.
ST	Preferred Step Required	Trial and failure of preferred product(s) is required
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.
AL	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
NOTE	Publishing Note (C0)	This drug has unique restrictions.

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Alliance Health

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
ADDERALL 12.5 MG TAB *amphetamine-dextroamphetamine*	PDL Preferred	QL 3 UNITS / 1 DAYS ST
ADDERALL 15 MG TAB *amphetamine-dextroamphetamine*	PDL Preferred	QL 3 UNITS / 1 DAYS ST
ADDERALL 20 MG TAB *amphetamine-dextroamphetamine*	PDL Preferred	QL 2 UNITS / 1 DAYS ST
ADDERALL 30 MG TAB *amphetamine-dextroamphetamine*	PDL Preferred	ST
ADDERALL 5 MG TAB *amphetamine-dextroamphetamine*	PDL Preferred	QL 3 UNITS / 1 DAYS ST
ADDERALL 7.5 MG TAB *amphetamine-dextroamphetamine*	PDL Preferred	QL 3 UNITS / 1 DAYS ST
ADDERALL XR 10 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Preferred	QL 1 / 1 day(s)
ADDERALL XR 15 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Preferred	QL 1 UNITS / 1 DAYS
ADDERALL XR 20 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Preferred	QL 1 UNITS / 1 DAYS
ADDERALL XR 25 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Preferred	QL 1 UNITS / 1 DAYS
ADDERALL XR 30 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Preferred	QL 1 UNITS / 1 DAYS

DRUG NAME	TIER	DRUG EDITS
ADDERALL XR 5 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Preferred	QL 1 UNITS / 1 DAYS
ADZENYS ER 1.25 MG/ML SUSP *amphetamine*	PDL Non-Preferred	ST
ADZENYS XR-ODT 12.5 MG TAB ER DISP *amphetamine*	PDL Non-Preferred	ST
ADZENYS XR-ODT 15.7 MG TAB ER DISP *amphetamine*	PDL Non-Preferred	ST
ADZENYS XR-ODT 18.8 MG TAB ER DISP *amphetamine*	PDL Non-Preferred	ST
ADZENYS XR-ODT 3.1 MG TAB ER DISP *amphetamine*	PDL Non-Preferred	ST
ADZENYS XR-ODT 6.3 MG TAB ER DISP *amphetamine*	PDL Non-Preferred	ST
ADZENYS XR-ODT 9.4 MG TAB ER DISP *amphetamine*	PDL Non-Preferred	ST
AMPHETAMINE ER 1.25 MG/ML SUSP *amphetamine*	PDL Non-Preferred	ST
amphetamine sulfate 10 mg tab	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST
amphetamine sulfate 5 mg tab	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST
amphetamine-dextroamphet er 10 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS ST
amphetamine-dextroamphet er 15 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS ST
amphetamine-dextroamphet er 20 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS ST

DRUG NAME	TIER	DRUG EDITS
amphetamine-dextroamphet er 25 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS ST
amphetamine-dextroamphet er 30 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS ST
amphetamine-dextroamphet er 5 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS ST
amphetamine-dextroamphetamine 10 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS
amphetamine-dextroamphetamine 12.5 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS
amphetamine-dextroamphetamine 15 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS ST
amphetamine-dextroamphetamine 20 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS
amphetamine-dextroamphetamine 30 mg tab	PDL Preferred	
amphetamine-dextroamphetamine 5 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS
amphetamine-dextroamphetamine 7.5 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS
DESOXYN 5 MG TAB *methamphetamine hcl*	PDL Non-Preferred	QL 5 UNITS / 1 DAYS ST
DEXEDRINE 10 MG CAP ER 24H *dextroamphetamine sulfate*	PDL Non-Preferred	QL 4 UNITS / 1 DAYS ST
DEXEDRINE 15 MG CAP ER 24H *dextroamphetamine sulfate*	PDL Non-Preferred	QL 4 UNITS / 1 DAYS ST
DEXEDRINE 5 MG CAP ER 24H *dextroamphetamine sulfate*	PDL Non-Preferred	QL 2 / 1 day(s) ST
dextroamphetamine sulfate 10 mg tab	PDL Preferred	QL 6 UNITS / 1 DAYS
dextroamphetamine sulfate 15 mg tab	PDL Preferred	

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DRUG NAME	TIER	DRUG EDITS
dextroamphetamine sulfate 20 mg tab	PDL Preferred	
dextroamphetamine sulfate 30 mg tab	PDL Preferred	
dextroamphetamine sulfate 5 mg tab	PDL Preferred	
dextroamphetamine sulfate 5 mg/5ml solution	PDL Non-Preferred	QL 60 UNITS / 1 DAYS ST
dextroamphetamine sulfate er 10 mg cap er 24h	PDL Non-Preferred	QL 4 UNITS / 1 DAYS ST
dextroamphetamine sulfate er 15 mg cap er 24h	PDL Non-Preferred	QL 4 UNITS / 1 DAYS ST
dextroamphetamine sulfate er 5 mg cap er 24h	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
DYANAVEL XR 10 MG CHER *amphetamine*	PDL Non-Preferred	ST
DYANAVEL XR 15 MG CHER *amphetamine*	PDL Non-Preferred	ST
DYANAVEL XR 2.5 MG/ML SUSP *amphetamine*	PDL Non-Preferred	ST NOTE Exemption for patients less than 12 years of age
DYANAVEL XR 20 MG CHER *amphetamine*	PDL Non-Preferred	ST
DYANAVEL XR 5 MG CHER *amphetamine*	PDL Non-Preferred	ST
EVEKEO 10 MG TAB *amphetamine sulfate*	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST
EVEKEO 5 MG TAB *amphetamine sulfate*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST
EVEKEO ODT 10 MG TAB DISP *amphetamine sulfate*	PDL Non-Preferred	ST
EVEKEO ODT 15 MG TAB DISP *amphetamine sulfate*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
EVEKEO ODT 20 MG TAB DISP *amphetamine sulfate*	PDL Non-Preferred	ST
EVEKEO ODT 5 MG TAB DISP *amphetamine sulfate*	PDL Non-Preferred	ST
methamphetamine hcl 5 mg tab	PDL Non-Preferred	QL 5 UNITS / 1 DAYS ST
MYDAYIS 12.5 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
MYDAYIS 25 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
MYDAYIS 37.5 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
MYDAYIS 50 MG CAP ER 24H *amphetamine-dextroamphetamine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
procentra 5 mg/5ml solution	PDL Non-Preferred	QL 60 UNITS / 1 DAYS ST
VYVANSE 10 MG CAP *lisdexamfetamine dimesylate*	PDL Preferred	QL 1 UNITS / 1 DAYS
VYVANSE 10 MG CHEW TAB *lisdexamfetamine dimesylate*	PDL Preferred	
VYVANSE 20 MG CAP *lisdexamfetamine dimesylate*	PDL Preferred	QL 1 UNITS / 1 DAYS
VYVANSE 20 MG CHEW TAB *lisdexamfetamine dimesylate*	PDL Preferred	
VYVANSE 30 MG CAP *lisdexamfetamine dimesylate*	PDL Preferred	QL 1 UNITS / 1 DAYS
VYVANSE 30 MG CHEW TAB *lisdexamfetamine dimesylate*	PDL Preferred	
VYVANSE 40 MG CAP *lisdexamfetamine dimesylate*	PDL Preferred	QL 1 UNITS / 1 DAYS
VYVANSE 40 MG CHEW TAB *lisdexamfetamine dimesylate*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
VYVANSE 50 MG CAP *lisdexamfetamine dimesylate*	PDL Preferred	QL 1 UNITS / 1 DAYS
VYVANSE 50 MG CHEW TAB *lisdexamfetamine dimesylate*	PDL Preferred	
VYVANSE 60 MG CAP *lisdexamfetamine dimesylate*	PDL Preferred	QL 1 UNITS / 1 DAYS
VYVANSE 60 MG CHEW TAB *lisdexamfetamine dimesylate*	PDL Preferred	
VYVANSE 70 MG CAP *lisdexamfetamine dimesylate*	PDL Preferred	QL 1 UNITS / 1 DAYS
XELSTRYM 13.5 MG/9HR PATCH *dextroamphetamine*	PDL Non-Preferred	ST
XELSTRYM 18 MG/9HR PATCH *dextroamphetamine*	PDL Non-Preferred	ST
XELSTRYM 4.5 MG/9HR PATCH *dextroamphetamine*	PDL Non-Preferred	ST
XELSTRYM 9 MG/9HR PATCH *dextroamphetamine*	PDL Non-Preferred	ST
zenzedi 10 mg tab	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST
zenzedi 15 mg tab	PDL Non-Preferred	ST
ZENZEDI 2.5 MG TAB *dextroamphetamine sulfate*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
zenzedi 20 mg tab	PDL Non-Preferred	ST
zenzedi 30 mg tab	PDL Non-Preferred	ST
zenzedi 5 mg tab	PDL Non-Preferred	ST
ZENZEDI 7.5 MG TAB *dextroamphetamine sulfate*	PDL Non-Preferred	QL 4 UNITS / 1 DAYS ST

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DRUG NAME	TIER	DRUG EDITS
ANALEPTICS		
CAFCIT 60 MG/3ML SOLUTION *caffeine citrate*	Covered	
caffeine citrate 20 mg/ml solution	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	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl 10 mg cap	PDL Preferred	QL 2 UNITS / 1 DAYS
atomoxetine hcl 100 mg cap	PDL Preferred	QL 1 UNITS / 1 DAYS
atomoxetine hcl 18 mg cap	PDL Preferred	QL 3 UNITS / 1 DAYS
atomoxetine hcl 25 mg cap	PDL Preferred	QL 2 UNITS / 1 DAYS
atomoxetine hcl 40 mg cap	PDL Preferred	QL 1 UNITS / 1 DAYS
atomoxetine hcl 60 mg cap	PDL Preferred	QL 1 UNITS / 1 DAYS
atomoxetine hcl 80 mg cap	PDL Preferred	QL 1 UNITS / 1 DAYS
clonidine hcl er 0.1 mg tab er 12h	PDL Preferred	QL 4 UNITS / 1 DAYS
guanfacine hcl er 1 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS
guanfacine hcl er 2 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS
guanfacine hcl er 3 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS

DRUG NAME	TIER	DRUG EDITS
guanfacine hcl er 4 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS
INTUNIV 1 MG TAB ER 24H *guanfacine hcl (adhd)*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
INTUNIV 2 MG TAB ER 24H *guanfacine hcl (adhd)*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
INTUNIV 3 MG TAB ER 24H *guanfacine hcl (adhd)*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
INTUNIV 4 MG TAB ER 24H *guanfacine hcl (adhd)*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
QELBREE 100 MG CAP ER 24H *viloxazine hcl (adhd)*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
QELBREE 150 MG CAP ER 24H *viloxazine hcl (adhd)*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
QELBREE 200 MG CAP ER 24H *viloxazine hcl (adhd)*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
STRATTERA 10 MG CAP *atomoxetine hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
STRATTERA 100 MG CAP *atomoxetine hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
STRATTERA 18 MG CAP *atomoxetine hcl*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST
STRATTERA 25 MG CAP *atomoxetine hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
STRATTERA 40 MG CAP *atomoxetine hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
STRATTERA 60 MG CAP *atomoxetine hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
STRATTERA 80 MG CAP *atomoxetine hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST

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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 PA
SUNOSI 75 MG TAB *solriamfetol hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX 17.8 MG TAB *pitolisant hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA
WAKIX 4.45 MG TAB *pitolisant hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA
STIMULANTS - MISC.		
ADHANSIA XR 25 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
ADHANSIA XR 35 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
ADHANSIA XR 45 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
ADHANSIA XR 55 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
ADHANSIA XR 70 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
ADHANSIA XR 85 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
APTENSIO XR 10 MG CAP ER 24H *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
APTENSIO XR 15 MG CAP ER 24H *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
APTENSIO XR 20 MG CAP ER 24H *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
APTENSIO XR 30 MG CAP ER 24H *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS

DRUG NAME	TIER	DRUG EDITS
APTENSIO XR 40 MG CAP ER 24H *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
APTENSIO XR 50 MG CAP ER 24H *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
APTENSIO XR 60 MG CAP ER 24H *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
armodafinil 150 mg tab	PDL Non- Preferred	QL 1 UNITS / 1 DAYS PA
armodafinil 200 mg tab	PDL Non- Preferred	QL 1 UNITS / 1 DAYS PA
armodafinil 250 mg tab	PDL Non- Preferred	QL 1 UNITS / 1 DAYS PA
armodafinil 50 mg tab	PDL Non- Preferred	QL 1 UNITS / 1 DAYS PA
AZSTARYS 26.1-5.2 MG CAP *serdexmethylphenidate chloride-dexmethylphenidate hcl*	PDL Non- Preferred	QL 1 UNITS / 1 DAYS ST
AZSTARYS 39.2-7.8 MG CAP *serdexmethylphenidate chloride-dexmethylphenidate hcl*	PDL Non- Preferred	QL 1 UNITS / 1 DAYS ST
AZSTARYS 52.3-10.4 MG CAP *serdexmethylphenidate chloride-dexmethylphenidate hcl*	PDL Non- Preferred	QL 1 UNITS / 1 DAYS ST
CONCERTA 18 MG TAB ER *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
CONCERTA 27 MG TAB ER *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
CONCERTA 36 MG TAB ER *methylphenidate hcl*	PDL Preferred	QL 2 UNITS / 1 DAYS
CONCERTA 54 MG TAB ER *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
COTEMPLA XR-ODT 17.3 MG TAB ER DISP *methylphenidate*	PDL Non- Preferred	ST

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DRUG NAME	TIER	DRUG EDITS
COTEMPLA XR-ODT 25.9 MG TAB ER DISP *methylphenidate*	PDL Non-Preferred	ST
COTEMPLA XR-ODT 8.6 MG TAB ER DISP *methylphenidate*	PDL Non-Preferred	ST
DAYTRANA 10 MG/9HR PATCH *methylphenidate*	PDL Preferred	QL 1 UNITS / 1 DAYS
DAYTRANA 15 MG/9HR PATCH *methylphenidate*	PDL Preferred	QL 1 UNITS / 1 DAYS
DAYTRANA 20 MG/9HR PATCH *methylphenidate*	PDL Preferred	QL 1 UNITS / 1 DAYS
DAYTRANA 30 MG/9HR PATCH *methylphenidate*	PDL Preferred	QL 1 UNITS / 1 DAYS
dexmethylphenidate hcl 10 mg tab	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
dexmethylphenidate hcl 2.5 mg tab	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
dexmethylphenidate hcl 5 mg tab	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
dexmethylphenidate hcl er 10 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
dexmethylphenidate hcl er 15 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
dexmethylphenidate hcl er 20 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
dexmethylphenidate hcl er 25 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
dexmethylphenidate hcl er 30 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
dexmethylphenidate hcl er 35 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
dexmethylphenidate hcl er 40 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST

DRUG NAME	TIER	DRUG EDITS
dexmethylphenidate hcl er 5 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
FOCALIN 10 MG TAB *dexmethylphenidate hcl*	PDL Preferred	QL 2 UNITS / 1 DAYS
FOCALIN 2.5 MG TAB *dexmethylphenidate hcl*	PDL Preferred	QL 2 UNITS / 1 DAYS
FOCALIN 5 MG TAB *dexmethylphenidate hcl*	PDL Preferred	QL 2 UNITS / 1 DAYS
FOCALIN XR 10 MG CAP ER 24H *dexmethylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
FOCALIN XR 15 MG CAP ER 24H *dexmethylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
FOCALIN XR 20 MG CAP ER 24H *dexmethylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
FOCALIN XR 25 MG CAP ER 24H *dexmethylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
FOCALIN XR 30 MG CAP ER 24H *dexmethylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
FOCALIN XR 35 MG CAP ER 24H *dexmethylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
FOCALIN XR 40 MG CAP ER 24H *dexmethylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
FOCALIN XR 5 MG CAP ER 24H *dexmethylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
JORNAY PM 100 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
JORNAY PM 20 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
JORNAY PM 40 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
JORNAY PM 60 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
JORNAY PM 80 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST

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DRUG NAME	TIER	DRUG EDITS
METHYLIN 10 MG/5ML SOLUTION *methylphenidate hcl*	PDL Preferred	QL 30 UNITS / 30 DAYS
METHYLIN 5 MG/5ML SOLUTION *methylphenidate hcl*	PDL Preferred	QL 15 UNITS / 1 DAYS
methylphenidate 10 mg/9hr patch	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
methylphenidate 15 mg/9hr patch	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
methylphenidate 20 mg/9hr patch	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
methylphenidate 30 mg/9hr patch	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
methylphenidate hcl 10 mg chew tab	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST
methylphenidate hcl 10 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS
methylphenidate hcl 10 mg/5ml solution	PDL Non-Preferred	QL 30 UNITS / 30 DAYS ST
methylphenidate hcl 2.5 mg chew tab	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST
methylphenidate hcl 20 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS
methylphenidate hcl 5 mg chew tab	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST
methylphenidate hcl 5 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS
methylphenidate hcl 5 mg/5ml solution	PDL Non-Preferred	QL 15 UNITS / 1 DAYS ST
methylphenidate hcl er (cd) 10 mg cap er	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
methylphenidate hcl er (cd) 20 mg cap er	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST

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

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DRUG NAME	TIER	DRUG EDITS
methylphenidate hcl er (xr) 10 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
methylphenidate hcl er (xr) 15 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
methylphenidate hcl er (xr) 20 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
methylphenidate hcl er (xr) 30 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
methylphenidate hcl er (xr) 40 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
methylphenidate hcl er (xr) 50 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
methylphenidate hcl er (xr) 60 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
methylphenidate hcl er 10 mg tab er	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST
methylphenidate hcl er 18 mg tab er	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
METHYLPHENIDATE HCL ER 18 MG TAB ER 24H *methylphenidate hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS ST
methylphenidate hcl er 20 mg tab er	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST
methylphenidate hcl er 27 mg tab er	PDL Preferred	QL 1 UNITS / 1 DAYS ST
methylphenidate hcl er 27 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS ST
methylphenidate hcl er 36 mg tab er	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
methylphenidate hcl er 36 mg tab er 24h	PDL Preferred	QL 2 UNITS / 1 DAYS ST

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DRUG NAME	TIER	DRUG EDITS
methylphenidate hcl er 54 mg tab er	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
methylphenidate hcl er 54 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS ST
METHYLPHENIDATE HCL ER 72 MG TAB ER *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
modafinil 100 mg tab	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA
modafinil 200 mg tab	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA
NUVIGIL 150 MG TAB *armodafinil*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
NUVIGIL 200 MG TAB *armodafinil*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
NUVIGIL 250 MG TAB *armodafinil*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
NUVIGIL 50 MG TAB *armodafinil*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
PROVIGIL 100 MG TAB *modafinil*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
PROVIGIL 200 MG TAB *modafinil*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
QUILLICHEW ER 20 MG CHER *methylphenidate hcl*	PDL Non-Preferred	ST NOTE Exemption for patients less than 12 years of age
QUILLICHEW ER 30 MG CHER *methylphenidate hcl*	PDL Non-Preferred	ST NOTE Exemption for patients less than 12 years of age
QUILLICHEW ER 40 MG CHER *methylphenidate hcl*	PDL Non-Preferred	ST NOTE Exemption for patients less than 12 years of age

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DRUG NAME	TIER	DRUG EDITS
QUILLIVANT XR 25 MG/5ML SRER *methylphenidate hcl*	PDL Non-Preferred	QL 360 UNITS / 30 DAYS ST NOTE Exemption for patients less than 12 years of age
RELEXXII 45 MG TAB ER *methylphenidate hcl*	PDL Non-Preferred	QL 1 / 1 day(s) ST
RELEXXII 63 MG TAB ER *methylphenidate hcl*	PDL Non-Preferred	QL 1 / 1 day(s) ST
RELEXXII 72 MG TAB ER *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
RITALIN 10 MG TAB *methylphenidate hcl*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST
RITALIN 20 MG TAB *methylphenidate hcl*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST
RITALIN 5 MG TAB *methylphenidate hcl*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST
RITALIN LA 10 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
RITALIN LA 20 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
RITALIN LA 30 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
RITALIN LA 40 MG CAP ER 24H *methylphenidate hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ORALAIR 300 IR SL TAB *grass mixed pollens allergen extract*	Covered	
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	

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DRUG NAME	TIER	DRUG EDITS
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	
PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	
PALFORZIA (300 MG MAINTENANCE) 300 MG PACKET *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	
PALFORZIA (300 MG TITRATION) 300 MG PACKET *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	

DRUG NAME	TIER	DRUG EDITS
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	Covered	
AMEBICIDES		
SOLOSEC 2 GM PACKET *secnidazole*	PDL Non-Preferred	ST
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	
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 *gentamicin sulfate*	Covered	

DRUG NAME	TIER	DRUG EDITS
gentamicin sulfate 40 mg/ml solution	Covered	
KITABIS PAK 300 MG/5ML NEBU SOLN *tobramycin*	PDL Preferred	NOTE Trial and failure of only one preferred drug is required.
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.
TOBI PODHALER 28 MG CAP *tobramycin*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required.
tobramycin 300 mg/4ml nebu soln	PDL Non-Preferred	ST
TOBRAMYCIN 300 MG/5ML NEBU SOLN *tobramycin*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required.
tobramycin 300 mg/5ml nebu soln	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required.
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	

DRUG NAME	TIER	DRUG EDITS
tobramycin sulfate 80 mg/2ml solution	Covered	
ZEMDRI 500 MG/10ML SOLUTION *plazomicin sulfate*	Covered	
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
AMJEVITA 20 MG/0.4ML SOLN PRSYR *adalimumab-atto*	PDL Non-Preferred	ST
AMJEVITA 40 MG/0.8ML SOLN A-INJ *adalimumab-atto*	PDL Non-Preferred	ST
AMJEVITA 40 MG/0.8ML SOLN PRSYR *adalimumab-atto*	PDL Non-Preferred	ST
HUMIRA 10 MG/0.1ML PREF SY KT *adalimumab*	PDL Preferred	PA
HUMIRA 20 MG/0.2ML PREF SY KT *adalimumab*	PDL Preferred	PA
HUMIRA 40 MG/0.4ML PREF SY KT *adalimumab*	PDL Preferred	PA
HUMIRA 40 MG/0.8ML PREF SY KT *adalimumab*	PDL Preferred	PA
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT *adalimumab*	PDL Preferred	PA
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT *adalimumab*	PDL Preferred	PA
HUMIRA PEN 40 MG/0.4ML PEN KIT *adalimumab*	PDL Preferred	PA
HUMIRA PEN 40 MG/0.8ML PEN KIT *adalimumab*	PDL Preferred	PA
HUMIRA PEN 80 MG/0.8ML PEN KIT *adalimumab*	PDL Preferred	PA
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT *adalimumab*	PDL Preferred	PA

DRUG NAME	TIER	DRUG EDITS
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT *adalimumab*	PDL Preferred	PA
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT *adalimumab*	PDL Preferred	PA
HUMIRA PEN-PS/UV/ADOL HS START 40 MG/0.8ML PEN KIT *adalimumab*	PDL Preferred	PA
HUMIRA PEN-PSOR/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT *adalimumab*	PDL Preferred	PA
SIMPONI 100 MG/ML SOLN A-INJ *golimumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
SIMPONI 100 MG/ML SOLN PRSYR *golimumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
SIMPONI 50 MG/0.5ML SOLN A-INJ *golimumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
SIMPONI 50 MG/0.5ML SOLN PRSYR *golimumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
SIMPONI ARIA 50 MG/4ML SOLUTION *golimumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT 1 MG TAB *baricitinib*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
OLUMIANT 2 MG TAB *baricitinib*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required

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DRUG NAME	TIER	DRUG EDITS
OLUMIANT 4 MG TAB *baricitinib*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
RINVOQ 15 MG TAB ER 24H *upadacitinib*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
RINVOQ 30 MG TAB ER 24H *upadacitinib*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
RINVOQ 45 MG TAB ER 24H *upadacitinib*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
XELJANZ 1 MG/ML SOLUTION *tofacitinib citrate*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
XELJANZ 10 MG TAB *tofacitinib citrate*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
XELJANZ 5 MG TAB *tofacitinib citrate*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
XELJANZ XR 11 MG TAB ER 24H *tofacitinib citrate*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
XELJANZ XR 22 MG TAB ER 24H *tofacitinib citrate*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP 10 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	

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DRUG NAME	TIER	DRUG EDITS
OTREXUP 12.5 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	
OTREXUP 15 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	
OTREXUP 17.5 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	
OTREXUP 20 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	
OTREXUP 22.5 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	
OTREXUP 25 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	
RASUVO 10 MG/0.2ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	
RASUVO 12.5 MG/0.25ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	
RASUVO 15 MG/0.3ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	
RASUVO 17.5 MG/0.35ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	
RASUVO 20 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	
RASUVO 22.5 MG/0.45ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	
RASUVO 25 MG/0.5ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	
RASUVO 30 MG/0.6ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	
RASUVO 7.5 MG/0.15ML SOLN A-INJ *methotrexate (antirheumatic)*	Covered	
REDITREX 10 MG/0.4ML SOLN PRSYR *methotrexate (antirheumatic)*	Covered	
REDITREX 12.5 MG/0.05ML SOLN PRSYR *methotrexate (antirheumatic)*	Covered	

DRUG NAME	TIER	DRUG EDITS
REDITREX 15 MG/0.6ML SOLN PRSYR *methotrexate (antirheumatic)*	Covered	
REDITREX 17.5 MG/0.7ML SOLN PRSYR *methotrexate (antirheumatic)*	Covered	
REDITREX 20 MG/0.8ML SOLN PRSYR *methotrexate (antirheumatic)*	Covered	
REDITREX 22.5 MG/0.9ML SOLN PRSYR *methotrexate (antirheumatic)*	Covered	
REDITREX 25 MG/ML SOLN PRSYR *methotrexate (antirheumatic)*	Covered	
REDITREX 7.5 MG/0.3ML SOLN PRSYR *methotrexate (antirheumatic)*	Covered	
GOLD COMPOUNDS		
RIDAURA 3 MG CAP *auranofin*	Covered	
INTERLEUKIN-1 BLOCKERS		
ARCALYST 220 MG RECON SOLN *rilonacept*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET 100 MG/0.67ML SOLN PRSYR *anakinra*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
INTERLEUKIN-1BETA BLOCKERS		
ILARIS 150 MG/ML SOLUTION *canakinumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162 MG/0.9ML SOLN PRSYR *tocilizumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required

DRUG NAME	TIER	DRUG EDITS
ACTEMRA 200 MG/10ML SOLUTION *tocilizumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
ACTEMRA 400 MG/20ML SOLUTION *tocilizumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
ACTEMRA 80 MG/4ML SOLUTION *tocilizumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ *tocilizumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
KEVZARA 150 MG/1.14ML SOLN A-INJ *sarilumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
KEVZARA 150 MG/1.14ML SOLN PRSYR *sarilumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
KEVZARA 200 MG/1.14ML SOLN A-INJ *sarilumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
KEVZARA 200 MG/1.14ML SOLN PRSYR *sarilumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ANJESO 30 MG/ML INJECTABLE *meloxicam*	Covered	
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

DRUG NAME	TIER	DRUG EDITS
CALDOLOR 800 MG/200ML SOLUTION *ibuprofen*	Covered	
CALDOLOR 800 MG/8ML SOLUTION *ibuprofen*	Covered	
CELEBREX 100 MG CAP *celecoxib*	PDL Non-Preferred	ST
CELEBREX 200 MG CAP *celecoxib*	PDL Non-Preferred	ST
CELEBREX 400 MG CAP *celecoxib*	PDL Non-Preferred	ST
CELEBREX 50 MG CAP *celecoxib*	PDL Non-Preferred	ST
celecoxib 100 mg cap	PDL Preferred	
celecoxib 200 mg cap	PDL Preferred	
celecoxib 400 mg cap	PDL Preferred	
celecoxib 50 mg cap	PDL Preferred	
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
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

DRUG NAME	TIER	DRUG EDITS
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
DUEXIS 800-26.6 MG TAB *ibuprofen-famotidine*	PDL Non-Preferred	ST NOTE Trial and failure of only celecoxib is required
ec-naproxen 375 mg tab dr	PDL Preferred	
ec-naproxen 500 mg tab dr	PDL Preferred	
etodolac 200 mg cap	PDL Non-Preferred	ST
etodolac 300 mg cap	PDL Non-Preferred	ST
etodolac 400 mg tab	PDL Non-Preferred	ST
etodolac 500 mg tab	PDL Non-Preferred	ST
etodolac er 400 mg tab er 24h	PDL Non-Preferred	ST
etodolac er 500 mg tab er 24h	PDL Non-Preferred	ST
etodolac er 600 mg tab er 24h	PDL Non-Preferred	ST
FELDENE 10 MG CAP *piroxicam*	PDL Non-Preferred	ST
FELDENE 20 MG CAP *piroxicam*	PDL Non-Preferred	ST
fenoprofen calcium 400 mg cap	PDL Non-Preferred	ST
fenoprofen calcium 600 mg tab	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
flurbiprofen 100 mg tab	PDL Non-Preferred	ST
ibu 400 mg tab	PDL Preferred	
ibu 600 mg tab	PDL Preferred	
ibu 800 mg tab	PDL Preferred	
ibuprofen 100 mg/5ml suspension	PDL Preferred	
ibuprofen 400 mg tab	PDL Preferred	
ibuprofen 600 mg tab	PDL Preferred	
ibuprofen 800 mg tab	PDL Preferred	
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
INDOCIN 25 MG/5ML SUSPENSION *indomethacin*	Covered	
INDOCIN 50 MG SUPPOS *indomethacin*	Covered	
indomethacin 25 mg cap	PDL Preferred	
indomethacin 50 mg cap	PDL Preferred	
indomethacin er 75 mg cap er	PDL Non-Preferred	ST
INDOMETHACIN SODIUM 1 MG RECON SOLN *indomethacin sodium*	Covered	
indomethacin sodium 1 mg recon soln	Covered	

DRUG NAME	TIER	DRUG EDITS
KETOPROFEN 25 MG CAP *ketoprofen*	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	
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
mefenamic acid 250 mg cap	PDL Non-Preferred	ST
meloxicam 10 mg cap	PDL Non-Preferred	ST
meloxicam 15 mg tab	PDL Preferred	
meloxicam 5 mg cap	PDL Non-Preferred	ST
meloxicam 7.5 mg tab	PDL Preferred	
MOBIC 15 MG TAB *meloxicam*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
MOBIC 7.5 MG TAB *meloxicam*	PDL Non-Preferred	ST
nabumetone 500 mg tab	PDL Non-Preferred	ST
nabumetone 750 mg tab	PDL Non-Preferred	ST
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
NAPRELAN 500 MG TAB ER 24H *naproxen sodium*	PDL Non-Preferred	ST
NAPRELAN 750 MG TAB ER 24H *naproxen sodium*	PDL Non-Preferred	ST
naproxen 125 mg/5ml suspension	PDL Non-Preferred	ST
naproxen 250 mg tab	PDL Preferred	
naproxen 375 mg tab	PDL Preferred	
naproxen 375 mg tab dr	PDL Preferred	
naproxen 500 mg tab	PDL Preferred	
naproxen 500 mg tab dr	PDL Preferred	
naproxen sodium 275 mg tab	PDL Non-Preferred	ST
naproxen sodium 550 mg tab	PDL Non-Preferred	ST
naproxen sodium er 375 mg tab er 24h	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
naproxen sodium er 500 mg tab er 24h	PDL Non-Preferred	ST
naproxen sodium er 750 mg tab er 24h	PDL Non-Preferred	ST
naproxen-esomeprazole mg 375-20 mg tab dr	PDL Non-Preferred	ST NOTE Trial and failure of only celecoxib is required
naproxen-esomeprazole mg 500-20 mg tab dr	PDL Non-Preferred	ST NOTE Trial and failure of only celecoxib is required
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
QMIIZ ODT 15 MG TAB DISP *meloxicam*	PDL Non-Preferred	ST
QMIIZ ODT 7.5 MG TAB DISP *meloxicam*	PDL Non-Preferred	ST
RELAFEN DS 1000 MG TAB *nabumetone*	PDL Non-Preferred	ST
SPRIX 15.75 MG/SPRAY SOLUTION *ketorolac tromethamine*	PDL Non-Preferred	ST
sulindac 150 mg tab	PDL Preferred	
sulindac 200 mg tab	PDL Preferred	
TIVORBEX 20 MG CAP *indomethacin*	PDL Non-Preferred	ST
TIVORBEX 40 MG CAP *indomethacin*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
TOLMETIN SODIUM 200 MG TAB *tolmetin sodium*	PDL Non-Preferred	ST
VIMOVO 375-20 MG TAB DR *naproxen-esomeprazole magnesium*	PDL Non-Preferred	ST NOTE Trial and failure of only celecoxib is required
VIMOVO 500-20 MG TAB DR *naproxen-esomeprazole magnesium*	PDL Non-Preferred	ST NOTE Trial and failure of only celecoxib is required
VIVLODEX 10 MG CAP *meloxicam*	PDL Non-Preferred	ST
VIVLODEX 5 MG CAP *meloxicam*	Covered	
ZIPSOR 25 MG CAP *diclofenac potassium*	Covered	
ZORVOLEX 18 MG CAP *diclofenac*	Covered	
ZORVOLEX 35 MG CAP *diclofenac*	Covered	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK *apremilast*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
OTEZLA 30 MG TAB *apremilast*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA 10 MG TAB *leflunomide*	Covered	
ARAVA 20 MG TAB *leflunomide*	Covered	
leflunomide 10 mg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
leflunomide 20 mg tab	Covered	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA 125 MG/ML SOLN PRSYR *abatacept*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
ORENCIA 250 MG RECON SOLN *abatacept*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
ORENCIA 50 MG/0.4ML SOLN PRSYR *abatacept*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
ORENCIA 87.5 MG/0.7ML SOLN PRSYR *abatacept*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ *abatacept*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL 25 MG RECON SOLN *etanercept*	PDL Preferred	PA
ENBREL 25 MG/0.5ML SOLN PRSYR *etanercept*	PDL Preferred	PA
ENBREL 25 MG/0.5ML SOLUTION *etanercept*	PDL Preferred	PA
ENBREL 50 MG/ML SOLN PRSYR *etanercept*	PDL Preferred	PA
ENBREL MINI 50 MG/ML SOLN CART *etanercept*	PDL Preferred	PA
ENBREL SURECLICK 50 MG/ML SOLN A-INJ *etanercept*	Covered	PA

DRUG NAME	TIER	DRUG EDITS
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
ALLZITAL 25-325 MG TAB *butalbital-acetaminophen*	Covered	
bac 50-325-40 mg tab	Covered	
bupap 50-300 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	
FIORINAL 50-325-40 MG CAP *butalbital-aspirin-caffeine*	Covered	
vanatol lq 50-325-40 mg/15ml solution	Covered	
vanatol s 50-325-40 mg/15ml solution	Covered	
VTOL LQ 50-325-40 MG/15ML SOLUTION *butalbital-acetaminophen-caffeine*	Covered	
zebutal 50-325-40 mg cap	Covered	
ANALGESICS OTHER		
acetaminophen 10 mg/ml solution	Covered	
acetaminophen 1000 mg/100ml solution	Covered	
clonidine hcl (analgesia) 100 mcg/ml solution	Covered	
clonidine hcl (analgesia) 500 mcg/ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
DURACLON 100 MCG/ML SOLUTION *clonidine hcl (analgesia)*	Covered	
ANALGESICS-PEPTIDE CHANNEL BLOCKERS		
PRIALT 100 MCG/ML SOLUTION *ziconotide acetate*	Covered	
PRIALT 500 MCG/20ML SOLUTION *ziconotide acetate*	Covered	
PRIALT 500 MCG/5ML SOLUTION *ziconotide acetate*	Covered	
SALICYLATES		
diflunisal 500 mg tab	PDL Non-Preferred	ST
salsalate 500 mg tab	Covered	PA
salsalate 750 mg tab	Covered	PA
ANALGESICS - OPIOID		
OPIOID AGONISTS		
ABSTRAL 100 MCG SL TAB *fentanyl citrate*	PDL Non-Preferred	ST
ABSTRAL 200 MCG SL TAB *fentanyl citrate*	Covered	PA
ACTIQ 1200 MCG LOZ HANDLE *fentanyl citrate*	PDL Preferred	PA
ACTIQ 1600 MCG LOZ HANDLE *fentanyl citrate*	PDL Preferred	PA
ACTIQ 200 MCG LOZ HANDLE *fentanyl citrate*	PDL Preferred	PA
ACTIQ 400 MCG LOZ HANDLE *fentanyl citrate*	PDL Preferred	PA
ACTIQ 600 MCG LOZ HANDLE *fentanyl citrate*	PDL Preferred	PA
ACTIQ 800 MCG LOZ HANDLE *fentanyl citrate*	PDL Preferred	PA

DRUG NAME	TIER	DRUG EDITS
ALFENTANIL HCL 1000 MCG/2ML SOLUTION *alfentanil hcl*	Covered	
alfentanil hcl 1000 mcg/2ml solution	Covered	
ALFENTANIL HCL 2500 MCG/5ML SOLUTION *alfentanil hcl*	Covered	
ARYMO ER 30 MG TBER DETER *morphine sulfate*	PDL Non-Preferred	ST
CODEINE SULFATE 15 MG TAB *codeine sulfate*	PDL Non-Preferred	PA
CODEINE SULFATE 30 MG TAB *codeine sulfate*	PDL Non-Preferred	PA
codeine sulfate 30 mg tab	PDL Non-Preferred	PA
CODEINE SULFATE 60 MG TAB *codeine sulfate*	PDL Non-Preferred	PA
CONZIP 100 MG CAP ER 24H *tramadol hcl*	PDL Non-Preferred	PA
CONZIP 200 MG CAP ER 24H *tramadol hcl*	PDL Non-Preferred	PA
CONZIP 300 MG CAP ER 24H *tramadol hcl*	PDL Non-Preferred	PA
DEMEROL 100 MG/2ML SOLUTION *meperidine hcl*	Covered	
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	

DRUG NAME	TIER	DRUG EDITS
DILAUDID 1 MG/ML LIQUID *hydromorphone hcl*	PDL Non-Preferred	PA
DILAUDID 1 MG/ML SOLUTION *hydromorphone hcl*	Covered	
DILAUDID 2 MG TAB *hydromorphone hcl*	PDL Non-Preferred	PA
DILAUDID 2 MG/ML SOLUTION *hydromorphone hcl*	Covered	
DILAUDID 4 MG TAB *hydromorphone hcl*	PDL Non-Preferred	PA
DILAUDID 8 MG TAB *hydromorphone hcl*	PDL Non-Preferred	PA
DSUVIA 30 MCG SL TAB *sufentanil citrate*	PDL Non-Preferred	PA
DURAGESIC-100 100 MCG/HR PATCH 72HR *fentanyl*	PDL Non-Preferred	ST
DURAGESIC-12 12 MCG/HR PATCH 72HR *fentanyl*	PDL Non-Preferred	ST
DURAGESIC-25 25 MCG/HR PATCH 72HR *fentanyl*	PDL Non-Preferred	ST
DURAGESIC-50 50 MCG/HR PATCH 72HR *fentanyl*	PDL Non-Preferred	ST
DURAGESIC-75 75 MCG/HR PATCH 72HR *fentanyl*	PDL Non-Preferred	ST
duramorph 0.5 mg/ml solution	Covered	
duramorph 1 mg/ml solution	Covered	
fentanyl 100 mcg/hr patch 72hr	PDL Preferred	PA
fentanyl 12 mcg/hr patch 72hr	PDL Preferred	PA
fentanyl 25 mcg/hr patch 72hr	PDL Preferred	PA
fentanyl 37.5 mcg/hr patch 72hr	PDL Non-Preferred	PA

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DRUG NAME	TIER	DRUG EDITS
fentanyl 50 mcg/hr patch 72hr	PDL Preferred	PA
fentanyl 62.5 mcg/hr patch 72hr	PDL Non-Preferred	PA
fentanyl 75 mcg/hr patch 72hr	PDL Preferred	PA
fentanyl 87.5 mcg/hr patch 72hr	PDL Non-Preferred	PA
FENTANYL CITRATE (PF) 100 MCG/2ML SOLN CART *fentanyl citrate*	Covered	
FENTANYL CITRATE (PF) 100 MCG/2ML SOLUTION *fentanyl citrate*	Covered	
fentanyl citrate (pf) 100 mcg/2ml solution	Covered	
fentanyl citrate (pf) 1000 mcg/20ml solution	Covered	
FENTANYL CITRATE (PF) 250 MCG/5ML SOLUTION *fentanyl citrate*	Covered	
fentanyl citrate (pf) 250 mcg/5ml solution	Covered	
fentanyl citrate (pf) 2500 mcg/50ml solution	Covered	
fentanyl citrate (pf) 50 mcg/ml solution	Covered	
FENTANYL CITRATE (PF) 500 MCG/10ML SOLUTION *fentanyl citrate*	Covered	
FENTANYL CITRATE 100 MCG TAB *fentanyl citrate*	PDL Non-Preferred	PA
fentanyl citrate 1200 mcg loz handle	PDL Non-Preferred	PA
fentanyl citrate 1600 mcg loz handle	PDL Non-Preferred	PA
fentanyl citrate 200 mcg loz handle	PDL Non-Preferred	PA
FENTANYL CITRATE 200 MCG TAB *fentanyl citrate*	PDL Non-Preferred	PA

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DRUG NAME	TIER	DRUG EDITS
fentanyl citrate 400 mcg loz handle	PDL Non-Preferred	PA
FENTANYL CITRATE 400 MCG TAB *fentanyl citrate*	PDL Non-Preferred	PA
fentanyl citrate 600 mcg loz handle	PDL Non-Preferred	PA
FENTANYL CITRATE 600 MCG TAB *fentanyl citrate*	PDL Non-Preferred	PA
fentanyl citrate 800 mcg loz handle	PDL Non-Preferred	PA
FENTANYL CITRATE 800 MCG TAB *fentanyl citrate*	PDL Non-Preferred	PA
FENTANYL CITRATE PF 50 MCG/ML SOLN PRSYR *fentanyl citrate*	Covered	
FENTORA 100 MCG TAB *fentanyl citrate*	PDL Non-Preferred	PA
FENTORA 200 MCG TAB *fentanyl citrate*	PDL Non-Preferred	PA
FENTORA 400 MCG TAB *fentanyl citrate*	PDL Non-Preferred	PA
FENTORA 600 MCG TAB *fentanyl citrate*	PDL Non-Preferred	PA
FENTORA 800 MCG TAB *fentanyl citrate*	PDL Non-Preferred	PA
HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H *hydrocodone bitartrate*	PDL Non-Preferred	PA
hydrocodone bitartrate er 10 mg cap er 12h	PDL Non-Preferred	PA
hydrocodone bitartrate er 100 mg tb24 deter	PDL Non-Preferred	PA
hydrocodone bitartrate er 120 mg tb24 deter	PDL Non-Preferred	PA
HYDROCODONE BITARTRATE ER 15 MG CAP ER 12H *hydrocodone bitartrate*	PDL Non-Preferred	PA

DRUG NAME	TIER	DRUG EDITS
hydrocodone bitartrate er 15 mg cap er 12h	PDL Non-Preferred	PA
HYDROCODONE BITARTRATE ER 20 MG CAP ER 12H *hydrocodone bitartrate*	PDL Non-Preferred	PA
hydrocodone bitartrate er 20 mg tb24 deter	PDL Non-Preferred	PA
HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H *hydrocodone bitartrate*	PDL Non-Preferred	PA
hydrocodone bitartrate er 30 mg cap er 12h	PDL Non-Preferred	PA
hydrocodone bitartrate er 30 mg tb24 deter	PDL Non-Preferred	PA
HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H *hydrocodone bitartrate*	PDL Non-Preferred	PA
hydrocodone bitartrate er 40 mg cap er 12h	PDL Non-Preferred	PA
hydrocodone bitartrate er 40 mg tb24 deter	PDL Non-Preferred	PA
HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H *hydrocodone bitartrate*	PDL Non-Preferred	PA
hydrocodone bitartrate er 50 mg cap er 12h	PDL Non-Preferred	PA
hydrocodone bitartrate er 60 mg tb24 deter	PDL Non-Preferred	PA
hydrocodone bitartrate er 80 mg tb24 deter	PDL Non-Preferred	PA
hydromorphone hcl 1 mg/ml liquid	PDL Non-Preferred	PA
hydromorphone hcl 1 mg/ml solution	Covered	
hydromorphone hcl 2 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
hydromorphone hcl 2 mg/ml solution	Covered	
HYDROMORPHONE HCL 3 MG SUPPOS *hydromorphone hcl*	PDL Non-Preferred	PA
hydromorphone hcl 4 mg tab	PDL Preferred	PA
HYDROMORPHONE HCL 4 MG/ML SOLUTION *hydromorphone hcl*	Covered	
hydromorphone hcl 8 mg tab	PDL Preferred	PA
hydromorphone hcl er 12 mg tab er 24h	PDL Non-Preferred	PA
hydromorphone hcl er 16 mg tab er 24h	PDL Non-Preferred	PA
hydromorphone hcl er 32 mg tab er 24h	PDL Non-Preferred	PA
hydromorphone hcl er 8 mg tab er 24h	PDL Non-Preferred	PA
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	PA

DRUG NAME	TIER	DRUG EDITS
HYSINGLA ER 120 MG TB24 DETER *hydrocodone bitartrate*	PDL Non-Preferred	PA
HYSINGLA ER 20 MG TB24 DETER *hydrocodone bitartrate*	PDL Non-Preferred	PA
HYSINGLA ER 30 MG TB24 DETER *hydrocodone bitartrate*	PDL Non-Preferred	PA
HYSINGLA ER 40 MG TB24 DETER *hydrocodone bitartrate*	PDL Non-Preferred	PA
HYSINGLA ER 60 MG TB24 DETER *hydrocodone bitartrate*	PDL Non-Preferred	PA
HYSINGLA ER 80 MG TB24 DETER *hydrocodone bitartrate*	PDL Non-Preferred	PA
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	
KADIAN 10 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	PA
KADIAN 100 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	PA
KADIAN 20 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA
KADIAN 200 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	PA
KADIAN 30 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA
KADIAN 40 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA
KADIAN 50 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	PA
KADIAN 60 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	PA

DRUG NAME	TIER	DRUG EDITS
KADIAN 80 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	PA
levorphanol tartrate 2 mg tab	PDL Non-Preferred	PA
LEVORPHANOL TARTRATE 3 MG TAB *levorphanol tartrate*	PDL Non-Preferred	PA
levorphanol tartrate 3 mg tab	PDL Non-Preferred	PA
MEPERIDINE HCL 100 MG TAB *meperidine hcl*	PDL Non-Preferred	PA
meperidine hcl 100 mg/ml solution	Covered	
meperidine hcl 25 mg/ml solution	Covered	
MEPERIDINE HCL 50 MG TAB *meperidine hcl*	PDL Non-Preferred	PA
MEPERIDINE HCL 50 MG/5ML SOLUTION *meperidine hcl*	PDL Non-Preferred	PA
meperidine hcl 50 mg/ml solution	Covered	
methadone hcl 10 mg tab	PDL Preferred	PA
METHADONE HCL 10 MG/5ML SOLUTION *methadone hcl*	PDL Preferred	PA
methadone hcl 10 mg/5ml solution	PDL Preferred	PA
methadone hcl 10 mg/ml conc	PDL Preferred	PA
METHADONE HCL 10 MG/ML SOLUTION *methadone hcl*	Covered	
methadone hcl 10 mg/ml solution	Covered	
methadone hcl 40 mg tab sol	PDL Preferred	PA
methadone hcl 5 mg tab	PDL Preferred	PA
METHADONE HCL 5 MG/5ML SOLUTION *methadone hcl*	PDL Preferred	PA

DRUG NAME	TIER	DRUG EDITS
methadone hcl 5 mg/5ml solution	PDL Preferred	PA
methadone hcl intensol 10 mg/ml conc	PDL Preferred	PA
METHADOSE 10 MG/ML CONC *methadone hcl*	PDL Preferred	PA
methadose 40 mg tab sol	PDL Preferred	PA
METHADOSE SUGAR-FREE 10 MG/ML CONC *methadone hcl*	PDL Preferred	PA
mitigo 200 mg/20ml (10 mg/ml) solution	Covered	
mitigo 500 mg/20ml (25 mg/ml) solution	Covered	
MORPHABOND ER 100 MG TB12 DETER *morphine sulfate*	Covered	PA
MORPHABOND ER 15 MG TB12 DETER *morphine sulfate*	Covered	
MORPHABOND ER 30 MG TB12 DETER *morphine sulfate*	Covered	PA
MORPHABOND ER 60 MG TB12 DETER *morphine sulfate*	PDL Non-Preferred	ST
morphine sulfate (concentrate) 10 mg/0.5ml solution	PDL Non-Preferred	PA
morphine sulfate (concentrate) 100 mg/5ml solution	PDL Preferred	PA
morphine sulfate (concentrate) 20 mg/ml solution	PDL Preferred	PA
morphine sulfate (pf) 0.5 mg/ml solution	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	

DRUG NAME	TIER	DRUG EDITS
MORPHINE SULFATE (PF) 4 MG/ML SOLUTION *morphine sulfate*	Covered	
MORPHINE SULFATE (PF) 5 MG/ML SOLUTION *morphine sulfate*	Covered	
MORPHINE SULFATE (PF) 8 MG/ML SOLUTION *morphine sulfate*	Covered	
MORPHINE SULFATE 1 MG/ML SOLUTION *morphine sulfate*	Covered	
MORPHINE SULFATE 10 MG SUPPOS *morphine sulfate*	PDL Non-Preferred	PA
morphine sulfate 10 mg/5ml solution	PDL Preferred	PA
MORPHINE SULFATE 10 MG/ML SOLUTION *morphine sulfate*	Covered	
MORPHINE SULFATE 15 MG TAB *morphine sulfate*	PDL Preferred	PA
morphine sulfate 15 mg tab	PDL Preferred	PA
MORPHINE SULFATE 2 MG/ML SOLUTION *morphine sulfate*	Covered	
MORPHINE SULFATE 20 MG SUPPOS *morphine sulfate*	PDL Non-Preferred	PA
MORPHINE SULFATE 20 MG/5ML SOLUTION *morphine sulfate*	PDL Preferred	PA
morphine sulfate 20 mg/5ml solution	PDL Preferred	PA
MORPHINE SULFATE 30 MG SUPPOS *morphine sulfate*	PDL Non-Preferred	PA
MORPHINE SULFATE 30 MG TAB *morphine sulfate*	PDL Preferred	PA
morphine sulfate 30 mg tab	PDL Preferred	PA

DRUG NAME	TIER	DRUG EDITS
MORPHINE SULFATE 4 MG/ML SOLUTION *morphine sulfate*	Covered	
morphine sulfate 4 mg/ml solution	Covered	
MORPHINE SULFATE 5 MG SUPPOS *morphine sulfate*	PDL Non-Preferred	PA
MORPHINE SULFATE 5 MG/ML SOLUTION *morphine sulfate*	Covered	
MORPHINE SULFATE 50 MG/ML SOLUTION *morphine sulfate*	Covered	
MORPHINE SULFATE 8 MG/ML SOLUTION *morphine sulfate*	Covered	
MORPHINE SULFATE ER 10 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	PA
morphine sulfate er 10 mg cap er 24h	PDL Non-Preferred	PA
MORPHINE SULFATE ER 100 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	PA
morphine sulfate er 100 mg cap er 24h	PDL Non-Preferred	PA
morphine sulfate er 100 mg tab er	PDL Preferred	PA
morphine sulfate er 15 mg tab er	PDL Preferred	PA
MORPHINE SULFATE ER 20 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	PA
morphine sulfate er 20 mg cap er 24h	PDL Non-Preferred	PA
morphine sulfate er 200 mg tab er	PDL Preferred	PA
MORPHINE SULFATE ER 30 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	PA

DRUG NAME	TIER	DRUG EDITS
morphine sulfate er 30 mg cap er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA
morphine sulfate er 30 mg tab er	PDL Preferred	PA
MORPHINE SULFATE ER 40 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	ST
MORPHINE SULFATE ER 50 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	PA
morphine sulfate er 50 mg cap er 24h	PDL Non-Preferred	PA
MORPHINE SULFATE ER 60 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	PA
morphine sulfate er 60 mg cap er 24h	PDL Non-Preferred	PA
morphine sulfate er 60 mg tab er	PDL Preferred	PA
MORPHINE SULFATE ER 80 MG CAP ER 24H *morphine sulfate*	PDL Non-Preferred	PA
morphine sulfate er 80 mg cap er 24h	PDL Non-Preferred	PA
MORPHINE SULFATE ER BEADS 120 MG CAP ER 24H *morphine sulfate beads*	PDL Non-Preferred	PA
MORPHINE SULFATE ER BEADS 30 MG CAP ER 24H *morphine sulfate beads*	PDL Non-Preferred	PA
MORPHINE SULFATE ER BEADS 45 MG CAP ER 24H *morphine sulfate beads*	PDL Non-Preferred	PA
MORPHINE SULFATE ER BEADS 60 MG CAP ER 24H *morphine sulfate beads*	PDL Non-Preferred	PA

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MORPHINE SULFATE ER BEADS 75 MG CAP ER 24H *morphine sulfate beads*	PDL Non-Preferred	PA
MORPHINE SULFATE ER BEADS 90 MG CAP ER 24H *morphine sulfate beads*	PDL Non-Preferred	PA
MS CONTIN 100 MG TAB ER *morphine sulfate*	PDL Non-Preferred	PA
MS CONTIN 15 MG TAB ER *morphine sulfate*	PDL Non-Preferred	PA
MS CONTIN 200 MG TAB ER *morphine sulfate*	PDL Non-Preferred	PA
MS CONTIN 30 MG TAB ER *morphine sulfate*	PDL Non-Preferred	PA
MS CONTIN 60 MG TAB ER *morphine sulfate*	PDL Non-Preferred	PA
NUCYNTA 100 MG TAB *tapentadol hcl*	PDL Non-Preferred	PA
NUCYNTA 50 MG TAB *tapentadol hcl*	PDL Non-Preferred	PA
NUCYNTA 75 MG TAB *tapentadol hcl*	PDL Non-Preferred	PA
NUCYNTA ER 100 MG TAB ER 12H *tapentadol hcl*	PDL Non-Preferred	PA
NUCYNTA ER 150 MG TAB ER 12H *tapentadol hcl*	PDL Non-Preferred	PA
NUCYNTA ER 200 MG TAB ER 12H *tapentadol hcl*	PDL Non-Preferred	PA
NUCYNTA ER 250 MG TAB ER 12H *tapentadol hcl*	PDL Non-Preferred	PA
NUCYNTA ER 50 MG TAB ER 12H *tapentadol hcl*	PDL Non-Preferred	PA
OLINVYK 1 MG/ML SOLUTION *oliceridine fumarate*	Covered	
OLINVYK 2 MG/2ML SOLUTION *oliceridine fumarate*	Covered	

DRUG NAME	TIER	DRUG EDITS
OLINVYK 30 MG/30ML SOLUTION *oliceridine fumarate*	Covered	
OXAYDO 5 MG TAB *oxycodone hcl*	Covered	
OXAYDO 7.5 MG TAB *oxycodone hcl*	Covered	
oxycodone hcl 10 mg tab	PDL Preferred	QL 120 UNITS / 30 DAYS PA
oxycodone hcl 100 mg/5ml conc	PDL Non-Preferred	PA
oxycodone hcl 15 mg tab	PDL Preferred	PA
oxycodone hcl 20 mg tab	PDL Preferred	PA
oxycodone hcl 30 mg tab	PDL Preferred	PA
oxycodone hcl 5 mg cap	PDL Non-Preferred	PA
oxycodone hcl 5 mg tab	PDL Preferred	QL 120 UNITS / 30 DAYS PA
oxycodone hcl 5 mg/5ml solution	PDL Preferred	QL 540 UNITS / 12 DAYS PA
OXYCODONE HCL ER 10 MG TB12 DETER *oxycodone hcl*	PDL Non-Preferred	PA
OXYCODONE HCL ER 15 MG TB12 DETER *oxycodone hcl*	Covered	PA
OXYCODONE HCL ER 20 MG TB12 DETER *oxycodone hcl*	PDL Non-Preferred	PA
OXYCODONE HCL ER 30 MG TB12 DETER *oxycodone hcl*	Covered	
OXYCODONE HCL ER 40 MG TB12 DETER *oxycodone hcl*	PDL Non-Preferred	PA

DRUG NAME	TIER	DRUG EDITS
OXYCODONE HCL ER 60 MG TB12 DETER *oxycodone hcl*	Covered	PA
OXYCODONE HCL ER 80 MG TB12 DETER *oxycodone hcl*	PDL Non-Preferred	PA
OXYCONTIN 10 MG TB12 DETER *oxycodone hcl*	PDL Preferred	PA
OXYCONTIN 15 MG TB12 DETER *oxycodone hcl*	PDL Preferred	PA
OXYCONTIN 20 MG TB12 DETER *oxycodone hcl*	PDL Preferred	PA
OXYCONTIN 30 MG TB12 DETER *oxycodone hcl*	PDL Preferred	PA
OXYCONTIN 40 MG TB12 DETER *oxycodone hcl*	PDL Preferred	PA
OXYCONTIN 60 MG TB12 DETER *oxycodone hcl*	PDL Preferred	PA
OXYCONTIN 80 MG TB12 DETER *oxycodone hcl*	PDL Preferred	PA
oxymorphone hcl 10 mg tab	PDL Non-Preferred	PA
oxymorphone hcl 5 mg tab	PDL Non-Preferred	PA
OXYMORPHONE HCL ER 10 MG TAB ER 12H *oxymorphone hcl*	PDL Non-Preferred	PA
OXYMORPHONE HCL ER 15 MG TAB ER 12H *oxymorphone hcl*	PDL Non-Preferred	PA
OXYMORPHONE HCL ER 20 MG TAB ER 12H *oxymorphone hcl*	PDL Non-Preferred	PA
OXYMORPHONE HCL ER 30 MG TAB ER 12H *oxymorphone hcl*	PDL Non-Preferred	PA
OXYMORPHONE HCL ER 40 MG TAB ER 12H *oxymorphone hcl*	PDL Non-Preferred	PA

DRUG NAME	TIER	DRUG EDITS
OXYMORPHONE HCL ER 5 MG TAB ER 12H *oxymorphone hcl*	PDL Non-Preferred	PA
OXYMORPHONE HCL ER 7.5 MG TAB ER 12H *oxymorphone hcl*	PDL Non-Preferred	PA
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	PA
ROXICODONE 30 MG TAB *oxycodone hcl*	PDL Non-Preferred	PA
ROXYBOND 15 MG TAB DETER *oxycodone hcl*	PDL Non-Preferred	PA
ROXYBOND 30 MG TAB DETER *oxycodone hcl*	PDL Non-Preferred	PA
ROXYBOND 5 MG TAB DETER *oxycodone hcl*	PDL Non-Preferred	PA
SUFENTANIL CITRATE 100 MCG/2ML SOLUTION *sufentanil citrate*	Covered	
sufentanil citrate 100 mcg/2ml solution	PDL Non-Preferred	PA
SUFENTANIL CITRATE 250 MCG/5ML SOLUTION *sufentanil citrate*	Covered	
sufentanil citrate 250 mcg/5ml solution	PDL Non-Preferred	PA
SUFENTANIL CITRATE 50 MCG/ML SOLUTION *sufentanil citrate*	Covered	
sufentanil citrate 50 mcg/ml solution	Covered	
tramadol hcl 100 mg tab	PDL Preferred	PA

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TRAMADOL HCL 5 MG/ML SOLUTION *tramadol hcl*	PDL Non-Preferred	PA
tramadol hcl 50 mg tab	PDL Preferred	PA
TRAMADOL HCL ER (BIPHASIC) 100 MG TAB ER 24H *tramadol hcl*	PDL Preferred	PA
tramadol hcl er (biphasic) 100 mg tab er 24h	PDL Preferred	PA
TRAMADOL HCL ER (BIPHASIC) 200 MG TAB ER 24H *tramadol hcl*	PDL Preferred	PA
tramadol hcl er (biphasic) 200 mg tab er 24h	PDL Preferred	PA
TRAMADOL HCL ER (BIPHASIC) 300 MG TAB ER 24H *tramadol hcl*	PDL Preferred	PA
tramadol hcl er (biphasic) 300 mg tab er 24h	PDL Preferred	PA
TRAMADOL HCL ER 100 MG CAP ER 24H *tramadol hcl*	PDL Non-Preferred	PA
tramadol hcl er 100 mg tab er 24h	PDL Preferred	PA
TRAMADOL HCL ER 200 MG CAP ER 24H *tramadol hcl*	PDL Non-Preferred	PA
tramadol hcl er 200 mg tab er 24h	PDL Preferred	PA
TRAMADOL HCL ER 300 MG CAP ER 24H *tramadol hcl*	PDL Non-Preferred	PA
tramadol hcl er 300 mg tab er 24h	PDL Preferred	PA
ULTIVA 1 MG RECON SOLN *remifentanil hcl*	Covered	
ULTIVA 2 MG RECON SOLN *remifentanil hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
ULTIVA 5 MG RECON SOLN *remifentanil hcl*	Covered	
ULTRAM 50 MG TAB *tramadol hcl*	Covered	PA
XTAMPZA ER 13.5 MG CP12 DETER *oxycodone*	PDL Preferred	PA
XTAMPZA ER 18 MG CP12 DETER *oxycodone*	PDL Preferred	PA
XTAMPZA ER 27 MG CP12 DETER *oxycodone*	PDL Preferred	PA
XTAMPZA ER 36 MG CP12 DETER *oxycodone*	PDL Preferred	PA
XTAMPZA ER 9 MG CP12 DETER *oxycodone*	PDL Preferred	PA
ZOHYDRO ER 10 MG CAP ER 12H *hydrocodone bitartrate*	PDL Non-Preferred	PA
ZOHYDRO ER 15 MG CAP ER 12H *hydrocodone bitartrate*	PDL Non-Preferred	PA
ZOHYDRO ER 20 MG CAP ER 12H *hydrocodone bitartrate*	PDL Non-Preferred	PA
ZOHYDRO ER 30 MG CAP ER 12H *hydrocodone bitartrate*	PDL Non-Preferred	PA
ZOHYDRO ER 40 MG CAP ER 12H *hydrocodone bitartrate*	PDL Non-Preferred	PA
ZOHYDRO ER 50 MG CAP ER 12H *hydrocodone bitartrate*	PDL Non-Preferred	PA
OPIOID COMBINATIONS		
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION *acetaminophen w/ codeine*	PDL Preferred	PA
acetaminophen-codeine 120-12 mg/5ml solution	PDL Preferred	PA
acetaminophen-codeine 300-15 mg tab	PDL Preferred	PA

DRUG NAME	TIER	DRUG EDITS
acetaminophen-codeine 300-30 mg tab	PDL Preferred	PA
acetaminophen-codeine 300-60 mg tab	PDL Preferred	PA
APADAZ 4.08-325 MG TAB *benzhydrocodone hcl-acetaminophen*	PDL Non-Preferred	PA
APADAZ 6.12-325 MG TAB *benzhydrocodone hcl-acetaminophen*	PDL Non-Preferred	PA
APADAZ 8.16-325 MG TAB *benzhydrocodone hcl-acetaminophen*	PDL Non-Preferred	PA
APAP-CAFF-DIHYDROCODEINE 320.5-30-16 MG CAP *acetaminophen-caff-dihydrocod*	PDL Non-Preferred	PA
ascomp-codeine 50-325-40-30 mg cap	PDL Non-Preferred	PA
BENZHYDROCODONE-ACETAMINOPHEN 4.08-325 MG TAB *benzhydrocodone hcl-acetaminophen*	PDL Non-Preferred	PA
BENZHYDROCODONE-ACETAMINOPHEN 6.12-325 MG TAB *benzhydrocodone hcl-acetaminophen*	PDL Non-Preferred	PA
BENZHYDROCODONE-ACETAMINOPHEN 8.16-325 MG TAB *benzhydrocodone hcl-acetaminophen*	PDL Non-Preferred	PA
butalbital-apap-caff-cod 50-300-40-30 mg cap	PDL Non-Preferred	PA
butalbital-apap-caff-cod 50-325-40-30 mg cap	PDL Non-Preferred	PA
butalbital-asa-caff-codeine 50-325-40-30 mg cap	PDL Non-Preferred	PA
endocet 10-325 mg tab	PDL Preferred	PA
endocet 5-325 mg tab	PDL Preferred	PA
endocet 7.5-325 mg tab	PDL Preferred	PA

DRUG NAME	TIER	DRUG EDITS
FIORICET/CODEINE 50-300-40-30 MG CAP *butalbital-acetaminophen-caffeine w/ codeine*	PDL Non-Preferred	PA
FIORINAL/CODEINE #3 50-325-40-30 MG CAP *butalbital-aspirin-caffeine w/cod*	PDL Non-Preferred	PA
hydrocodone-acetaminophen 10-300 mg tab	PDL Preferred	PA
hydrocodone-acetaminophen 10-325 mg tab	PDL Preferred	PA
hydrocodone-acetaminophen 2.5-108 mg/5ml solution	PDL Preferred	PA
hydrocodone-acetaminophen 5-217 mg/10ml solution	PDL Preferred	PA
hydrocodone-acetaminophen 5-300 mg tab	PDL Preferred	PA
hydrocodone-acetaminophen 5-325 mg tab	PDL Preferred	PA
hydrocodone-acetaminophen 7.5-300 mg tab	PDL Preferred	PA
hydrocodone-acetaminophen 7.5-325 mg tab	PDL Preferred	PA
hydrocodone-acetaminophen 7.5-325 mg/15ml solution	PDL Preferred	PA
HYDROCODONE-IBUPROFEN 10-200 MG TAB *hydrocodone-ibuprofen*	PDL Preferred	PA
hydrocodone-ibuprofen 10-200 mg tab	PDL Preferred	PA
HYDROCODONE-IBUPROFEN 5-200 MG TAB *hydrocodone-ibuprofen*	PDL Preferred	PA
hydrocodone-ibuprofen 5-200 mg tab	PDL Preferred	PA
hydrocodone-ibuprofen 7.5-200 mg tab	PDL Preferred	PA

DRUG NAME	TIER	DRUG EDITS
lorcet 5-325 mg tab	PDL Preferred	PA
lorcet hd 10-325 mg tab	PDL Preferred	PA
lorcet plus 7.5-325 mg tab	PDL Preferred	PA
LORTAB 10-300 MG/15ML ELIXIR *hydrocodone-acetaminophen*	PDL Non-Preferred	PA
NALOCET 2.5-300 MG TAB *oxycodone w/ acetaminophen*	PDL Non-Preferred	ST
NORCO 10-325 MG TAB *hydrocodone-acetaminophen*	PDL Non-Preferred	QL 40 / 10 day(s) ST
NORCO 5-325 MG TAB *hydrocodone-acetaminophen*	PDL Non-Preferred	QL 40 / 10 day(s) ST
NORCO 7.5-325 MG TAB *hydrocodone-acetaminophen*	PDL Non-Preferred	ST
oxycodone-acetaminophen 10-325 mg tab	PDL Preferred	QL 40 UNITS / 5 DAYS PA
oxycodone-acetaminophen 2.5-325 mg tab	PDL Preferred	PA
oxycodone-acetaminophen 5-325 mg tab	PDL Preferred	QL 40 UNITS / 5 DAYS PA
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION *oxycodone w/ acetaminophen*	PDL Non-Preferred	PA
oxycodone-acetaminophen 7.5-325 mg tab	PDL Preferred	PA
OXYCODONE-ASPIRIN 4.8355-325 MG TAB *oxycodone-aspirin*	PDL Non-Preferred	PA
OXYCODONE-IBUPROFEN 5-400 MG TAB *oxycodone-ibuprofen*	PDL Non-Preferred	ST
PERCOCET 10-325 MG TAB *oxycodone w/ acetaminophen*	PDL Non-Preferred	PA

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DRUG NAME	TIER	DRUG EDITS
PERCOCET 2.5-325 MG TAB *oxycodone w/ acetaminophen*	PDL Non-Preferred	PA
PERCOCET 5-325 MG TAB *oxycodone w/ acetaminophen*	PDL Non-Preferred	PA
PERCOCET 7.5-325 MG TAB *oxycodone w/ acetaminophen*	PDL Non-Preferred	PA
PROLATE 10-300 MG TAB *oxycodone w/ acetaminophen*	PDL Non-Preferred	PA
PROLATE 10-300 MG/5ML SOLUTION *oxycodone w/ acetaminophen*	PDL Non-Preferred	PA
PROLATE 5-300 MG TAB *oxycodone w/ acetaminophen*	PDL Non-Preferred	PA
PROLATE 7.5-300 MG TAB *oxycodone w/ acetaminophen*	PDL Non-Preferred	PA
SEGLENTIS 56-44 MG TAB *celecoxib-tramadol hcl*	PDL Non-Preferred	ST
tramadol-acetaminophen 37.5-325 mg tab	PDL Preferred	QL 40 UNITS / 5 DAYS PA
ULTRACET 37.5-325 MG TAB *tramadol-acetaminophen*	PDL Non-Preferred	QL 40 UNITS / 5 DAYS PA
OPIOID PARTIAL AGONISTS		
BELBUCA 150 MCG FILM *buprenorphine hcl*	PDL Non-Preferred	PA
BELBUCA 300 MCG FILM *buprenorphine hcl*	PDL Non-Preferred	PA
BELBUCA 450 MCG FILM *buprenorphine hcl*	PDL Non-Preferred	PA
BELBUCA 600 MCG FILM *buprenorphine hcl*	PDL Non-Preferred	PA
BELBUCA 75 MCG FILM *buprenorphine hcl*	PDL Non-Preferred	PA
BELBUCA 750 MCG FILM *buprenorphine hcl*	PDL Non-Preferred	PA

DRUG NAME	TIER	DRUG EDITS
BELBUCA 900 MCG FILM *buprenorphine hcl*	PDL Non-Preferred	PA
BUNAVAIL 4.2-0.7 MG FILM *buprenorphine hcl-naloxone hcl dihydrate*	PDL Non-Preferred	ST
BUNAVAIL 6.3-1 MG FILM *buprenorphine hcl-naloxone hcl dihydrate*	PDL Non-Preferred	ST
BUPRENEX 0.3 MG/ML SOLUTION *buprenorphine hcl*	Covered	
buprenorphine 10 mcg/hr patch wk	PDL Non-Preferred	PA
buprenorphine 15 mcg/hr patch wk	PDL Non-Preferred	PA
buprenorphine 20 mcg/hr patch wk	PDL Non-Preferred	PA
buprenorphine 5 mcg/hr patch wk	PDL Non-Preferred	PA
buprenorphine 7.5 mcg/hr patch wk	PDL Non-Preferred	PA
buprenorphine hcl 0.3 mg/ml solution	Covered	
buprenorphine hcl 2 mg sl tab	PDL Non-Preferred	PA NOTE Trial and failure of suboxone SL film or buprenorphine-naloxone SL tab required
buprenorphine hcl 8 mg sl tab	PDL Non-Preferred	PA NOTE Trial and failure of suboxone SL film or buprenorphine-naloxone SL tab required
buprenorphine hcl-naloxone hcl 12-3 mg film	PDL Non-Preferred	PA NOTE Trial and failure of suboxone SL film or buprenorphine-naloxone SL tab required

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DRUG NAME	TIER	DRUG EDITS
buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab	PDL Preferred	PA
buprenorphine hcl-naloxone hcl 4-1 mg film	PDL Non-Preferred	PA NOTE Trial and failure of suboxone SL film or buprenorphine-naloxone SL tab required
buprenorphine hcl-naloxone hcl 8-2 mg film	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of suboxone SL film or buprenorphine-naloxone SL tab required
buprenorphine hcl-naloxone hcl 8-2 mg sl tab	PDL Preferred	PA
BUTORPHANOL TARTRATE 1 MG/ML SOLUTION *butorphanol tartrate*	Covered	
butorphanol tartrate 10 mg/ml solution	PDL Non-Preferred	PA
BUTORPHANOL TARTRATE 2 MG/ML SOLUTION *butorphanol tartrate*	Covered	
butorphanol tartrate 2 mg/ml solution	PDL Non-Preferred	ST
BUTRANS 10 MCG/HR PATCH WK *buprenorphine*	PDL Preferred	PA
BUTRANS 15 MCG/HR PATCH WK *buprenorphine*	PDL Preferred	PA
BUTRANS 20 MCG/HR PATCH WK *buprenorphine*	PDL Preferred	PA
BUTRANS 5 MCG/HR PATCH WK *buprenorphine*	PDL Preferred	PA
BUTRANS 7.5 MCG/HR PATCH WK *buprenorphine*	PDL Preferred	PA

DRUG NAME	TIER	DRUG EDITS
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	PA
PROBUPHINE IMPLANT KIT 74.2 MG IMPLANT *buprenorphine hcl*	Covered	
SUBLOCADE 100 MG/0.5ML SOLN PRSYR *buprenorphine*	PDL Preferred	PA
SUBLOCADE 300 MG/1.5ML SOLN PRSYR *buprenorphine*	PDL Preferred	PA
SUBOXONE 12-3 MG FILM *buprenorphine hcl-naloxone hcl dihydrate*	PDL Preferred	PA
SUBOXONE 2-0.5 MG FILM *buprenorphine hcl-naloxone hcl dihydrate*	PDL Preferred	PA
SUBOXONE 4-1 MG FILM *buprenorphine hcl-naloxone hcl dihydrate*	PDL Preferred	PA
SUBOXONE 8-2 MG FILM *buprenorphine hcl-naloxone hcl dihydrate*	PDL Preferred	PA
ZUBSOLV 0.7-0.18 MG SL TAB *buprenorphine hcl-naloxone hcl dihydrate*	PDL Non-Preferred	PA NOTE Trial and failure of suboxone SL film or buprenorphine-naloxone SL tab required
ZUBSOLV 1.4-0.36 MG SL TAB *buprenorphine hcl-naloxone hcl dihydrate*	PDL Non-Preferred	PA NOTE Trial and failure of suboxone SL film or buprenorphine-naloxone SL tab required
ZUBSOLV 11.4-2.9 MG SL TAB *buprenorphine hcl-naloxone hcl dihydrate*	PDL Non-Preferred	PA NOTE Trial and failure of suboxone SL film or buprenorphine-naloxone SL tab required

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DRUG NAME	TIER	DRUG EDITS
ZUBSOLV 5.7-1.4 MG SL TAB *buprenorphine hcl-naloxone hcl dihydrate*	PDL Non-Preferred	PA NOTE Trial and failure of suboxone SL film or buprenorphine-naloxone SL tab required
ZUBSOLV 8.6-2.1 MG SL TAB *buprenorphine hcl-naloxone hcl dihydrate*	PDL Non-Preferred	PA NOTE Trial and failure of suboxone SL film or buprenorphine-naloxone SL tab required
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone 10 mg tab	Covered	
oxandrolone 2.5 mg tab	Covered	
ANDROGENS		
ANDRODERM 2 MG/24HR PATCH 24HR *testosterone*	PDL Non-Preferred	ST
ANDRODERM 4 MG/24HR PATCH 24HR *testosterone*	PDL Non-Preferred	ST
ANDROGEL 20.25 MG/1.25GM (1.62%) GEL *testosterone*	PDL Non-Preferred	ST
ANDROGEL 25 MG/2.5GM (1%) GEL *testosterone*	PDL Non-Preferred	ST
ANDROGEL 40.5 MG/2.5GM (1.62%) GEL *testosterone*	PDL Non-Preferred	ST
ANDROGEL 50 MG/5GM (1%) GEL *testosterone*	PDL Non-Preferred	ST
ANDROGEL PUMP 20.25 MG/ACT (1.62%) GEL *testosterone*	PDL Preferred	
AVEED 750 MG/3ML SOLUTION *testosterone undecanoate*	Covered	
danazol 100 mg cap	Covered	

DRUG NAME	TIER	DRUG EDITS
danazol 200 mg cap	Covered	
danazol 50 mg cap	Covered	
depo-testosterone 100 mg/ml solution	Covered	
depo-testosterone 200 mg/ml solution	Covered	
FORTESTA 10 MG/ACT (2%) GEL *testosterone*	PDL Non-Preferred	ST
JATENZO 158 MG CAP *testosterone undecanoate*	Covered	
JATENZO 198 MG CAP *testosterone undecanoate*	Covered	
JATENZO 237 MG CAP *testosterone undecanoate*	Covered	
METHITEST 10 MG TAB *methyltestosterone*	Covered	
methyltestosterone 10 mg cap	Covered	
NATESTO 5.5 MG/ACT GEL *testosterone*	PDL Non-Preferred	ST
TESTIM 50 MG/5GM (1%) GEL *testosterone*	PDL Non-Preferred	ST
TESTOPEL 75 MG PELLET *testosterone*	Covered	
testosterone 1.62 % gel	PDL Preferred	
testosterone 10 mg/act (2%) gel	PDL Non-Preferred	ST
TESTOSTERONE 12.5 MG/ACT (1%) GEL *testosterone*	PDL Non-Preferred	ST
testosterone 12.5 mg/act (1%) gel	PDL Non-Preferred	ST
testosterone 20.25 mg/1.25gm (1.62%) gel	PDL Non-Preferred	ST
testosterone 20.25 mg/act (1.62%) gel	PDL Preferred	ST

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DRUG NAME	TIER	DRUG EDITS
testosterone 25 mg/2.5gm (1%) gel	PDL Non-Preferred	ST
testosterone 30 mg/act solution	PDL Non-Preferred	ST
testosterone 40.5 mg/2.5gm (1.62%) gel	PDL Non-Preferred	ST
TESTOSTERONE 50 MG/5GM (1%) GEL *testosterone*	PDL Non-Preferred	ST
testosterone 50 mg/5gm (1%) gel	PDL Non-Preferred	ST
testosterone cypionate 100 mg/ml solution	Covered	
testosterone cypionate 200 mg/ml solution	Covered	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION *testosterone enanthate*	Covered	
testosterone enanthate 200 mg/ml solution	Covered	
VOGELXO 50 MG/5GM (1%) GEL *testosterone*	PDL Non-Preferred	ST
VOGELXO PUMP 12.5 MG/ACT (1%) GEL *testosterone*	PDL Non-Preferred	ST
XYOSTED 100 MG/0.5ML SOLN A-INJ *testosterone enanthate*	Covered	
XYOSTED 50 MG/0.5ML SOLN A-INJ *testosterone enanthate*	Covered	
XYOSTED 75 MG/0.5ML SOLN A-INJ *testosterone enanthate*	Covered	
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
CORTENEMA 100 MG/60ML ENEMA *hydrocortisone (intrarectal)*	Covered	
CORTIFOAM 10 % FOAM *hydrocortisone acetate (intrarectal)*	Covered	
hydrocortisone 100 mg/60ml enema	Covered	

DRUG NAME	TIER	DRUG EDITS
UCERIS 2 MG/ACT FOAM *budesonide (intrarectal)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
RECTAL COMBINATIONS		
ANALPRAM HC 2.5-1 % CREAM *hydrocortisone acetate w/ pramoxine*	Covered	
ANALPRAM HC SINGLES 2.5-1 % CREAM *hydrocortisone acetate w/ pramoxine*	Covered	
ANALPRAM-HC 1-1 % CREAM *hydrocortisone acetate w/ pramoxine*	Covered	
ANALPRAM-HC 2.5-1 % LOTION *hydrocortisone acetate w/ pramoxine*	Covered	
hydrocort-pramoxine (perianal) 2.5-1 % cream	Covered	
hydrocortisone ace-pramoxine 1-1 % cream	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	
PROCORT 1.85-1.15 % CREAM *hydrocortisone acetate w/ pramoxine*	Covered	
PROCTOFOAM HC 1-1 % FOAM *hydrocortisone acetate w/ pramoxine*	Covered	
RECTAL STEROIDS		
anucort-hc 25 mg suppos	Covered	
ANUSOL-HC 2.5 % CREAM *hydrocortisone (rectal)*	Covered	

DRUG NAME	TIER	DRUG EDITS
anusol-hc 25 mg suppos	Covered	
hydrocortisone (perianal) 1 % cream	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	
PROCTOCORT 30 MG SUPPOS *hydrocortisone acetate (rectal)*	Covered	
proctosol hc 2.5 % cream	Covered	
proctozone-hc 2.5 % cream	Covered	
VASODILATING AGENTS		
RECTIV 0.4 % OINTMENT *nitroglycerin (intra-anal)*	Covered	
ANTHELMINTICS		
albendazole 200 mg tab	Covered	
ALBENZA 200 MG TAB *albendazole*	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
praziquantel 600 mg tab	Covered	
STROMECTOL 3 MG TAB *ivermectin*	Covered	QL 10 UNITS / 30 DAYS

DRUG NAME	TIER	DRUG EDITS
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO 194 MG TAB DR *rifamycin sodium*	PDL Non-Preferred	ST
baciim 50000 unit recon soln	Covered	
BACITRACIN 50000 UNIT RECON SOLN *bacitracin*	Covered	
bacitracin 50000 unit recon soln	Covered	
FLAGYL 375 MG CAP *metronidazole*	PDL Non-Preferred	ST
FLAGYL 500 MG TAB *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	
PENTAM 300 MG RECON SOLN *pentamidine isethionate*	Covered	
pentamidine isethionate 300 mg recon soln	Covered	
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	

DRUG NAME	TIER	DRUG EDITS
XIFAXAN 200 MG TAB *rifaximin*	PDL Non-Preferred	ST
XIFAXAN 550 MG TAB *rifaximin*	PDL Non-Preferred	ST
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	
urelle 81 mg tab	Covered	
URIMAR-T 120 MG TAB *methenamine-hyosc-methylene blue-sod phos-phenyl sal*	Covered	
urin ds 81.6 mg tab	Covered	
uro-458 81 mg tab	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	

DRUG NAME	TIER	DRUG EDITS
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	
INVANZ 1 GM RECON SOLN *ertapenem sodium*	Covered	
meropenem 1 gm recon soln	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	
MERREM 1 GM RECON SOLN *meropenem*	Covered	
MERREM 500 MG RECON SOLN *meropenem*	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	

DRUG NAME	TIER	DRUG EDITS
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE 1 GM RECON SOLN *chloramphenicol sodium succinate*	Covered	
CYCLIC LIPOPEPTIDES		
CUBICIN 500 MG RECON SOLN *daptomycin*	Covered	
CUBICIN RF 500 MG RECON SOLN *daptomycin*	Covered	
DAPTOMYCIN 350 MG RECON SOLN *daptomycin*	Covered	
daptomycin 350 mg recon soln	Covered	
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
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	Covered	
VANCOMYCIN HCL 1.25 GM RECON SOLN *vancomycin hcl*	Covered	
VANCOMYCIN HCL 1.5 GM RECON SOLN *vancomycin hcl*	Covered	
vancomycin hcl 10 gm recon soln	Covered	

DRUG NAME	TIER	DRUG EDITS
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	
VANCOMYCIN HCL 2000 MG/400ML SOLUTION *vancomycin hcl*	Covered	
VANCOMYCIN HCL 25 MG/ML RECON SOLN *vancomycin hcl*	PDL Non-Preferred	ST
vancomycin hcl 250 mg cap	PDL Preferred	
VANCOMYCIN HCL 250 MG RECON SOLN *vancomycin hcl*	Covered	
VANCOMYCIN HCL 250 MG/5ML RECON SOLN *vancomycin hcl*	PDL Non-Preferred	ST
vancomycin hcl 5 gm recon soln	Covered	
VANCOMYCIN HCL 50 MG/ML RECON SOLN *vancomycin hcl*	PDL Non-Preferred	ST
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	

DRUG NAME	TIER	DRUG EDITS
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 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	
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	
dapsone 25 mg tab	Covered	
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

DRUG NAME	TIER	DRUG EDITS
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 9 gm/60ml 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
clindamycin phosphate in d5w 300 mg/50ml solution	PDL Non-Preferred	ST
clindamycin phosphate in d5w 600 mg/50ml solution	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
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

DRUG NAME	TIER	DRUG EDITS
SIVEXTRO 200 MG RECON SOLN *tedizolid phosphate*	Covered	ST
SIVEXTRO 200 MG TAB *tedizolid phosphate*	Covered	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
PLEUROMUTILINS		
XENLETA 150 MG/15ML SOLUTION *lefamulin acetate*	Covered	
XENLETA 600 MG TAB *lefamulin acetate*	Covered	
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	
STREPTOGRAMINS		
SYNERCID 150-350 MG RECON SOLN *quinupristin-dalfopristin*	PDL Non-Preferred	ST
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine 3 gm packet	Covered	
FURADANTIN 25 MG/5ML SUSPENSION *nitrofurantoin*	Covered	
HIPREX 1 GM TAB *methenamine hippurate*	Covered	

DRUG NAME	TIER	DRUG EDITS
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	
MONUROL 3 GM PACKET *fosfomycin tromethamine*	Covered	
nitrofurantoin 25 mg/5ml suspension	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	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ASPRUZYO SPRINKLE 1000 MG PACKET *ranolazine*	PDL Non-Preferred	ST
ASPRUZYO SPRINKLE 500 MG PACKET *ranolazine*	PDL Non-Preferred	ST
RANEXA 1000 MG TAB ER 12H *ranolazine*	PDL Non-Preferred	ST
RANEXA 500 MG TAB ER 12H *ranolazine*	PDL Non-Preferred	ST
ranolazine er 1000 mg tab er 12h	PDL Preferred	
ranolazine er 500 mg tab er 12h	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
NITRATES		
DILATRATE-SR 40 MG CAP ER *isosorbide dinitrate*	PDL Non-Preferred	ST
GONITRO 400 MCG PACKET *nitroglycerin*	PDL Non-Preferred	ST
ISORDIL TITRADOSE 40 MG TAB *isosorbide dinitrate*	PDL Non-Preferred	ST
ISORDIL TITRADOSE 5 MG TAB *isosorbide dinitrate*	PDL Non-Preferred	ST
isosorbide dinitrate 10 mg tab	PDL Preferred	
isosorbide dinitrate 20 mg tab	PDL Preferred	
isosorbide dinitrate 30 mg tab	PDL Preferred	
isosorbide dinitrate 40 mg tab	PDL Preferred	
isosorbide dinitrate 5 mg tab	PDL Preferred	
ISOSORBIDE MONONITRATE 10 MG TAB *isosorbide mononitrate*	PDL Preferred	
isosorbide mononitrate 10 mg tab	PDL Preferred	
ISOSORBIDE MONONITRATE 20 MG TAB *isosorbide mononitrate*	PDL Preferred	
isosorbide mononitrate 20 mg tab	PDL Preferred	
isosorbide mononitrate er 120 mg tab er 24h	PDL Preferred	
isosorbide mononitrate er 30 mg tab er 24h	PDL Preferred	
isosorbide mononitrate er 60 mg tab er 24h	PDL Preferred	
minitran 0.1 mg/hr patch 24hr	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
minitran 0.2 mg/hr patch 24hr	PDL Preferred	
minitran 0.4 mg/hr patch 24hr	PDL Preferred	
minitran 0.6 mg/hr patch 24hr	PDL Preferred	
NITRO-BID 2 % OINTMENT *nitroglycerin*	PDL Non-Preferred	ST
NITRO-DUR 0.1 MG/HR PATCH 24HR *nitroglycerin*	PDL Non-Preferred	ST
NITRO-DUR 0.2 MG/HR PATCH 24HR *nitroglycerin*	PDL Non-Preferred	ST
NITRO-DUR 0.3 MG/HR PATCH 24HR *nitroglycerin*	PDL Non-Preferred	ST
NITRO-DUR 0.4 MG/HR PATCH 24HR *nitroglycerin*	PDL Non-Preferred	ST
NITRO-DUR 0.6 MG/HR PATCH 24HR *nitroglycerin*	PDL Non-Preferred	ST
NITRO-DUR 0.8 MG/HR PATCH 24HR *nitroglycerin*	PDL Non-Preferred	ST
nitroglycerin 0.1 mg/hr patch 24hr	PDL Preferred	
nitroglycerin 0.2 mg/hr patch 24hr	PDL Preferred	
nitroglycerin 0.3 mg sl tab	PDL Preferred	
nitroglycerin 0.4 mg sl tab	PDL Preferred	
nitroglycerin 0.4 mg/hr patch 24hr	PDL Preferred	
nitroglycerin 0.4 mg/spray solution	PDL Preferred	
nitroglycerin 0.6 mg sl tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
nitroglycerin 0.6 mg/hr patch 24hr	PDL Preferred	
NITROGLYCERIN 5 MG/ML SOLUTION *nitroglycerin*	Covered	
nitroglycerin er 2.5 mg cap er	Covered	
nitroglycerin er 6.5 mg cap er	Covered	
nitroglycerin er 9 mg cap er	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
NITROSTAT 0.3 MG SL TAB *nitroglycerin*	PDL Preferred	
NITROSTAT 0.4 MG SL TAB *nitroglycerin*	PDL Preferred	
NITROSTAT 0.6 MG SL TAB *nitroglycerin*	PDL Preferred	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl 10 mg tab	Covered	
buspirone hcl 15 mg tab	Covered	
buspirone hcl 30 mg tab	Covered	
buspirone hcl 5 mg tab	Covered	
buspirone hcl 7.5 mg tab	Covered	
DROPERIDOL 2.5 MG/ML SOLUTION *droperidol*	Covered	

DRUG NAME	TIER	DRUG EDITS
hydroxyzine hcl 10 mg tab	Covered	
hydroxyzine hcl 10 mg/5ml syrup	Covered	
hydroxyzine hcl 25 mg tab	Covered	
HYDROXYZINE HCL 25 MG/ML SOLUTION *hydroxyzine hcl*	Covered	
hydroxyzine hcl 50 mg tab	Covered	
HYDROXYZINE HCL 50 MG/ML SOLUTION *hydroxyzine hcl*	Covered	
HYDROXYZINE PAMOATE 100 MG CAP *hydroxyzine pamoate*	Covered	
hydroxyzine pamoate 25 mg cap	Covered	
hydroxyzine pamoate 50 mg cap	Covered	
meprobamate 200 mg tab	Covered	
meprobamate 400 mg tab	Covered	
VISTARIL 25 MG CAP *hydroxyzine pamoate*	Covered	
VISTARIL 50 MG CAP *hydroxyzine pamoate*	Covered	
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
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

DRUG NAME	TIER	DRUG EDITS
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
diazepam 10 mg tab	Covered	QL 4 UNITS / 1 DAYS
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

DRUG NAME	TIER	DRUG EDITS
diazepam 5 mg/ml conc	Covered	QL 8 UNITS / 1 DAYS
diazepam 5 mg/ml solution	Covered	QL 40 UNITS / 1 DAYS
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
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
TRANXENE-T 7.5 MG TAB *clorazepate dipotassium*	Covered	QL 6 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
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

DRUG NAME	TIER	DRUG EDITS
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	
disopyramide phosphate 150 mg cap	PDL Preferred	
NORPACE 100 MG CAP *disopyramide phosphate*	PDL Non-Preferred	ST
NORPACE 150 MG CAP *disopyramide phosphate*	PDL Non-Preferred	ST
NORPACE CR 100 MG CAP ER 12H *disopyramide phosphate*	PDL Non-Preferred	ST
NORPACE CR 150 MG CAP ER 12H *disopyramide phosphate*	PDL Non-Preferred	ST
procainamide hcl 100 mg/ml solution	Covered	
PROCAINAMIDE HCL 500 MG/ML SOLUTION *procainamide hcl*	Covered	
procainamide hcl 500 mg/ml solution	Covered	
quinidine gluconate er 324 mg tab er	PDL Non-Preferred	ST
QUINIDINE SULFATE 200 MG TAB *quinidine sulfate*	PDL Preferred	
quinidine sulfate 200 mg tab	PDL Preferred	
QUINIDINE SULFATE 300 MG TAB *quinidine sulfate*	PDL Preferred	
quinidine sulfate 300 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
ANTIARRHYTHMICS TYPE I-B		
lidocaine hcl (cardiac) 100 mg/5ml soln prsyr	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	
mexiletine hcl 200 mg cap	PDL Preferred	
mexiletine hcl 250 mg cap	PDL Preferred	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate 100 mg tab	PDL Preferred	
flecainide acetate 150 mg tab	PDL Preferred	
flecainide acetate 50 mg tab	PDL Preferred	
propafenone hcl 150 mg tab	PDL Preferred	
propafenone hcl 225 mg tab	PDL Preferred	
propafenone hcl 300 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
propafenone hcl er 225 mg cap er 12h	PDL Preferred	
propafenone hcl er 325 mg cap er 12h	PDL Preferred	
propafenone hcl er 425 mg cap er 12h	PDL Preferred	
RYTHMOL SR 225 MG CAP ER 12H *propafenone hcl*	PDL Non-Preferred	ST
RYTHMOL SR 325 MG CAP ER 12H *propafenone hcl*	PDL Non-Preferred	ST
RYTHMOL SR 425 MG CAP ER 12H *propafenone hcl*	PDL Non-Preferred	ST
ANTIARRHYTHMICS TYPE III		
amiodarone hcl 100 mg tab	PDL Preferred	
amiodarone hcl 150 mg/3ml solution	Covered	
amiodarone hcl 200 mg tab	PDL Preferred	
amiodarone hcl 400 mg tab	PDL Preferred	
amiodarone hcl 450 mg/9ml solution	Covered	
amiodarone hcl 900 mg/18ml solution	Covered	
BRETYLIUM TOSYLATE 50 MG/ML SOLUTION *bretylium tosylate*	Covered	
CORVERT 1 MG/10ML SOLUTION *ibutilide fumarate*	Covered	
dofetilide 125 mcg cap	PDL Preferred	
dofetilide 250 mcg cap	PDL Preferred	
dofetilide 500 mcg cap	PDL Preferred	
ibutilide fumarate 1 mg/10ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
MULTAQ 400 MG TAB *dronedarone hcl*	PDL Non-Preferred	ST
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
pacerone 200 mg tab	PDL Non-Preferred	ST
pacerone 400 mg tab	PDL Non-Preferred	ST
TIKOSYN 125 MCG CAP *dofetilide*	PDL Non-Preferred	ST
TIKOSYN 250 MCG CAP *dofetilide*	PDL Non-Preferred	ST
TIKOSYN 500 MCG CAP *dofetilide*	PDL Non-Preferred	ST
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium 20 mg/2ml nebu soln	Covered	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR 100 MG/10ML SOLUTION *reslizumab*	Covered	
FASENRA 30 MG/ML SOLN PRSYR *benralizumab*	Covered	PA
FASENRA PEN 30 MG/ML SOLN A-INJ *benralizumab*	Covered	PA
NUCALA 100 MG RECON SOLN *mepolizumab*	Covered	PA
NUCALA 100 MG/ML SOLN A-INJ *mepolizumab*	Covered	PA

DRUG NAME	TIER	DRUG EDITS
NUCALA 100 MG/ML SOLN PRSYR *mepolizumab*	Covered	PA
XOLAIR 150 MG RECON SOLN *omalizumab*	Covered	PA
XOLAIR 150 MG/ML SOLN PRSYR *omalizumab*	Covered	PA
XOLAIR 75 MG/0.5ML SOLN PRSYR *omalizumab*	Covered	PA
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA 17 MCG/ACT AERO SOLN *ipratropium bromide hfa*	PDL Preferred	
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA *umeclidinium bromide*	PDL Non-Preferred	ST
ipratropium bromide 0.02 % solution	PDL Preferred	
LONHALA MAGNAIR REFILL KIT 25 MCG/ML SOLUTION *glycopyrrolate (inhalation)*	PDL Non-Preferred	ST
LONHALA MAGNAIR STARTER KIT 25 MCG/ML SOLUTION *glycopyrrolate (inhalation)*	PDL Non-Preferred	ST
SEEBRI NEOHALER 15.6 MCG CAP *glycopyrrolate (inhalation)*	PDL Non-Preferred	ST
SPIRIVA HANDIHALER 18 MCG CAP *tiotropium bromide monohydrate*	PDL Preferred	
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN *tiotropium bromide monohydrate*	PDL Preferred	
SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN *tiotropium bromide monohydrate*	PDL Preferred	
TUDORZA PRESSAIR 400 MCG/ACT AER POW BA *aclidinium bromide*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
YUPELRI 175 MCG/3ML SOLUTION *revefenacin*	PDL Non-Preferred	ST
LEUKOTRIENE MODULATORS		
ACCOLATE 10 MG TAB *zafirlukast*	PDL Non-Preferred	ST
ACCOLATE 20 MG TAB *zafirlukast*	PDL Non-Preferred	ST
montelukast sodium 10 mg tab	PDL Preferred	
montelukast sodium 4 mg chew tab	PDL Preferred	
montelukast sodium 4 mg packet	PDL Non-Preferred	ST
montelukast sodium 5 mg chew tab	PDL Preferred	
SINGULAIR 10 MG TAB *montelukast sodium*	PDL Non-Preferred	ST
SINGULAIR 4 MG CHEW TAB *montelukast sodium*	PDL Non-Preferred	ST
SINGULAIR 4 MG PACKET *montelukast sodium*	PDL Non-Preferred	ST
SINGULAIR 5 MG CHEW TAB *montelukast sodium*	PDL Non-Preferred	ST
zafirlukast 10 mg tab	PDL Non-Preferred	ST
zafirlukast 20 mg tab	PDL Non-Preferred	ST
zileuton er 600 mg tab er 12h	PDL Non-Preferred	ST
ZYFLO 600 MG TAB *zileuton*	PDL Non-Preferred	ST
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP 250 MCG TAB *roflumilast*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
DALIRESP 500 MCG TAB *roflumilast*	PDL Non-Preferred	ST
roflumilast 250 mcg tab	PDL Non-Preferred	ST
roflumilast 500 mcg tab	PDL Non-Preferred	ST
STEROID INHALANTS		
ALVESCO 160 MCG/ACT AERO SOLN *ciclesonide*	PDL Non-Preferred	ST
ALVESCO 80 MCG/ACT AERO SOLN *ciclesonide*	PDL Non-Preferred	ST
ARMONAIR DIGIHALER 113 MCG/ACT AER POW BA *fluticasone propionate (inhalation)*	PDL Non-Preferred	ST
ARMONAIR DIGIHALER 232 MCG/ACT AER POW BA *fluticasone propionate (inhalation)*	PDL Non-Preferred	ST
ARMONAIR DIGIHALER 55 MCG/ACT AER POW BA *fluticasone propionate (inhalation)*	PDL Non-Preferred	ST
ARNUITY ELLIPTA 100 MCG/ACT AER POW BA *fluticasone furoate (inhalation)*	PDL Non-Preferred	ST
ARNUITY ELLIPTA 200 MCG/ACT AER POW BA *fluticasone furoate (inhalation)*	PDL Non-Preferred	ST
ARNUITY ELLIPTA 50 MCG/ACT AER POW BA *fluticasone furoate (inhalation)*	PDL Non-Preferred	ST
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA *mometasone furoate (inhalation)*	Covered	ST
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA *mometasone furoate (inhalation)*	Covered	ST
ASMANEX (30 METERED DOSES) 110 MCG/ACT AER POW BA *mometasone furoate (inhalation)*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
ASMANEX (30 METERED DOSES) 220 MCG/ACT AER POW BA *mometasone furoate (inhalation)*	Covered	ST
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA *mometasone furoate (inhalation)*	Covered	ST
ASMANEX HFA 100 MCG/ACT AEROSOL *mometasone furoate (inhalation)*	PDL Non-Preferred	ST
ASMANEX HFA 200 MCG/ACT AEROSOL *mometasone furoate (inhalation)*	Covered	ST
ASMANEX HFA 50 MCG/ACT AEROSOL *mometasone furoate (inhalation)*	Covered	ST
budesonide 0.25 mg/2ml suspension	PDL Preferred	
budesonide 0.5 mg/2ml suspension	PDL Preferred	
budesonide 1 mg/2ml suspension	PDL Preferred	
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	
FLOVENT HFA 44 MCG/ACT AEROSOL *fluticasone propionate hfa*	PDL Preferred	
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL *fluticasone propionate hfa*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL *fluticasone propionate hfa*	PDL Non-Preferred	ST
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL *fluticasone propionate hfa*	PDL Non-Preferred	ST
PULMICORT 0.25 MG/2ML SUSPENSION *budesonide (inhalation)*	PDL Non-Preferred	ST
PULMICORT 0.5 MG/2ML SUSPENSION *budesonide (inhalation)*	PDL Non-Preferred	ST
PULMICORT 1 MG/2ML SUSPENSION *budesonide (inhalation)*	PDL Non-Preferred	ST
PULMICORT FLEXHALER 180 MCG/ACT AER POW BA *budesonide (inhalation)*	PDL Non-Preferred	ST
PULMICORT FLEXHALER 90 MCG/ACT AER POW BA *budesonide (inhalation)*	PDL Non-Preferred	ST
QVAR REDIHALER 40 MCG/ACT AERO BA *beclomethasone dipropionate hfa*	PDL Non-Preferred	ST
QVAR REDIHALER 80 MCG/ACT AERO BA *beclomethasone dipropionate hfa*	PDL Non-Preferred	ST
SYMPATHOMIMETICS		
ADVAIR DISKUS 100-50 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Preferred	
ADVAIR DISKUS 250-50 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Preferred	
ADVAIR DISKUS 500-50 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Preferred	
ADVAIR HFA 115-21 MCG/ACT AEROSOL *fluticasone-salmeterol*	PDL Preferred	
ADVAIR HFA 230-21 MCG/ACT AEROSOL *fluticasone-salmeterol*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
ADVAIR HFA 45-21 MCG/ACT AEROSOL *fluticasone-salmeterol*	PDL Preferred	
AIRDUO DIGIHALER 113-14 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Non-Preferred	ST
AIRDUO DIGIHALER 232-14 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Non-Preferred	ST
AIRDUO DIGIHALER 55-14 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Non-Preferred	ST
AIRDUO RESPICLICK 113/14 113-14 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Non-Preferred	ST
AIRDUO RESPICLICK 232/14 232-14 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Non-Preferred	ST
AIRDUO RESPICLICK 55/14 55-14 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Non-Preferred	ST
albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln	PDL Preferred	
albuterol sulfate (5 mg/ml) 0.5% nebu soln	PDL Preferred	
albuterol sulfate 0.63 mg/3ml nebu soln	PDL Preferred	
albuterol sulfate 1.25 mg/3ml nebu soln	PDL Preferred	
albuterol sulfate 2 mg tab	PDL Non-Preferred	ST
albuterol sulfate 2 mg/5ml syrup	PDL Preferred	
ALBUTEROL SULFATE 2.5 MG/0.5ML NEBU SOLN *albuterol sulfate*	PDL Preferred	
albuterol sulfate 4 mg tab	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
ALBUTEROL SULFATE ER 4 MG TAB ER 12H *albuterol sulfate*	PDL Non-Preferred	ST
ALBUTEROL SULFATE ER 8 MG TAB ER 12H *albuterol sulfate*	PDL Non-Preferred	ST
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN *albuterol sulfate*	PDL Non-Preferred	ST
albuterol sulfate hfa 108 (90 base) mcg/act aero soln	PDL Non-Preferred	ST
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA *umeclidinium-vilanterol*	PDL Preferred	
arformoterol tartrate 15 mcg/2ml nebu soln	PDL Non-Preferred	ST
BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL *glycopyrrolate-formoterol fumarate*	PDL Preferred	
BREO ELLIPTA 100-25 MCG/ACT AER POW BA *fluticasone furoate-vilanterol*	PDL Non-Preferred	ST
BREO ELLIPTA 200-25 MCG/ACT AER POW BA *fluticasone furoate-vilanterol*	PDL Non-Preferred	ST
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL *budesonide-glycopyrrolate-formoterol fumarate*	PDL Non-Preferred	ST
BROVANA 15 MCG/2ML NEBU SOLN *arformoterol tartrate*	PDL Non-Preferred	ST
BUDESONIDE-FORMOTEROL FUMARATE 160-4.5 MCG/ACT AEROSOL *budesonide-formoterol fumarate dihydrate*	PDL Non-Preferred	ST
BUDESONIDE-FORMOTEROL FUMARATE 80-4.5 MCG/ACT AEROSOL *budesonide-formoterol fumarate dihydrate*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN *ipratropium-albuterol*	PDL Preferred	
DUAKLIR PRESSAIR 400-12 MCG/ACT AER POW BA *aclidinium bromide-formoterol fumarate*	PDL Non-Preferred	ST
DULERA 100-5 MCG/ACT AEROSOL *mometasone furoate-formoterol fumarate dihydrate*	Covered	
DULERA 200-5 MCG/ACT AEROSOL *mometasone furoate-formoterol fumarate dihydrate*	PDL Preferred	
DULERA 50-5 MCG/ACT AEROSOL *mometasone furoate-formoterol fumarate dihydrate*	Covered	
FLUTICASONE FUROATE-VILANTEROL 100-25 MCG/ACT AER POW BA *fluticasone furoate-vilanterol*	PDL Non-Preferred	ST
FLUTICASONE FUROATE-VILANTEROL 200-25 MCG/ACT AER POW BA *fluticasone furoate-vilanterol*	PDL Non-Preferred	ST
fluticasone-salmeterol 100-50 mcg/act aer pow ba	PDL Non-Preferred	ST
FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Non-Preferred	ST
FLUTICASONE-SALMETEROL 115-21 MCG/ACT AEROSOL *fluticasone-salmeterol*	PDL Non-Preferred	ST
FLUTICASONE-SALMETEROL 230-21 MCG/ACT AEROSOL *fluticasone-salmeterol*	PDL Non-Preferred	ST
FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Non-Preferred	ST
fluticasone-salmeterol 250-50 mcg/act aer pow ba	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
FLUTICASONE-SALMETEROL 45-21 MCG/ACT AEROSOL *fluticasone-salmeterol*	PDL Non-Preferred	ST
fluticasone-salmeterol 500-50 mcg/act aer pow ba	PDL Non-Preferred	ST
FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA *fluticasone-salmeterol*	PDL Non-Preferred	ST
formoterol fumarate 20 mcg/2ml nebu soln	PDL Non-Preferred	ST
ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution	PDL Preferred	
isoproterenol hcl 0.2 mg/ml solution	Covered	
ISUPREL 0.2 MG/ML SOLUTION *isoproterenol hcl*	Covered	
levalbuterol hcl 0.31 mg/3ml nebu soln	PDL Non-Preferred	ST
levalbuterol hcl 0.63 mg/3ml nebu soln	PDL Non-Preferred	ST
levalbuterol hcl 1.25 mg/0.5ml nebu soln	PDL Non-Preferred	ST
levalbuterol hcl 1.25 mg/3ml nebu soln	PDL Non-Preferred	ST
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL *levalbuterol tartrate*	PDL Non-Preferred	ST
PERFOROMIST 20 MCG/2ML NEBU SOLN *formoterol fumarate*	PDL Non-Preferred	ST
PROAIR DIGIHALER 108 (90 BASE) MCG/ACT AER POW BA *albuterol sulfate*	PDL Non-Preferred	ST
PROAIR HFA 108 (90 BASE) MCG/ACT AERO SOLN *albuterol sulfate*	PDL Preferred	
PROAIR RESPICLICK 108 (90 BASE) MCG/ACT AER POW BA *albuterol sulfate*	PDL Non-Preferred	ST

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DRUG NAME	TIER	DRUG EDITS
PROVENTIL HFA 108 (90 BASE) MCG/ACT AERO SOLN *albuterol sulfate*	PDL Non-Preferred	ST
SEREVENT DISKUS 50 MCG/ACT AER POW BA *salmeterol xinafoate*	PDL Preferred	
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN *tiotropium bromide-olodaterol hcl*	PDL Preferred	
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN *olodaterol hcl*	PDL Non-Preferred	ST
SYMBICORT 160-4.5 MCG/ACT AEROSOL *budesonide-formoterol fumarate dihydrate*	PDL Preferred	
SYMBICORT 80-4.5 MCG/ACT AEROSOL *budesonide-formoterol fumarate dihydrate*	PDL Preferred	
terbutaline sulfate 1 mg/ml solution	Covered	
terbutaline sulfate 2.5 mg tab	PDL Preferred	
terbutaline sulfate 5 mg tab	PDL Preferred	
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA *fluticasone-umeclidinium-vilanterol*	PDL Non-Preferred	ST
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA *fluticasone-umeclidinium-vilanterol*	PDL Non-Preferred	ST
UTIBRON NEOHALER 27.5-15.6 MCG CAP *indacaterol maleate-glycopyrrolate*	PDL Non-Preferred	ST
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN *albuterol sulfate*	PDL Preferred	
wixela inhub 100-50 mcg/act aer pow ba	PDL Non-Preferred	ST
wixela inhub 250-50 mcg/act aer pow ba	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
wixela inhub 500-50 mcg/act aer pow ba	PDL Non-Preferred	ST
XOPENEX 0.31 MG/3ML NEBU SOLN *levalbuterol hcl*	PDL Non-Preferred	ST
XOPENEX 0.63 MG/3ML NEBU SOLN *levalbuterol hcl*	PDL Non-Preferred	ST
XOPENEX 1.25 MG/3ML NEBU SOLN *levalbuterol hcl*	PDL Non-Preferred	ST
XOPENEX CONCENTRATE 1.25 MG/0.5ML NEBU SOLN *levalbuterol hcl*	PDL Non-Preferred	ST
XOPENEX HFA 45 MCG/ACT AEROSOL *levalbuterol tartrate*	PDL Non-Preferred	ST
XANTHINES		
aminophylline 25 mg/ml solution	Covered	
THEO-24 100 MG CAP ER 24H *theophylline*	Covered	
THEO-24 200 MG CAP ER 24H *theophylline*	Covered	
THEO-24 300 MG CAP ER 24H *theophylline*	Covered	
THEO-24 400 MG CAP ER 24H *theophylline*	Covered	
theophylline 80 mg/15ml elixir	Covered	
theophylline 80 mg/15ml solution	Covered	
THEOPHYLLINE ER 300 MG TAB ER 12H *theophylline*	Covered	
theophylline er 400 mg tab er 24h	Covered	
theophylline er 450 mg tab er 12h	Covered	
theophylline er 600 mg tab er 24h	Covered	

DRUG NAME	TIER	DRUG EDITS
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
jantoven 1 mg tab	PDL Preferred	
jantoven 10 mg tab	PDL Preferred	
jantoven 2 mg tab	PDL Preferred	
jantoven 2.5 mg tab	PDL Preferred	
jantoven 3 mg tab	PDL Preferred	
jantoven 4 mg tab	PDL Preferred	
jantoven 5 mg tab	PDL Preferred	
jantoven 6 mg tab	PDL Preferred	
jantoven 7.5 mg tab	PDL Preferred	
warfarin sodium 1 mg tab	PDL Preferred	
warfarin sodium 10 mg tab	PDL Preferred	
warfarin sodium 2 mg tab	PDL Preferred	
warfarin sodium 2.5 mg tab	PDL Preferred	
warfarin sodium 3 mg tab	PDL Preferred	
warfarin sodium 4 mg tab	PDL Preferred	
warfarin sodium 5 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
warfarin sodium 6 mg tab	PDL Preferred	
warfarin sodium 7.5 mg tab	PDL Preferred	
DIRECT FACTOR XA INHIBITORS		
BEVYXXA 40 MG CAP *betrixaban maleate*	PDL Non-Preferred	ST
ELIQUIS 2.5 MG TAB *apixaban*	PDL Preferred	
ELIQUIS 5 MG TAB *apixaban*	PDL Preferred	
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK *apixaban*	PDL Preferred	
SAVAYSA 15 MG TAB *edoxaban tosylate*	PDL Non-Preferred	ST
SAVAYSA 30 MG TAB *edoxaban tosylate*	PDL Non-Preferred	ST
SAVAYSA 60 MG TAB *edoxaban tosylate*	PDL Non-Preferred	ST
XARELTO 1 MG/ML RECON SUSP *rivaroxaban*	PDL Non-Preferred	ST
XARELTO 10 MG TAB *rivaroxaban*	PDL Preferred	
XARELTO 15 MG TAB *rivaroxaban*	PDL Preferred	
XARELTO 2.5 MG TAB *rivaroxaban*	PDL Preferred	
XARELTO 20 MG TAB *rivaroxaban*	PDL Preferred	
XARELTO STARTER PACK 15 & 20 MG TAB THPK *rivaroxaban*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
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	

DRUG NAME	TIER	DRUG EDITS
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	
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	

DRUG NAME	TIER	DRUG EDITS
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 5000 unit/0.5ml solution	Covered	
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION *heparin sodium (porcine)*	Covered	
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

DRUG NAME	TIER	DRUG EDITS
THROMBIN INHIBITORS		
ANGIOMAX 250 MG RECON SOLN *bivalirudin trifluoroacetate*	Covered	
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	
dabigatran etexilate mesylate 150 mg cap	PDL Non-Preferred	ST
dabigatran etexilate mesylate 75 mg cap	PDL Non-Preferred	ST
PRADAXA 110 MG CAP *dabigatran etexilate mesylate*	PDL Preferred	
PRADAXA 150 MG CAP *dabigatran etexilate mesylate*	PDL Preferred	
PRADAXA 75 MG CAP *dabigatran etexilate mesylate*	PDL Preferred	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA 0.5 MG/ML SUSPENSION *perampanel*	PDL Preferred	
FYCOMPA 10 MG TAB *perampanel*	PDL Preferred	
FYCOMPA 12 MG TAB *perampanel*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
FYCOMPA 2 MG TAB *perampanel*	PDL Preferred	
FYCOMPA 4 MG TAB *perampanel*	PDL Preferred	
FYCOMPA 6 MG TAB *perampanel*	PDL Preferred	
FYCOMPA 8 MG TAB *perampanel*	PDL Preferred	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam 10 mg tab	PDL Preferred	
clobazam 2.5 mg/ml suspension	PDL Preferred	
clobazam 20 mg tab	PDL Preferred	
clonazepam 0.125 mg tab disp	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST
clonazepam 0.25 mg tab disp	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST
clonazepam 0.5 mg tab	PDL Preferred	QL 6 UNITS / 1 DAYS
clonazepam 0.5 mg tab disp	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST
clonazepam 1 mg tab	PDL Preferred	QL 6 UNITS / 1 DAYS
clonazepam 1 mg tab disp	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST
clonazepam 2 mg tab	PDL Preferred	QL 360 UNITS / 30 DAYS
clonazepam 2 mg tab disp	PDL Non-Preferred	QL 360 UNITS / 30 DAYS ST
DIASTAT ACUDIAL 10 MG GEL *diazepam (anticonvulsant)*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
DIASTAT ACUDIAL 20 MG GEL *diazepam (anticonvulsant)*	PDL Preferred	
DIASTAT PEDIATRIC 2.5 MG GEL *diazepam (anticonvulsant)*	PDL Preferred	
DIAZEPAM 10 MG GEL *diazepam (anticonvulsant)*	PDL Preferred	
DIAZEPAM 2.5 MG GEL *diazepam (anticonvulsant)*	PDL Preferred	
DIAZEPAM 20 MG GEL *diazepam (anticonvulsant)*	PDL Preferred	
KLONOPIN 0.5 MG TAB *clonazepam*	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST
KLONOPIN 1 MG TAB *clonazepam*	PDL Non-Preferred	QL 6 UNITS / 1 DAYS ST
KLONOPIN 2 MG TAB *clonazepam*	PDL Non-Preferred	QL 10 UNITS / 1 DAYS ST
NAYZILAM 5 MG/0.1ML SOLUTION *midazolam (anticonvulsant)*	PDL Preferred	
ONFI 10 MG TAB *clobazam*	PDL Non-Preferred	ST
ONFI 2.5 MG/ML SUSPENSION *clobazam*	PDL Non-Preferred	ST
ONFI 20 MG TAB *clobazam*	PDL Non-Preferred	ST
SYMPAZAN 10 MG FILM *clobazam*	PDL Non-Preferred	ST
SYMPAZAN 20 MG FILM *clobazam*	PDL Non-Preferred	ST
SYMPAZAN 5 MG FILM *clobazam*	PDL Non-Preferred	ST
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID *diazepam (anticonvulsant)*	PDL Preferred	

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DRUG NAME	TIER	DRUG EDITS
VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK *diazepam (anticonvulsant)*	PDL Preferred	
VALTOCO 20 MG DOSE 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	
APTIOM 400 MG TAB *eslicarbazepine acetate*	PDL Preferred	
APTIOM 600 MG TAB *eslicarbazepine acetate*	PDL Preferred	
APTIOM 800 MG TAB *eslicarbazepine acetate*	PDL Preferred	
BANZEL 200 MG TAB *rufinamide*	PDL Preferred	
BANZEL 40 MG/ML SUSPENSION *rufinamide*	PDL Preferred	
BANZEL 400 MG TAB *rufinamide*	PDL Preferred	
BRIVIACT 10 MG TAB *brivaracetam*	PDL Preferred	
BRIVIACT 10 MG/ML SOLUTION *brivaracetam*	PDL Preferred	
BRIVIACT 100 MG TAB *brivaracetam*	PDL Preferred	
BRIVIACT 25 MG TAB *brivaracetam*	PDL Preferred	
BRIVIACT 50 MG TAB *brivaracetam*	PDL Preferred	
BRIVIACT 50 MG/5ML SOLUTION *brivaracetam*	Covered	

DRUG NAME	TIER	DRUG EDITS
BRIVIACT 75 MG TAB *brivaracetam*	PDL Preferred	
carbamazepine 100 mg chew tab	PDL Preferred	
carbamazepine 100 mg/5ml suspension	PDL Non- Preferred	ST
carbamazepine 200 mg tab	PDL Non- Preferred	ST
carbamazepine er 100 mg cap er 12h	PDL Preferred	
carbamazepine er 100 mg tab er 12h	PDL Non- Preferred	ST
carbamazepine er 200 mg cap er 12h	PDL Preferred	
carbamazepine er 200 mg tab er 12h	PDL Non- Preferred	ST
carbamazepine er 300 mg cap er 12h	PDL Preferred	
carbamazepine er 400 mg tab er 12h	PDL Non- Preferred	ST
CARBATROL 100 MG CAP ER 12H *carbamazepine*	PDL Non- Preferred	ST
CARBATROL 200 MG CAP ER 12H *carbamazepine*	PDL Non- Preferred	ST
CARBATROL 300 MG CAP ER 12H *carbamazepine*	PDL Non- Preferred	ST
DIACOMIT 250 MG CAP *stiripentol*	PDL Preferred	
DIACOMIT 250 MG PACKET *stiripentol*	PDL Preferred	
DIACOMIT 500 MG CAP *stiripentol*	PDL Preferred	
DIACOMIT 500 MG PACKET *stiripentol*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
ELEPSIA XR 1000 MG TAB ER 24H *levetiracetam*	PDL Non-Preferred	ST
ELEPSIA XR 1500 MG TAB ER 24H *levetiracetam*	PDL Non-Preferred	ST
EPIDIOLEX 100 MG/ML SOLUTION *cannabidiol*	PDL Preferred	PA
epitol 200 mg tab	PDL Non-Preferred	ST
EPRONTIA 25 MG/ML SOLUTION *topiramate*	PDL Preferred	
FINTEPLA 2.2 MG/ML SOLUTION *fenfluramine hcl (anticonvulsant)*	PDL Preferred	
gabapentin 100 mg cap	PDL Preferred	
gabapentin 250 mg/5ml solution	PDL Preferred	
gabapentin 300 mg cap	PDL Preferred	
gabapentin 300 mg/6ml solution	PDL Preferred	
gabapentin 400 mg cap	PDL Preferred	
gabapentin 600 mg tab	PDL Preferred	
gabapentin 800 mg tab	PDL Preferred	
KEPPRA 100 MG/ML SOLUTION *levetiracetam*	PDL Non-Preferred	ST
KEPPRA 1000 MG TAB *levetiracetam*	PDL Non-Preferred	ST
KEPPRA 250 MG TAB *levetiracetam*	PDL Non-Preferred	ST
KEPPRA 500 MG TAB *levetiracetam*	PDL Non-Preferred	ST

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DRUG NAME	TIER	DRUG EDITS
KEPPRA 500 MG/5ML SOLUTION *levetiracetam*	Covered	
KEPPRA 750 MG TAB *levetiracetam*	PDL Non-Preferred	ST
KEPPRA XR 500 MG TAB ER 24H *levetiracetam*	PDL Non-Preferred	ST
KEPPRA XR 750 MG TAB ER 24H *levetiracetam*	PDL Non-Preferred	ST
lacosamide 10 mg/ml solution	PDL Preferred	
lacosamide 100 mg tab	PDL Preferred	
lacosamide 150 mg tab	PDL Preferred	
lacosamide 200 mg tab	PDL Preferred	
lacosamide 200 mg/20ml solution	PDL Non-Preferred	ST
lacosamide 50 mg tab	PDL Preferred	
LAMICTAL 100 MG TAB *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL 150 MG TAB *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL 200 MG TAB *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL 25 MG CHEW TAB *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL 25 MG TAB *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL 5 MG CHEW TAB *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL ODT 100 MG TAB DISP *lamotrigine*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
LAMICTAL ODT 200 MG TAB DISP *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL ODT 21 X 25 MG & 7 X 50 MG KIT *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL ODT 25 & 50 & 100 MG KIT *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL ODT 25 MG TAB DISP *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL ODT 42 X 50 MG & 14X100 MG KIT *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL ODT 50 MG TAB DISP *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL STARTER 35 X 25 MG KIT *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL STARTER 42 X 25 MG & 7 X 100 MG KIT *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL STARTER 84 X 25 MG & 14X100 MG KIT *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL XR 100 MG TAB ER 24H *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL XR 200 MG TAB ER 24H *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL XR 21 X 25 MG & 7 X 50 MG KIT *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL XR 25 & 50 & 100 MG KIT *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL XR 25 MG TAB ER 24H *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL XR 250 MG TAB ER 24H *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL XR 300 MG TAB ER 24H *lamotrigine*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
LAMICTAL XR 50 & 100 & 200 MG KIT *lamotrigine*	PDL Non-Preferred	ST
LAMICTAL XR 50 MG TAB ER 24H *lamotrigine*	PDL Non-Preferred	ST
lamotrigine 100 mg tab	PDL Preferred	
lamotrigine 100 mg tab disp	PDL Preferred	
lamotrigine 150 mg tab	PDL Preferred	
lamotrigine 200 mg tab	PDL Preferred	
lamotrigine 200 mg tab disp	PDL Preferred	
lamotrigine 25 & 50 & 100 mg kit	PDL Preferred	
lamotrigine 25 mg chew tab	PDL Preferred	
lamotrigine 25 mg tab	PDL Preferred	
lamotrigine 25 mg tab disp	PDL Preferred	
lamotrigine 5 mg chew tab	PDL Preferred	
lamotrigine 50 mg tab disp	PDL Preferred	
lamotrigine er 100 mg tab er 24h	PDL Preferred	
lamotrigine er 200 mg tab er 24h	PDL Preferred	
lamotrigine er 25 mg tab er 24h	PDL Preferred	
lamotrigine er 250 mg tab er 24h	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
lamotrigine er 300 mg tab er 24h	PDL Preferred	
lamotrigine er 50 mg tab er 24h	PDL Preferred	
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	
levetiracetam 1000 mg tab	PDL Preferred	
levetiracetam 250 mg tab	PDL Preferred	
levetiracetam 500 mg tab	PDL Preferred	
levetiracetam 500 mg/5ml solution	Covered	
levetiracetam 750 mg tab	PDL Preferred	
levetiracetam er 500 mg tab er 24h	PDL Preferred	
levetiracetam er 750 mg tab er 24h	PDL Preferred	
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 500 MG/100ML SOLUTION *levetiracetam in sodium chloride*	Covered	

DRUG NAME	TIER	DRUG EDITS
levetiracetam in nacl 500 mg/100ml solution	Covered	
LYRICA 100 MG CAP *pregabalin*	PDL Non-Preferred	ST
LYRICA 150 MG CAP *pregabalin*	PDL Non-Preferred	ST
LYRICA 20 MG/ML SOLUTION *pregabalin*	PDL Non-Preferred	ST
LYRICA 200 MG CAP *pregabalin*	PDL Non-Preferred	ST
LYRICA 225 MG CAP *pregabalin*	PDL Non-Preferred	ST
LYRICA 25 MG CAP *pregabalin*	PDL Non-Preferred	ST
LYRICA 300 MG CAP *pregabalin*	PDL Non-Preferred	ST
LYRICA 50 MG CAP *pregabalin*	PDL Non-Preferred	ST
LYRICA 75 MG CAP *pregabalin*	PDL Non-Preferred	ST
MYSOLINE 250 MG TAB *primidone*	PDL Non-Preferred	ST
MYSOLINE 50 MG TAB *primidone*	PDL Non-Preferred	ST
NEURONTIN 100 MG CAP *gabapentin*	PDL Non-Preferred	ST
NEURONTIN 250 MG/5ML SOLUTION *gabapentin*	PDL Non-Preferred	ST
NEURONTIN 300 MG CAP *gabapentin*	PDL Non-Preferred	ST
NEURONTIN 400 MG CAP *gabapentin*	PDL Non-Preferred	ST
NEURONTIN 600 MG TAB *gabapentin*	PDL Non-Preferred	ST
NEURONTIN 800 MG TAB *gabapentin*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
oxcarbazepine 150 mg tab	PDL Preferred	
oxcarbazepine 300 mg tab	PDL Preferred	
oxcarbazepine 300 mg/5ml suspension	PDL Preferred	
oxcarbazepine 600 mg tab	PDL Preferred	
OXTELLAR XR 150 MG TAB ER 24H *oxcarbazepine*	PDL Preferred	
OXTELLAR XR 300 MG TAB ER 24H *oxcarbazepine*	PDL Preferred	
OXTELLAR XR 600 MG TAB ER 24H *oxcarbazepine*	PDL Preferred	
pregabalin 100 mg cap	PDL Preferred	
pregabalin 150 mg cap	PDL Preferred	
pregabalin 20 mg/ml solution	PDL Preferred	
pregabalin 200 mg cap	PDL Preferred	
pregabalin 225 mg cap	PDL Preferred	
pregabalin 25 mg cap	PDL Preferred	
pregabalin 300 mg cap	PDL Preferred	
pregabalin 50 mg cap	PDL Preferred	
pregabalin 75 mg cap	PDL Preferred	
primidone 250 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
primidone 50 mg tab	PDL Preferred	
QUDEXY XR 100 MG CP24 SPRNK *topiramate*	PDL Non-Preferred	ST
QUDEXY XR 150 MG CP24 SPRNK *topiramate*	PDL Non-Preferred	ST
QUDEXY XR 200 MG CP24 SPRNK *topiramate*	PDL Non-Preferred	ST
QUDEXY XR 25 MG CP24 SPRNK *topiramate*	PDL Non-Preferred	ST
QUDEXY XR 50 MG CP24 SPRNK *topiramate*	PDL Non-Preferred	ST
roweepra 1000 mg tab	PDL Preferred	
roweepra 500 mg tab	PDL Preferred	
roweepra 750 mg tab	PDL Preferred	
rufinamide 200 mg tab	PDL Non-Preferred	ST
rufinamide 40 mg/ml suspension	PDL Non-Preferred	ST
rufinamide 400 mg tab	PDL Non-Preferred	ST
SPRITAM 1000 MG TAB *levetiracetam*	PDL Non-Preferred	ST
SPRITAM 250 MG TAB *levetiracetam*	PDL Non-Preferred	ST
SPRITAM 500 MG TAB *levetiracetam*	PDL Non-Preferred	ST
SPRITAM 750 MG TAB *levetiracetam*	PDL Non-Preferred	ST
subvenite 100 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
subvenite 150 mg tab	PDL Preferred	
subvenite 200 mg tab	PDL Preferred	
subvenite 25 mg tab	PDL Preferred	
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	
TEGRETOL 200 MG TAB *carbamazepine*	PDL Preferred	
TEGRETOL-XR 100 MG TAB ER 12H *carbamazepine*	PDL Preferred	
TEGRETOL-XR 200 MG TAB ER 12H *carbamazepine*	PDL Preferred	
TEGRETOL-XR 400 MG TAB ER 12H *carbamazepine*	PDL Preferred	
TOPAMAX 100 MG TAB *topiramate*	PDL Non-Preferred	ST
TOPAMAX 200 MG TAB *topiramate*	PDL Non-Preferred	ST
TOPAMAX 25 MG TAB *topiramate*	PDL Non-Preferred	ST
TOPAMAX 50 MG TAB *topiramate*	PDL Non-Preferred	ST
TOPAMAX SPRINKLE 15 MG CAP SPRINK *topiramate*	PDL Non-Preferred	ST
TOPAMAX SPRINKLE 25 MG CAP SPRINK *topiramate*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
topiramate 100 mg tab	PDL Preferred	
topiramate 15 mg cap sprink	PDL Preferred	
topiramate 200 mg tab	PDL Preferred	
topiramate 25 mg cap sprink	PDL Preferred	
topiramate 25 mg tab	PDL Preferred	
topiramate 50 mg tab	PDL Preferred	
topiramate er 100 mg cap er 24h	PDL Non-Preferred	ST
topiramate er 100 mg cp24 sprnk	PDL Non-Preferred	ST
topiramate er 150 mg cp24 sprnk	PDL Non-Preferred	ST
topiramate er 200 mg cap er 24h	PDL Non-Preferred	ST
topiramate er 200 mg cp24 sprnk	PDL Non-Preferred	ST
topiramate er 25 mg cap er 24h	PDL Non-Preferred	ST
topiramate er 25 mg cp24 sprnk	PDL Non-Preferred	ST
topiramate er 50 mg cap er 24h	PDL Non-Preferred	ST
topiramate er 50 mg cp24 sprnk	PDL Non-Preferred	ST
TRILEPTAL 150 MG TAB *oxcarbazepine*	PDL Non-Preferred	ST
TRILEPTAL 300 MG TAB *oxcarbazepine*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
TRILEPTAL 300 MG/5ML SUSPENSION *oxcarbazepine*	PDL Non-Preferred	ST
TRILEPTAL 600 MG TAB *oxcarbazepine*	PDL Non-Preferred	ST
TROKENDI XR 100 MG CAP ER 24H *topiramate*	PDL Non-Preferred	ST
TROKENDI XR 200 MG CAP ER 24H *topiramate*	PDL Non-Preferred	ST
TROKENDI XR 25 MG CAP ER 24H *topiramate*	PDL Non-Preferred	ST
TROKENDI XR 50 MG CAP ER 24H *topiramate*	PDL Non-Preferred	ST
VIMPAT 10 MG/ML SOLUTION *lacosamide*	PDL Non-Preferred	
VIMPAT 100 MG TAB *lacosamide*	PDL Non-Preferred	
VIMPAT 150 MG TAB *lacosamide*	PDL Non-Preferred	
VIMPAT 200 MG TAB *lacosamide*	PDL Non-Preferred	
VIMPAT 200 MG/20ML SOLUTION *lacosamide*	PDL Preferred	
VIMPAT 50 MG TAB *lacosamide*	PDL Non-Preferred	
ZONISADE 100 MG/5ML SUSPENSION *zonisamide*	PDL Non-Preferred	ST
zonisamide 100 mg cap	PDL Preferred	
zonisamide 25 mg cap	PDL Preferred	
zonisamide 50 mg cap	PDL Preferred	
ZTALMY 50 MG/ML SUSPENSION *ganaxolone*	PDL Non-Preferred	ST

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DRUG NAME	TIER	DRUG EDITS
CARBAMATES		
felbamate 400 mg tab	PDL Non-Preferred	ST
felbamate 600 mg tab	PDL Non-Preferred	ST
felbamate 600 mg/5ml suspension	PDL Non-Preferred	ST
FELBATOL 400 MG TAB *felbamate*	PDL Preferred	
FELBATOL 600 MG TAB *felbamate*	PDL Preferred	
FELBATOL 600 MG/5ML SUSPENSION *felbamate*	PDL Preferred	
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK *cenobamate*	PDL Preferred	
XCOPRI (250 MG DAILY DOSE) 50 & 200 MG TAB THPK *cenobamate*	PDL Preferred	
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK *cenobamate*	PDL Preferred	
XCOPRI 100 MG TAB *cenobamate*	PDL Preferred	
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	

DRUG NAME	TIER	DRUG EDITS
XCOPRI 200 MG TAB *cenobamate*	PDL Preferred	
XCOPRI 50 MG TAB *cenobamate*	PDL Preferred	
GABA MODULATORS		
GABITRIL 12 MG TAB *tiagabine hcl*	PDL Preferred	
GABITRIL 16 MG TAB *tiagabine hcl*	PDL Preferred	
GABITRIL 2 MG TAB *tiagabine hcl*	PDL Preferred	
GABITRIL 4 MG TAB *tiagabine hcl*	PDL Preferred	
SABRIL 500 MG PACKET *vigabatrin*	PDL Preferred	
SABRIL 500 MG TAB *vigabatrin*	PDL Preferred	
tiagabine hcl 12 mg tab	PDL Non-Preferred	ST
tiagabine hcl 16 mg tab	PDL Non-Preferred	ST
tiagabine hcl 2 mg tab	PDL Non-Preferred	ST
tiagabine hcl 4 mg tab	PDL Non-Preferred	ST
vigabatrin 500 mg packet	PDL Non-Preferred	ST
vigabatrin 500 mg tab	PDL Non-Preferred	ST
vigadrone 500 mg packet	PDL Non-Preferred	ST
HYDANTOINS		
CEREBYX 100 MG PE/2ML SOLUTION *fosphenytoin sodium*	Covered	

DRUG NAME	TIER	DRUG EDITS
CEREBYX 500 MG PE/10ML SOLUTION *fosphenytoin sodium*	Covered	
DILANTIN 100 MG CAP *phenytoin sodium extended*	PDL Preferred	
DILANTIN 125 MG/5ML SUSPENSION *phenytoin*	PDL Preferred	
DILANTIN 30 MG CAP *phenytoin sodium extended*	PDL Preferred	
DILANTIN INFATABS 50 MG CHEW TAB *phenytoin*	PDL Preferred	
fosphenytoin sodium 100 mg pe/2ml solution	Covered	
fosphenytoin sodium 500 mg pe/10ml solution	Covered	
PEGANONE 250 MG TAB *ethotoin*	PDL Non-Preferred	ST
PHENYTEK 200 MG CAP *phenytoin sodium extended*	PDL Preferred	
PHENYTEK 300 MG CAP *phenytoin sodium extended*	PDL Preferred	
phenytoin 100 mg/4ml suspension	PDL Preferred	
phenytoin 125 mg/5ml suspension	PDL Preferred	
phenytoin 50 mg chew tab	PDL Preferred	
phenytoin infatabs 50 mg chew tab	PDL Preferred	
PHENYTOIN SODIUM 50 MG/ML SOLUTION *phenytoin sodium*	Covered	
phenytoin sodium extended 100 mg cap	PDL Preferred	
phenytoin sodium extended 200 mg cap	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
phenytoin sodium extended 300 mg cap	PDL Preferred	
SUCCINIMIDES		
CELONTIN 300 MG CAP *methsuximide*	PDL Preferred	
ethosuximide 250 mg cap	PDL Preferred	
ethosuximide 250 mg/5ml solution	PDL Preferred	
ZARONTIN 250 MG CAP *ethosuximide*	PDL Non-Preferred	ST
ZARONTIN 250 MG/5ML SOLUTION *ethosuximide*	PDL Non-Preferred	ST
VALPROIC ACID		
DEPAKOTE 125 MG TAB DR *divalproex sodium*	PDL Non-Preferred	ST
DEPAKOTE 250 MG TAB DR *divalproex sodium*	PDL Non-Preferred	ST
DEPAKOTE 500 MG TAB DR *divalproex sodium*	PDL Non-Preferred	ST
DEPAKOTE ER 250 MG TAB ER 24H *divalproex sodium*	PDL Non-Preferred	ST
DEPAKOTE ER 500 MG TAB ER 24H *divalproex sodium*	PDL Non-Preferred	ST
DEPAKOTE SPRINKLES 125 MG CAP DR *divalproex sodium*	PDL Non-Preferred	ST
divalproex sodium 125 mg cap dr	PDL Preferred	
divalproex sodium 125 mg tab dr	PDL Preferred	
divalproex sodium 250 mg tab dr	PDL Preferred	
divalproex sodium 500 mg tab dr	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
divalproex sodium er 250 mg tab er 24h	PDL Preferred	ST
divalproex sodium er 500 mg tab er 24h	PDL Preferred	
valproate sodium 100 mg/ml solution	Covered	
valproic acid 250 mg cap	PDL Preferred	
valproic acid 250 mg/5ml solution	PDL Preferred	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine 15 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS
mirtazapine 15 mg tab disp	PDL Preferred	QL 1 UNITS / 1 DAYS
mirtazapine 30 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS
mirtazapine 30 mg tab disp	PDL Preferred	QL 1 UNITS / 1 DAYS
mirtazapine 45 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS
mirtazapine 45 mg tab disp	PDL Preferred	QL 1 UNITS / 1 DAYS
mirtazapine 7.5 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS
REMERON 15 MG TAB *mirtazapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
REMERON 30 MG TAB *mirtazapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
REMERON SOLTAB 15 MG TAB DISP *mirtazapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
REMERON SOLTAB 30 MG TAB DISP *mirtazapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST

DRUG NAME	TIER	DRUG EDITS
REMERON SOLTAB 45 MG TAB DISP *mirtazapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
ANTIDEPRESSANT COMBINATIONS		
AUVELITY 45-105 MG TAB ER *dextromethorphan hydrobromide-bupropion hydrochloride*	PDL Non-Preferred	ST
ANTIDEPRESSANTS - MISC.		
APLENZIN 174 MG TAB ER 24H *bupropion hydrobromide*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
APLENZIN 348 MG TAB ER 24H *bupropion hydrobromide*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
APLENZIN 522 MG TAB ER 24H *bupropion hydrobromide*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
bupropion hcl 100 mg tab	PDL Preferred	QL 4 UNITS / 1 DAYS
bupropion hcl 75 mg tab	PDL Preferred	QL 6 UNITS / 1 DAYS
bupropion hcl er (sr) 100 mg tab er 12h	PDL Preferred	QL 2 UNITS / 1 DAYS
bupropion hcl er (sr) 150 mg tab er 12h	PDL Preferred	QL 2 UNITS / 1 DAYS
bupropion hcl er (sr) 200 mg tab er 12h	PDL Preferred	QL 2 UNITS / 1 DAYS
bupropion hcl er (xl) 150 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS
bupropion hcl er (xl) 300 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS
BUPROPION HCL ER (XL) 450 MG TAB ER 24H *bupropion hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
FORFIVO XL 450 MG TAB ER 24H *bupropion hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
WELLBUTRIN SR 100 MG TAB ER 12H *bupropion hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST

DRUG NAME	TIER	DRUG EDITS
WELLBUTRIN SR 150 MG TAB ER 12H *bupropion hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
WELLBUTRIN SR 200 MG TAB ER 12H *bupropion hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
WELLBUTRIN XL 150 MG TAB ER 24H *bupropion hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
WELLBUTRIN XL 300 MG TAB ER 24H *bupropion hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM 12 MG/24HR PATCH 24HR *selegiline*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
EMSAM 6 MG/24HR PATCH 24HR *selegiline*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
EMSAM 9 MG/24HR PATCH 24HR *selegiline*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
MARPLAN 10 MG TAB *isocarboxazid*	PDL Non-Preferred	ST
NARDIL 15 MG TAB *phenelzine sulfate*	PDL Preferred	
PHENELZINE SULFATE 15 MG TAB *phenelzine sulfate*	PDL Preferred	
phenelzine sulfate 15 mg tab	PDL Preferred	
tranylcypromine sulfate 10 mg tab	PDL Preferred	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA 10 MG TAB *citalopram hydrobromide*	PDL Non-Preferred	QL 1.5 UNITS / 1 DAYS ST
CELEXA 20 MG TAB *citalopram hydrobromide*	PDL Non-Preferred	QL 1.5 UNITS / 1 DAYS ST

DRUG NAME	TIER	DRUG EDITS
CELEXA 40 MG TAB *citalopram hydrobromide*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
citalopram hydrobromide 10 mg tab	PDL Preferred	QL 1.5 UNITS / 1 DAYS
citalopram hydrobromide 10 mg/5ml solution	PDL Preferred	QL 20 UNITS / 1 DAYS
citalopram hydrobromide 20 mg tab	PDL Preferred	QL 1.5 UNITS / 1 DAYS
CITALOPRAM HYDROBROMIDE 30 MG CAP *citalopram hydrobromide*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
citalopram hydrobromide 40 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS
escitalopram oxalate 10 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS
escitalopram oxalate 20 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS
escitalopram oxalate 5 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS
escitalopram oxalate 5 mg/5ml solution	PDL Non-Preferred	QL 20 UNITS / 1 DAYS ST
fluoxetine hcl 10 mg cap	PDL Preferred	QL 3 UNITS / 1 DAYS
fluoxetine hcl 10 mg tab	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST AL 0 to 12 yrs old NOTE Exemption for patients less than 18 years of age
fluoxetine hcl 20 mg cap	PDL Preferred	QL 3 UNITS / 1 DAYS
fluoxetine hcl 20 mg tab	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST AL 0 to 12 yrs old NOTE Exemption for patients less than 18 years of age

Last updated 05/12/2023

DRUG NAME	TIER	DRUG EDITS
fluoxetine hcl 20 mg/5ml solution	PDL Preferred	
fluoxetine hcl 40 mg cap	PDL Preferred	
FLUOXETINE HCL 60 MG TAB *fluoxetine hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST AL 0 to 12 yrs old NOTE Exemption for patients less than 18 years of age
fluoxetine hcl 60 mg tab	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST AL 0 to 12 yrs old NOTE Exemption for patients less than 18 years of age
FLUOXETINE HCL 90 MG CAP DR *fluoxetine hcl*	PDL Non-Preferred	QL 4 UNITS / 28 DAYS ST
fluvoxamine maleate 100 mg tab	PDL Preferred	
fluvoxamine maleate 25 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS
fluvoxamine maleate 50 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS
fluvoxamine maleate er 100 mg cap er 24h	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
fluvoxamine maleate er 150 mg cap er 24h	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
LEXAPRO 10 MG TAB *escitalopram oxalate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
LEXAPRO 20 MG TAB *escitalopram oxalate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
LEXAPRO 5 MG TAB *escitalopram oxalate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST

DRUG NAME	TIER	DRUG EDITS
paroxetine hcl 10 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS
paroxetine hcl 10 mg/5ml suspension	PDL Preferred	
paroxetine hcl 20 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS
paroxetine hcl 30 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS
paroxetine hcl 40 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS
paroxetine hcl er 12.5 mg tab er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
paroxetine hcl er 25 mg tab er 24h	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
paroxetine hcl er 37.5 mg tab er 24h	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
PAXIL 10 MG TAB *paroxetine hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
PAXIL 10 MG/5ML SUSPENSION *paroxetine hcl*	PDL Non-Preferred	ST
PAXIL 20 MG TAB *paroxetine hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
PAXIL 30 MG TAB *paroxetine hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
PAXIL 40 MG TAB *paroxetine hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
PAXIL CR 12.5 MG TAB ER 24H *paroxetine hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
PAXIL CR 25 MG TAB ER 24H *paroxetine hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
PAXIL CR 37.5 MG TAB ER 24H *paroxetine hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST

DRUG NAME	TIER	DRUG EDITS
PEXEVA 10 MG TAB *paroxetine mesylate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
PEXEVA 20 MG TAB *paroxetine mesylate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
PEXEVA 30 MG TAB *paroxetine mesylate*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
PEXEVA 40 MG TAB *paroxetine mesylate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
PROZAC 10 MG CAP *fluoxetine hcl*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST
PROZAC 20 MG CAP *fluoxetine hcl*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST
PROZAC 40 MG CAP *fluoxetine hcl*	PDL Non-Preferred	ST
sertraline hcl 100 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS PA
SERTRALINE HCL 150 MG CAP *sertraline hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
sertraline hcl 20 mg/ml conc	PDL Preferred	QL 360 UNITS / 30 DAYS
SERTRALINE HCL 200 MG CAP *sertraline hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
sertraline hcl 25 mg tab	PDL Preferred	QL 1.5 UNITS / 1 DAYS PA
sertraline hcl 50 mg tab	PDL Preferred	QL 1.5 UNITS / 1 DAYS PA
ZOLOFT 100 MG TAB *sertraline hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
ZOLOFT 20 MG/ML CONC *sertraline hcl*	PDL Non-Preferred	QL 360 UNITS / 30 DAYS ST

DRUG NAME	TIER	DRUG EDITS
ZOLOFT 25 MG TAB *sertraline hcl*	PDL Non-Preferred	QL 1.5 UNITS / 1 DAYS ST
ZOLOFT 50 MG TAB *sertraline hcl*	PDL Non-Preferred	QL 1.5 UNITS / 1 DAYS ST
SEROTONIN MODULATORS		
NEFAZODONE HCL 100 MG TAB *nefazodone hcl*	PDL Non-Preferred	ST
NEFAZODONE HCL 150 MG TAB *nefazodone hcl*	PDL Non-Preferred	ST
NEFAZODONE HCL 200 MG TAB *nefazodone hcl*	PDL Non-Preferred	ST
NEFAZODONE HCL 250 MG TAB *nefazodone hcl*	PDL Non-Preferred	ST
NEFAZODONE HCL 50 MG TAB *nefazodone hcl*	PDL Non-Preferred	ST
trazodone hcl 100 mg tab	PDL Preferred	ST
trazodone hcl 150 mg tab	PDL Preferred	
trazodone hcl 300 mg tab	PDL Preferred	
trazodone hcl 50 mg tab	Covered	ST
TRINTELLIX 10 MG TAB *vortioxetine hbr*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
TRINTELLIX 20 MG TAB *vortioxetine hbr*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
TRINTELLIX 5 MG TAB *vortioxetine hbr*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
VIIBRYD 10 MG TAB *vilazodone hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
VIIBRYD 20 MG TAB *vilazodone hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST

DRUG NAME	TIER	DRUG EDITS
VIIBRYD 40 MG TAB *vilazodone hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
VIIBRYD STARTER PACK 10 & 20 MG KIT *vilazodone hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
vilazodone hcl 10 mg tab	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
vilazodone hcl 20 mg tab	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
vilazodone hcl 40 mg tab	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA 20 MG CP DR PART *duloxetine hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
CYMBALTA 30 MG CP DR PART *duloxetine hcl*	PDL Non-Preferred	ST
CYMBALTA 60 MG CP DR PART *duloxetine hcl*	PDL Non-Preferred	ST
DESVENLAFAXINE ER 100 MG TAB ER 24H *desvenlafaxine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
DESVENLAFAXINE ER 50 MG TAB ER 24H *desvenlafaxine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
desvenlafaxine succinate er 100 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS
desvenlafaxine succinate er 25 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS
desvenlafaxine succinate er 50 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS
DRIZALMA SPRINKLE 20 MG CAP DR *duloxetine hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
DRIZALMA SPRINKLE 30 MG CAP DR *duloxetine hcl*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
DRIZALMA SPRINKLE 40 MG CAP DR *duloxetine hcl*	PDL Non-Preferred	ST
DRIZALMA SPRINKLE 60 MG CAP DR *duloxetine hcl*	PDL Non-Preferred	ST
duloxetine hcl 20 mg cp dr part	PDL Preferred	QL 2 UNITS / 1 DAYS PA
duloxetine hcl 30 mg cp dr part	PDL Preferred	
duloxetine hcl 40 mg cp dr part	PDL Non-Preferred	ST
duloxetine hcl 60 mg cp dr part	PDL Preferred	
EFFEXOR XR 150 MG CAP ER 24H *venlafaxine hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
EFFEXOR XR 37.5 MG CAP ER 24H *venlafaxine hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS
EFFEXOR XR 75 MG CAP ER 24H *venlafaxine hcl*	PDL Preferred	QL 3 UNITS / 1 DAYS
FETZIMA 120 MG CAP ER 24H *levomilnacipran hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
FETZIMA 20 MG CAP ER 24H *levomilnacipran hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
FETZIMA 40 MG CAP ER 24H *levomilnacipran hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
FETZIMA 80 MG CAP ER 24H *levomilnacipran hcl*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
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 Preferred	QL 1 UNITS / 1 DAYS
PRISTIQ 25 MG TAB ER 24H *desvenlafaxine succinate*	PDL Preferred	QL 1 UNITS / 1 DAYS

DRUG NAME	TIER	DRUG EDITS
PRISTIQ 50 MG TAB ER 24H *desvenlafaxine succinate*	PDL Preferred	QL 1 UNITS / 1 DAYS
VENLAFAXINE BESYLATE ER 112.5 MG TAB ER 24H *venlafaxine besylate*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST
venlafaxine hcl 100 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS
venlafaxine hcl 25 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS
venlafaxine hcl 37.5 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS
venlafaxine hcl 50 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS
venlafaxine hcl 75 mg tab	PDL Preferred	
venlafaxine hcl er 150 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS
venlafaxine hcl er 150 mg tab er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
venlafaxine hcl er 225 mg tab er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
venlafaxine hcl er 37.5 mg cap er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS
venlafaxine hcl er 37.5 mg tab er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
venlafaxine hcl er 75 mg cap er 24h	PDL Preferred	QL 3 UNITS / 1 DAYS
venlafaxine hcl er 75 mg tab er 24h	PDL Non-Preferred	ST
TRICYCLIC AGENTS		
amitriptyline hcl 10 mg tab	Covered	
amitriptyline hcl 100 mg tab	Covered	
amitriptyline hcl 150 mg tab	Covered	

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

DRUG NAME	TIER	DRUG EDITS
doxepin hcl 50 mg cap	Covered	
doxepin hcl 75 mg cap	Covered	
imipramine hcl 10 mg tab	Covered	
imipramine hcl 25 mg tab	Covered	
imipramine hcl 50 mg tab	Covered	
imipramine pamoate 100 mg cap	Covered	
imipramine pamoate 125 mg cap	Covered	
imipramine pamoate 150 mg cap	Covered	
imipramine pamoate 75 mg cap	Covered	
NORPRAMIN 10 MG TAB *desipramine hcl*	Covered	
NORPRAMIN 25 MG TAB *desipramine hcl*	Covered	
nortriptyline hcl 10 mg cap	Covered	
NORTRIPTYLINE HCL 10 MG/5ML SOLUTION *nortriptyline hcl*	Covered	
nortriptyline hcl 25 mg cap	Covered	
nortriptyline hcl 50 mg cap	Covered	
nortriptyline hcl 75 mg cap	Covered	
PAMELOR 10 MG CAP *nortriptyline hcl*	Covered	
PAMELOR 25 MG CAP *nortriptyline hcl*	Covered	
PAMELOR 50 MG CAP *nortriptyline hcl*	Covered	
PAMELOR 75 MG CAP *nortriptyline hcl*	Covered	
protriptyline hcl 10 mg tab	Covered	
protriptyline hcl 5 mg tab	Covered	
TOFRANIL 10 MG TAB *imipramine hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
TOFRANIL 25 MG TAB *imipramine hcl*	Covered	
TOFRANIL 50 MG TAB *imipramine hcl*	Covered	
trimipramine maleate 100 mg cap	Covered	
trimipramine maleate 25 mg cap	Covered	
trimipramine maleate 50 mg cap	Covered	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose 100 mg tab	PDL Preferred	
acarbose 25 mg tab	PDL Preferred	
acarbose 50 mg tab	PDL Preferred	
GLYSET 100 MG TAB *miglitol*	PDL Non-Preferred	ST
GLYSET 25 MG TAB *miglitol*	PDL Non-Preferred	ST
GLYSET 50 MG TAB *miglitol*	PDL Non-Preferred	ST
miglitol 100 mg tab	PDL Non-Preferred	ST
miglitol 25 mg tab	PDL Non-Preferred	ST
miglitol 50 mg tab	PDL Non-Preferred	ST
PRECOSE 100 MG TAB *acarbose*	PDL Non-Preferred	ST
PRECOSE 25 MG TAB *acarbose*	PDL Non-Preferred	ST
PRECOSE 50 MG TAB *acarbose*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN *pramlintide acetate*	PDL Preferred	PA
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN *pramlintide acetate*	PDL Preferred	PA
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET 15-500 MG TAB *pioglitazone hcl-metformin hcl*	PDL Non-Preferred	ST
ACTOPLUS MET 15-850 MG TAB *pioglitazone hcl-metformin hcl*	PDL Non-Preferred	ST
ALOGLIPTIN-METFORMIN HCL 12.5-1000 MG TAB *alogliptin-metformin hcl*	PDL Non-Preferred	PA
ALOGLIPTIN-METFORMIN HCL 12.5-500 MG TAB *alogliptin-metformin hcl*	PDL Non-Preferred	PA
ALOGLIPTIN-PIOGLITAZONE 12.5-15 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	PA
ALOGLIPTIN-PIOGLITAZONE 12.5-30 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	PA
ALOGLIPTIN-PIOGLITAZONE 12.5-45 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	PA
ALOGLIPTIN-PIOGLITAZONE 25-15 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	PA
ALOGLIPTIN-PIOGLITAZONE 25-30 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	PA
ALOGLIPTIN-PIOGLITAZONE 25-45 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	PA

DRUG NAME	TIER	DRUG EDITS
DUETACT 30-2 MG TAB *pioglitazone hcl-glimepiride*	PDL Non-Preferred	ST
DUETACT 30-4 MG TAB *pioglitazone hcl-glimepiride*	PDL Non-Preferred	ST
glipizide-metformin hcl 2.5-250 mg tab	PDL Preferred	
glipizide-metformin hcl 2.5-500 mg tab	PDL Preferred	
glipizide-metformin hcl 5-500 mg tab	PDL Preferred	
glyburide-metformin 1.25-250 mg tab	PDL Preferred	
glyburide-metformin 2.5-500 mg tab	PDL Preferred	
glyburide-metformin 5-500 mg tab	PDL Preferred	
GLYXAMBI 10-5 MG TAB *empagliflozin-linagliptin*	PDL Non-Preferred	PA
GLYXAMBI 25-5 MG TAB *empagliflozin-linagliptin*	PDL Non-Preferred	PA
INVOKAMET 150-1000 MG TAB *canagliflozin-metformin hcl*	PDL Non-Preferred	PA
INVOKAMET 150-500 MG TAB *canagliflozin-metformin hcl*	PDL Non-Preferred	PA
INVOKAMET 50-1000 MG TAB *canagliflozin-metformin hcl*	PDL Non-Preferred	PA
INVOKAMET 50-500 MG TAB *canagliflozin-metformin hcl*	PDL Non-Preferred	PA
INVOKAMET XR 150-1000 MG TAB ER 24H *canagliflozin-metformin hcl*	PDL Non-Preferred	PA
INVOKAMET XR 150-500 MG TAB ER 24H *canagliflozin-metformin hcl*	PDL Non-Preferred	PA
INVOKAMET XR 50-1000 MG TAB ER 24H *canagliflozin-metformin hcl*	PDL Non-Preferred	PA

DRUG NAME	TIER	DRUG EDITS
INVOKAMET XR 50-500 MG TAB ER 24H *canagliflozin-metformin hcl*	PDL Non-Preferred	PA
JANUMET 50-1000 MG TAB *sitagliptin-metformin hcl*	PDL Preferred	PA
JANUMET 50-500 MG TAB *sitagliptin-metformin hcl*	PDL Preferred	PA
JANUMET XR 100-1000 MG TAB ER 24H *sitagliptin-metformin hcl*	PDL Preferred	PA
JANUMET XR 50-1000 MG TAB ER 24H *sitagliptin-metformin hcl*	PDL Preferred	PA
JANUMET XR 50-500 MG TAB ER 24H *sitagliptin-metformin hcl*	PDL Preferred	PA
JENTADUETO 2.5-1000 MG TAB *linagliptin-metformin hcl*	PDL Preferred	PA
JENTADUETO 2.5-500 MG TAB *linagliptin-metformin hcl*	PDL Preferred	PA
JENTADUETO 2.5-850 MG TAB *linagliptin-metformin hcl*	PDL Preferred	PA
JENTADUETO XR 2.5-1000 MG TAB ER 24H *linagliptin-metformin hcl*	PDL Non-Preferred	PA
JENTADUETO XR 5-1000 MG TAB ER 24H *linagliptin-metformin hcl*	PDL Non-Preferred	PA
KAZANO 12.5-1000 MG TAB *alogliptin-metformin hcl*	PDL Non-Preferred	PA
KAZANO 12.5-500 MG TAB *alogliptin-metformin hcl*	PDL Non-Preferred	PA
KOMBIGLYZE XR 2.5-1000 MG TAB ER 24H *saxagliptin-metformin hcl*	PDL Non-Preferred	PA
KOMBIGLYZE XR 5-1000 MG TAB ER 24H *saxagliptin-metformin hcl*	PDL Non-Preferred	PA
KOMBIGLYZE XR 5-500 MG TAB ER 24H *saxagliptin-metformin hcl*	PDL Non-Preferred	PA
OSENI 12.5-15 MG TAB *alogliptin-pioglitazone*	Covered	

DRUG NAME	TIER	DRUG EDITS
OSENI 12.5-30 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	PA
OSENI 12.5-45 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	PA
OSENI 25-15 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	PA
OSENI 25-30 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	PA
OSENI 25-45 MG TAB *alogliptin-pioglitazone*	PDL Non-Preferred	PA
pioglitazone hcl-glimepiride 30-2 mg tab	PDL Non-Preferred	ST
pioglitazone hcl-glimepiride 30-4 mg tab	PDL Non-Preferred	ST
pioglitazone hcl-metformin hcl 15-500 mg tab	PDL Non-Preferred	ST
pioglitazone hcl-metformin hcl 15-850 mg tab	PDL Non-Preferred	ST
QTERN 10-5 MG TAB *dapagliflozin-saxagliptin*	PDL Non-Preferred	PA
QTERN 5-5 MG TAB *dapagliflozin-saxagliptin*	PDL Non-Preferred	PA
REPAGLINIDE-METFORMIN HCL 1-500 MG TAB *repaglinide-metformin hcl*	PDL Non-Preferred	ST
REPAGLINIDE-METFORMIN HCL 2-500 MG TAB *repaglinide-metformin hcl*	PDL Non-Preferred	ST
SEGLUROMET 2.5-1000 MG TAB *ertugliflozin-metformin hcl*	PDL Non-Preferred	PA
SEGLUROMET 2.5-500 MG TAB *ertugliflozin-metformin hcl*	PDL Non-Preferred	PA
SEGLUROMET 7.5-1000 MG TAB *ertugliflozin-metformin hcl*	PDL Non-Preferred	PA
SEGLUROMET 7.5-500 MG TAB *ertugliflozin-metformin hcl*	PDL Non-Preferred	PA

DRUG NAME	TIER	DRUG EDITS
SOLIQUA 100-33 UNT-MCG/ML SOLN PEN *insulin glargine-lixisenatide*	PDL Non-Preferred	PA
STEGLUJAN 15-100 MG TAB *ertugliflozin-sitagliptin*	PDL Non-Preferred	PA
STEGLUJAN 5-100 MG TAB *ertugliflozin-sitagliptin*	PDL Non-Preferred	PA
SYNJARDY 12.5-1000 MG TAB *empagliflozin-metformin hcl*	PDL Preferred	PA
SYNJARDY 12.5-500 MG TAB *empagliflozin-metformin hcl*	PDL Preferred	PA
SYNJARDY 5-1000 MG TAB *empagliflozin-metformin hcl*	PDL Preferred	PA
SYNJARDY 5-500 MG TAB *empagliflozin-metformin hcl*	PDL Preferred	PA
SYNJARDY XR 10-1000 MG TAB ER 24H *empagliflozin-metformin hcl*	PDL Non-Preferred	PA
SYNJARDY XR 12.5-1000 MG TAB ER 24H *empagliflozin-metformin hcl*	PDL Non-Preferred	PA
SYNJARDY XR 25-1000 MG TAB ER 24H *empagliflozin-metformin hcl*	PDL Non-Preferred	PA
SYNJARDY XR 5-1000 MG TAB ER 24H *empagliflozin-metformin hcl*	PDL Non-Preferred	PA
TRIJARDY XR 10-5-1000 MG TAB ER 24H *empagliflozin-linagliptin-metformin*	PDL Non-Preferred	PA
TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H *empagliflozin-linagliptin-metformin*	PDL Non-Preferred	PA
TRIJARDY XR 25-5-1000 MG TAB ER 24H *empagliflozin-linagliptin-metformin*	PDL Non-Preferred	PA
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H *empagliflozin-linagliptin-metformin*	PDL Non-Preferred	PA
XIGDUO XR 10-1000 MG TAB ER 24H *dapagliflozin-metformin hcl*	PDL Non-Preferred	PA
XIGDUO XR 10-500 MG TAB ER 24H *dapagliflozin-metformin hcl*	PDL Non-Preferred	PA

DRUG NAME	TIER	DRUG EDITS
XIGDUO XR 2.5-1000 MG TAB ER 24H *dapagliflozin-metformin hcl*	PDL Non-Preferred	PA
XIGDUO XR 5-1000 MG TAB ER 24H *dapagliflozin-metformin hcl*	PDL Non-Preferred	PA
XIGDUO XR 5-500 MG TAB ER 24H *dapagliflozin-metformin hcl*	PDL Non-Preferred	PA
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN *insulin degludec-liraglutide*	PDL Non-Preferred	PA
BIGUANIDES		
FORTAMET 1000 MG TAB ER 24H *metformin hcl*	PDL Non-Preferred	ST
FORTAMET 500 MG TAB ER 24H *metformin hcl*	PDL Non-Preferred	ST
GLUMETZA 1000 MG TAB ER 24H *metformin hcl*	PDL Non-Preferred	ST
GLUMETZA 500 MG TAB ER 24H *metformin hcl*	PDL Non-Preferred	ST
metformin hcl 1000 mg tab	PDL Preferred	
metformin hcl 500 mg tab	PDL Preferred	
metformin hcl 500 mg/5ml solution	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
metformin hcl 850 mg tab	PDL Preferred	
metformin hcl er (mod) 1000 mg tab er 24h	PDL Non-Preferred	ST
metformin hcl er (mod) 500 mg tab er 24h	PDL Non-Preferred	ST
metformin hcl er (osm) 1000 mg tab er 24h	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
metformin hcl er (osm) 500 mg tab er 24h	PDL Non-Preferred	ST
metformin hcl er 500 mg tab er 24h	PDL Preferred	
metformin hcl er 750 mg tab er 24h	PDL Preferred	
RIOMET 500 MG/5ML SOLUTION *metformin hcl*	PDL Non-Preferred	ST
RIOMET ER 500 MG/5ML SRER *metformin hcl*	PDL Non-Preferred	ST
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	
GLUCAGEN HYPOKIT 1 MG RECON SOLN *glucagon hcl (rdna)*	Covered	
GLUCAGON EMERGENCY 1 MG KIT *glucagon (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	

DRUG NAME	TIER	DRUG EDITS
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ *glucagon*	Covered	
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR *glucagon*	Covered	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR *glucagon*	Covered	
KORLYM 300 MG TAB *mifepristone (hyperglycemia)*	Covered	
PROGLYCEM 50 MG/ML SUSPENSION *diazoxide*	Covered	
ZEGALOGUE 0.6 MG/0.6ML SOLN A-INJ *dasiglucagon hcl*	Covered	
ZEGALOGUE 0.6 MG/0.6ML SOLN PRSYR *dasiglucagon hcl*	Covered	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN BENZOATE 12.5 MG TAB *alogliptin benzoate*	PDL Non-Preferred	PA
ALOGLIPTIN BENZOATE 25 MG TAB *alogliptin benzoate*	PDL Non-Preferred	PA
ALOGLIPTIN BENZOATE 6.25 MG TAB *alogliptin benzoate*	PDL Non-Preferred	PA
JANUVIA 100 MG TAB *sitagliptin phosphate*	PDL Preferred	PA
JANUVIA 25 MG TAB *sitagliptin phosphate*	PDL Preferred	PA
JANUVIA 50 MG TAB *sitagliptin phosphate*	PDL Preferred	PA
NESINA 12.5 MG TAB *alogliptin benzoate*	PDL Non-Preferred	PA
NESINA 25 MG TAB *alogliptin benzoate*	PDL Non-Preferred	PA
NESINA 6.25 MG TAB *alogliptin benzoate*	PDL Non-Preferred	PA

DRUG NAME	TIER	DRUG EDITS
ONGLYZA 2.5 MG TAB *saxagliptin hcl*	PDL Preferred	PA
ONGLYZA 5 MG TAB *saxagliptin hcl*	PDL Preferred	PA
TRADJENTA 5 MG TAB *linagliptin*	PDL Preferred	PA
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET 0.8 MG TAB *bromocriptine mesylate (diabetes)*	Covered	
INCRETIN MIMETIC AGENTS		
MOUNJARO 10 MG/0.5ML SOLN PEN *tirzepatide*	PDL Non-Preferred	PA
MOUNJARO 12.5 MG/0.5ML SOLN PEN *tirzepatide*	PDL Non-Preferred	PA
MOUNJARO 15 MG/0.5ML SOLN PEN *tirzepatide*	PDL Non-Preferred	PA
MOUNJARO 2.5 MG/0.5ML SOLN PEN *tirzepatide*	PDL Non-Preferred	PA
MOUNJARO 5 MG/0.5ML SOLN PEN *tirzepatide*	PDL Non-Preferred	PA
MOUNJARO 7.5 MG/0.5ML SOLN PEN *tirzepatide*	PDL Non-Preferred	PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN *semaglutide*	PDL Preferred	PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN *semaglutide*	PDL Preferred	PA
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN *semaglutide*	PDL Preferred	PA
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN *semaglutide*	PDL Preferred	PA

DRUG NAME	TIER	DRUG EDITS
RYBELSUS 14 MG TAB *semaglutide*	PDL Non-Preferred	PA
RYBELSUS 3 MG TAB *semaglutide*	PDL Non-Preferred	PA
TRULICITY 3 MG/0.5ML SOLN PEN *dulaglutide*	PDL Preferred	PA
TRULICITY 4.5 MG/0.5ML SOLN PEN *dulaglutide*	PDL Preferred	PA
VICTOZA 18 MG/3ML SOLN PEN *liraglutide*	PDL Preferred	PA
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
ADLYXIN 20 MCG/0.2ML SOLN PEN *lixisenatide*	PDL Non-Preferred	PA
ADLYXIN STARTER PACK 10 & 20 MCG/0.2ML PEN KIT *lixisenatide*	PDL Non-Preferred	PA
BYDUREON 2 MG PEN *exenatide*	PDL Preferred	PA
BYDUREON BCISE 2 MG/0.85ML A-INJ *exenatide*	PDL Non-Preferred	PA
BYETTA 10 MCG PEN 10 MCG/0.04ML SOLN PEN *exenatide*	PDL Preferred	PA
BYETTA 5 MCG PEN 5 MCG/0.02ML SOLN PEN *exenatide*	PDL Preferred	PA
OZEMPIC (1 MG/DOSE) 2 MG/1.5ML SOLN PEN *semaglutide*	PDL Preferred	PA
RYBELSUS 7 MG TAB *semaglutide*	PDL Non-Preferred	PA
TRULICITY 0.75 MG/0.5ML SOLN PEN *dulaglutide*	PDL Preferred	PA
TRULICITY 1.5 MG/0.5ML SOLN PEN *dulaglutide*	PDL Preferred	PA

DRUG NAME	TIER	DRUG EDITS
INSULIN		
ADMELOG 100 UNIT/ML SOLUTION *insulin lispro*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
ADMELOG SOLOSTAR 100 UNIT/ML SOLN PEN *insulin lispro*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
AFREZZA 12 UNIT POWDER *insulin regular (human)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
AFREZZA 4 UNIT POWDER *insulin regular (human)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
AFREZZA 60X4 &60X8 & 60X12 UNIT POWDER *insulin regular (human)*	PDL Non-Preferred	ST
AFREZZA 8 UNIT POWDER *insulin regular (human)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
AFREZZA 90 X 4 UNIT & 90X8 UNIT POWDER *insulin regular (human)*	PDL Non-Preferred	ST
AFREZZA 90 X 8 UNIT & 90X12 UNIT POWDER *insulin regular (human)*	PDL Non-Preferred	ST
APIDRA 100 UNIT/ML SOLUTION *insulin glulisine*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
APIDRA SOLOSTAR 100 UNIT/ML SOLN PEN *insulin glulisine*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required

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

DRUG NAME	TIER	DRUG EDITS
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN *insulin lispro protamine & lispro*	PDL Preferred	
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION *insulin lispro protamine & lispro*	PDL Preferred	
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN *insulin lispro protamine & lispro*	PDL Preferred	
HUMALOG TEMPO PEN 100 UNIT/ML SOLN PEN *insulin lispro*	PDL Non-Preferred	ST
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION *insulin regular (human)*	PDL Preferred	
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN *insulin regular (human)*	PDL Preferred	
INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN *insulin aspart protamine & aspart (human)*	PDL Preferred	
INSULIN ASPART 100 UNIT/ML SOLUTION *insulin aspart*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN *insulin aspart*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
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
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION *insulin aspart protamine & aspart (human)*	PDL Preferred	
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION *insulin degludec*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required

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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
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
INSULIN GLARGINE 100 UNIT/ML SOLUTION *insulin glargine*	PDL Preferred	NOTE Trial and failure of only one preferred drug is required
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN *insulin glargine*	PDL Preferred	
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
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
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN *insulin lispro*	PDL Preferred	
INSULIN LISPRO 100 UNIT/ML SOLUTION *insulin lispro*	PDL Preferred	
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN *insulin lispro*	PDL Preferred	
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN *insulin lispro protamine & lispro*	PDL Non-Preferred	ST
LANTUS 100 UNIT/ML SOLUTION *insulin glargine*	PDL Preferred	
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN *insulin glargine*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
LEVEMIR 100 UNIT/ML SOLUTION *insulin detemir*	PDL Preferred	
LEVEMIR FLEXPEN 100 UNIT/ML SOLN PEN *insulin detemir*	PDL Preferred	
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
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
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
LYUMJEV TEMPO PEN 100 UNIT/ML SOLN PEN *insulin lispro-aabc*	PDL Non-Preferred	ST
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
NOVOLOG 100 UNIT/ML SOLUTION *insulin aspart*	PDL Preferred	
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN *insulin aspart protamine & aspart (human)*	PDL Preferred	
NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN *insulin aspart*	PDL Preferred	
NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN *insulin aspart*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION *insulin aspart protamine & aspart (human)*	PDL Non-Preferred	ST
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN *insulin aspart protamine & aspart (human)*	PDL Preferred	
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION *insulin aspart protamine & aspart (human)*	PDL Non-Preferred	ST
NOVOLOG PENFILL 100 UNIT/ML SOLN CART *insulin aspart*	PDL Preferred	
NOVOLOG RELION 100 UNIT/ML SOLUTION *insulin aspart*	PDL Preferred	
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
SEMGLEE (YFGN) 100 UNIT/ML SOLUTION *insulin glargine-yfgn*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
SEMGLEE 100 UNIT/ML SOLN PEN *insulin glargine*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
SEMGLEE 100 UNIT/ML SOLUTION *insulin glargine*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN *insulin glargine*	PDL Non-Preferred	ST
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN *insulin glargine*	PDL Non-Preferred	ST
TRESIBA 100 UNIT/ML SOLUTION *insulin degludec*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required

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DRUG NAME	TIER	DRUG EDITS
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN *insulin degludec*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN *insulin degludec*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
INSULIN SENSITIZING AGENTS		
ACTOS 15 MG TAB *pioglitazone hcl*	PDL Non-Preferred	ST
ACTOS 30 MG TAB *pioglitazone hcl*	PDL Non-Preferred	ST
ACTOS 45 MG TAB *pioglitazone hcl*	PDL Non-Preferred	ST
AVANDIA 2 MG TAB *rosiglitazone maleate*	PDL Non-Preferred	ST
AVANDIA 4 MG TAB *rosiglitazone maleate*	PDL Non-Preferred	ST
pioglitazone hcl 15 mg tab	PDL Preferred	
pioglitazone hcl 30 mg tab	PDL Preferred	
pioglitazone hcl 45 mg tab	PDL Preferred	
MEGLITINIDE ANALOGUES		
nateglinide 120 mg tab	PDL Preferred	
nateglinide 60 mg tab	PDL Preferred	
PRANDIN 1 MG TAB *repaglinide*	Covered	
PRANDIN 2 MG TAB *repaglinide*	Covered	
repaglinide 0.5 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
repaglinide 1 mg tab	PDL Preferred	ST
repaglinide 2 mg tab	PDL Preferred	ST
STARLIX 120 MG TAB *nateglinide*	PDL Non-Preferred	ST
STARLIX 60 MG TAB *nateglinide*	PDL Non-Preferred	ST
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA 10 MG TAB *dapagliflozin propanediol*	PDL Preferred	PA
FARXIGA 5 MG TAB *dapagliflozin propanediol*	PDL Preferred	PA
INVOKANA 100 MG TAB *canagliflozin*	PDL Preferred	PA
INVOKANA 300 MG TAB *canagliflozin*	PDL Preferred	PA
JARDIANCE 10 MG TAB *empagliflozin*	PDL Preferred	PA
JARDIANCE 25 MG TAB *empagliflozin*	PDL Preferred	PA
STEGLATRO 15 MG TAB *ertugliflozin l-pyroglutamic acid*	PDL Non-Preferred	PA
STEGLATRO 5 MG TAB *ertugliflozin l-pyroglutamic acid*	PDL Non-Preferred	PA
SULFONYLUREAS		
AMARYL 1 MG TAB *glimepiride*	PDL Preferred	
AMARYL 2 MG TAB *glimepiride*	PDL Preferred	
AMARYL 4 MG TAB *glimepiride*	PDL Preferred	
glimepiride 1 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
glimepiride 2 mg tab	PDL Preferred	
glimepiride 4 mg tab	PDL Preferred	
glipizide 10 mg tab	PDL Preferred	
glipizide 5 mg tab	PDL Preferred	
glipizide er 10 mg tab er 24h	PDL Preferred	
glipizide er 2.5 mg tab er 24h	PDL Preferred	
glipizide er 5 mg tab er 24h	PDL Preferred	
glipizide xl 10 mg tab er 24h	PDL Preferred	
glipizide xl 2.5 mg tab er 24h	PDL Preferred	
glipizide xl 5 mg tab er 24h	PDL Preferred	
GLUCOTROL 10 MG TAB *glipizide*	PDL Non-Preferred	PA
GLUCOTROL 5 MG TAB *glipizide*	PDL Non-Preferred	ST
GLUCOTROL XL 10 MG TAB ER 24H *glipizide*	PDL Preferred	
GLUCOTROL XL 2.5 MG TAB ER 24H *glipizide*	PDL Preferred	
GLUCOTROL XL 5 MG TAB ER 24H *glipizide*	PDL Preferred	
glyburide 1.25 mg tab	PDL Preferred	
glyburide 2.5 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
glyburide 5 mg tab	PDL Preferred	
glyburide micronized 1.5 mg tab	PDL Preferred	
glyburide micronized 3 mg tab	PDL Preferred	
glyburide micronized 6 mg tab	PDL Preferred	
GLYNASE 1.5 MG TAB *glyburide micronized*	PDL Preferred	
GLYNASE 3 MG TAB *glyburide micronized*	PDL Preferred	
GLYNASE 6 MG TAB *glyburide micronized*	PDL Preferred	
TOLBUTAMIDE 500 MG TAB *tolbutamide*	PDL Non-Preferred	ST
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	
MOTOFEN 1-0.025 MG TAB *difenoxin w/ atropine*	Covered	
opium 10 mg/ml (1%) tincture	Covered	

DRUG NAME	TIER	DRUG EDITS
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET 100 MG CAP *succimer*	Covered	
deferasirox 125 mg tab sol	Covered	
deferasirox 180 mg packet	Covered	
deferasirox 180 mg tab	Covered	
deferasirox 250 mg tab sol	Covered	
deferasirox 360 mg packet	Covered	
deferasirox 360 mg tab	Covered	
deferasirox 500 mg tab sol	Covered	
deferasirox 90 mg packet	Covered	
deferasirox 90 mg tab	Covered	
deferasirox granules 180 mg packet	Covered	
deferasirox granules 360 mg packet	Covered	
deferasirox granules 90 mg packet	Covered	
deferiprone 500 mg tab	Covered	
EXJADE 125 MG TAB SOL *deferasirox*	Covered	
EXJADE 250 MG TAB SOL *deferasirox*	Covered	
EXJADE 500 MG TAB SOL *deferasirox*	Covered	
FERRIPROX 100 MG/ML SOLUTION *deferiprone*	Covered	
FERRIPROX 1000 MG TAB *deferiprone*	Covered	
FERRIPROX 500 MG TAB *deferiprone*	Covered	
FERRIPROX TWICE-A-DAY 1000 MG TAB *deferiprone*	Covered	

DRUG NAME	TIER	DRUG EDITS
JADENU 180 MG TAB *deferasirox*	Covered	
JADENU 360 MG TAB *deferasirox*	Covered	
JADENU 90 MG TAB *deferasirox*	Covered	
JADENU SPRINKLE 180 MG PACKET *deferasirox*	Covered	
JADENU SPRINKLE 360 MG PACKET *deferasirox*	Covered	
JADENU SPRINKLE 90 MG PACKET *deferasirox*	Covered	
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	
BAL IN OIL 100 MG/ML SOLUTION *dimercaprol*	Covered	
BRIDION 200 MG/2ML SOLUTION *sugammadex sodium*	Covered	
BRIDION 500 MG/5ML SOLUTION *sugammadex sodium*	Covered	
CALCIUM DISODIUM VERSENATE 1 GM/5ML SOLUTION *edetate calcium disodium*	Covered	
deferoxamine mesylate 2 gm recon soln	Covered	
deferoxamine mesylate 500 mg recon soln	Covered	
DESFERAL 500 MG RECON SOLN *deferoxamine mesylate*	Covered	
fomepizole 1.5 gm/1.5ml solution	Covered	
PHYSOSTIGMINE SALICYLATE 1 MG/ML SOLUTION *physostigmine salicylate*	Covered	

DRUG NAME	TIER	DRUG EDITS
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	
NALOXONE HCL 0.4 MG/ML SOLN CART *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	
naltrexone hcl 50 mg tab	PDL Preferred	
NARCAN 4 MG/0.1ML LIQUID *naloxone hcl*	PDL Preferred	
VIVITROL 380 MG RECON SUSP *naltrexone*	PDL Preferred	QL 1 UNITS / 28 DAYS
ZIMHI 5 MG/0.5ML SOLN PRSYR *naloxone hcl*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ALOXI 0.25 MG/5ML SOLUTION *palonosetron hcl*	Covered	
ANZEMET 100 MG TAB *dolasetron mesylate*	PDL Non-Preferred	ST
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 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*	PDL Non-Preferred	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
SANCUSO 3.1 MG/24HR PATCH *granisetron*	PDL Non-Preferred	ST
SUSTOL 10 MG/0.4ML PRSYR *granisetron*	PDL Non-Preferred	ST
ZOFRAN 4 MG TAB *ondansetron hcl*	PDL Non-Preferred	ST
ZOFRAN 8 MG TAB *ondansetron hcl*	PDL Non-Preferred	ST
ZUPLENZ 4 MG FILM *ondansetron*	PDL Non-Preferred	ST
ZUPLENZ 8 MG FILM *ondansetron*	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	
scopolamine 1 mg/3days patch 72hr	PDL Non-Preferred	ST
TIGAN 100 MG/ML SOLUTION *trimethobenzamide hcl*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
TIGAN 300 MG CAP *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*	PDL Non-Preferred	ST
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
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 10 MG CAP *dronabinol*	PDL Non-Preferred	ST
MARINOL 2.5 MG CAP *dronabinol*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
MARINOL 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	PA
aprepitant 40 mg cap	PDL Preferred	PA
aprepitant 80 & 125 mg cap	PDL Preferred	PA
aprepitant 80 & 125 mg misc	PDL Preferred	PA
aprepitant 80 mg cap	PDL Preferred	PA
CINVANTI 130 MG/18ML EMULSION *aprepitant*	PDL Non-Preferred	ST
EMEND 125 MG/5ML RECON SUSP *aprepitant*	PDL Non-Preferred	PA
EMEND 150 MG RECON SOLN *fosaprepitant dimeglumine*	PDL Non-Preferred	ST
EMEND 80 MG CAP *aprepitant*	PDL Non-Preferred	PA
EMEND TRI-PACK 80 & 125 MG CAP *aprepitant*	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
VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK *rolapitant hcl*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
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	Covered	
micafungin sodium 50 mg recon soln	Covered	
MYCAMINE 100 MG RECON SOLN *micafungin sodium*	Covered	
MYCAMINE 50 MG RECON SOLN *micafungin sodium*	Covered	
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	
ANCOBON 250 MG CAP *flucytosine*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
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	ST
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 186 MG CAP *isavuconazonium sulfate*	PDL Non-Preferred	ST
CRESEMBA 372 MG RECON SOLN *isavuconazonium sulfate*	Covered	
DIFLUCAN 10 MG/ML RECON SUSP *fluconazole*	PDL Non-Preferred	ST
DIFLUCAN 100 MG TAB *fluconazole*	PDL Non-Preferred	ST
DIFLUCAN 150 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
DIFLUCAN 50 MG TAB *fluconazole*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
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
posaconazole 100 mg tab dr	PDL Non-Preferred	ST
posaconazole 40 mg/ml suspension	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
SPORANOX 10 MG/ML SOLUTION *itraconazole*	PDL Non-Preferred	ST
SPORANOX 100 MG CAP *itraconazole*	PDL Non-Preferred	ST
SPORANOX PULSEPAK 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
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*	Covered	
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate 4 mg tab	Covered	
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION *carbinoxamine maleate*	Covered	

DRUG NAME	TIER	DRUG EDITS
carbinoxamine maleate 4 mg/5ml solution	Covered	
CLEMASTINE FUMARATE 2.68 MG TAB *clemastine fumarate*	Covered	
diphenhydramine hcl 12.5 mg/5ml elixir	Covered	
diphenhydramine hcl 50 mg/ml solution	Covered	
KARBINAL ER 4 MG/5ML SUSP *carbinoxamine maleate*	Covered	
RYVENT 6 MG TAB *carbinoxamine maleate*	Covered	
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl 1 mg/ml solution	PDL Preferred	
CLARINEX 5 MG TAB *desloratadine*	PDL Non-Preferred	ST AL 0 to 2 yrs old NOTE Exemption for children less than 2 years of age.
DESLORATADINE 2.5 MG TAB DISP *desloratadine*	PDL Non-Preferred	ST
desloratadine 5 mg tab	PDL Non-Preferred	ST AL 0 to 2 yrs old
DESLORATADINE 5 MG TAB DISP *desloratadine*	PDL Non-Preferred	ST
levocetirizine dihydrochloride 2.5 mg/5ml solution	PDL Non-Preferred	ST
levocetirizine dihydrochloride 5 mg tab	PDL Preferred	
QUZYTTIR 10 MG/ML SOLUTION *cetirizine hcl*	PDL Non-Preferred	ST
ANTIHISTAMINES - PHENOTHIAZINES		
phenadoz 25 mg suppos	PDL Preferred	
PHENERGAN 25 MG/ML SOLUTION *promethazine hcl*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
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 syrup	PDL Preferred	
promethegan 12.5 mg suppos	PDL Preferred	
promethegan 25 mg suppos	PDL Preferred	
PROMETHEGAN 50 MG SUPPOS *promethazine hcl*	PDL Non-Preferred	ST
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl 2 mg/5ml syrup	Covered	
cyproheptadine hcl 4 mg tab	Covered	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL 180 MG TAB *bempedoic acid*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA 1200 MG/8ML SOLUTION *evinacumab-dgnb*	Covered	
EVKEEZA 345 MG/2.3ML SOLUTION *evinacumab-dgnb*	Covered	
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin 10-10 mg tab	PDL Non-Preferred	ST
ezetimibe-simvastatin 10-20 mg tab	PDL Non-Preferred	ST
ezetimibe-simvastatin 10-40 mg tab	PDL Non-Preferred	ST
ezetimibe-simvastatin 10-80 mg tab	PDL Non-Preferred	ST
NEXLIZET 180-10 MG TAB *bempedoic acid-ezetimibe*	PDL Non-Preferred	ST
VYTORIN 10-10 MG TAB *ezetimibe-simvastatin*	PDL Non-Preferred	ST
VYTORIN 10-20 MG TAB *ezetimibe-simvastatin*	PDL Non-Preferred	ST
VYTORIN 10-40 MG TAB *ezetimibe-simvastatin*	PDL Non-Preferred	ST
VYTORIN 10-80 MG TAB *ezetimibe-simvastatin*	PDL Non-Preferred	ST
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl 0.5 gm cap	PDL Non-Preferred	ST
icosapent ethyl 1 gm cap	PDL Non-Preferred	ST
LOVAZA 1 GM CAP *omega-3-acid ethyl esters*	PDL Non-Preferred	ST
omega-3-acid ethyl esters 1 gm cap	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
VASCEPA 0.5 GM CAP *icosapent ethyl*	PDL Non-Preferred	ST
VASCEPA 1 GM CAP *icosapent ethyl*	PDL Non-Preferred	ST
BILE ACID SEQUESTRANTS		
cholestyramine 4 gm packet	PDL Preferred	
cholestyramine 4 gm/dose powder	PDL Preferred	
cholestyramine light 4 gm packet	PDL Preferred	
cholestyramine light 4 gm/dose powder	PDL Preferred	
colesevelam hcl 3.75 gm packet	PDL Non-Preferred	ST
colesevelam hcl 625 mg tab	PDL Non-Preferred	ST
COLESTID 1 GM TAB *colestipol hcl*	PDL Non-Preferred	ST
COLESTID 5 GM GRANULES *colestipol hcl*	PDL Non-Preferred	ST
COLESTID 5 GM PACKET *colestipol hcl*	PDL Non-Preferred	ST
COLESTID FLAVORED 5 GM GRANULES *colestipol hcl*	PDL Non-Preferred	ST
COLESTID FLAVORED 5 GM PACKET *colestipol hcl*	PDL Non-Preferred	ST
colestipol hcl 1 gm tab	PDL Preferred	
colestipol hcl 5 gm granules	PDL Non-Preferred	ST
colestipol hcl 5 gm packet	PDL Non-Preferred	ST
prevalite 4 gm packet	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
prevalite 4 gm/dose powder	PDL Non-Preferred	ST
QUESTRAN 4 GM PACKET *cholestyramine*	PDL Non-Preferred	ST
QUESTRAN 4 GM/DOSE POWDER *cholestyramine*	PDL Non-Preferred	ST
QUESTRAN LIGHT 4 GM/DOSE POWDER *cholestyramine light*	PDL Non-Preferred	ST
WELCHOL 3.75 GM PACKET *colesevelam hcl*	PDL Non-Preferred	ST
WELCHOL 625 MG TAB *colesevelam hcl*	PDL Non-Preferred	ST
FIBRIC ACID DERIVATIVES		
ANTARA 30 MG CAP *fenofibrate micronized*	PDL Non-Preferred	ST
ANTARA 90 MG CAP *fenofibrate micronized*	PDL Non-Preferred	ST
fenofibrate 120 mg tab	PDL Non-Preferred	ST
fenofibrate 134 mg cap	PDL Non-Preferred	ST
fenofibrate 145 mg tab	PDL Preferred	
FENOFIBRATE 150 MG CAP *fenofibrate*	PDL Non-Preferred	ST
fenofibrate 160 mg tab	PDL Non-Preferred	ST
fenofibrate 200 mg cap	PDL Non-Preferred	ST
fenofibrate 40 mg tab	PDL Non-Preferred	ST
fenofibrate 48 mg tab	PDL Preferred	
FENOFIBRATE 50 MG CAP *fenofibrate*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
fenofibrate 54 mg tab	PDL Non-Preferred	ST
fenofibrate 67 mg cap	PDL Non-Preferred	ST
fenofibrate micronized 130 mg cap	PDL Non-Preferred	ST
fenofibrate micronized 134 mg cap	PDL Non-Preferred	ST
fenofibrate micronized 200 mg cap	PDL Non-Preferred	ST
FENOFIBRATE MICRONIZED 30 MG CAP *fenofibrate micronized*	PDL Non-Preferred	ST
fenofibrate micronized 43 mg cap	PDL Non-Preferred	ST
fenofibrate micronized 67 mg cap	PDL Non-Preferred	ST
FENOFIBRATE MICRONIZED 90 MG CAP *fenofibrate micronized*	PDL Non-Preferred	ST
FENOFIBRIC ACID 105 MG TAB *fenofibric acid*	PDL Non-Preferred	ST
fenofibric acid 135 mg cap dr	PDL Non-Preferred	ST
FENOFIBRIC ACID 35 MG TAB *fenofibric acid*	PDL Non-Preferred	ST
fenofibric acid 45 mg cap dr	PDL Non-Preferred	ST
FENOGLIDE 120 MG TAB *fenofibrate*	PDL Non-Preferred	ST
FENOGLIDE 40 MG TAB *fenofibrate*	PDL Non-Preferred	ST
gemfibrozil 600 mg tab	PDL Preferred	
LIPOFEN 150 MG CAP *fenofibrate*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
LIPOFEN 50 MG CAP *fenofibrate*	PDL Non-Preferred	ST
LOPID 600 MG TAB *gemfibrozil*	PDL Non-Preferred	ST
TRICOR 145 MG TAB *fenofibrate*	PDL Non-Preferred	ST
TRICOR 48 MG TAB *fenofibrate*	PDL Non-Preferred	ST
TRILIPIX 135 MG CAP DR *choline fenofibrate*	PDL Non-Preferred	ST
TRILIPIX 45 MG CAP DR *choline fenofibrate*	PDL Non-Preferred	ST
HMG COA REDUCTASE INHIBITORS		
ALTOPREV 20 MG TAB ER 24H *lovastatin*	PDL Non-Preferred	ST
ALTOPREV 40 MG TAB ER 24H *lovastatin*	PDL Non-Preferred	ST
ALTOPREV 60 MG TAB ER 24H *lovastatin*	PDL Non-Preferred	ST
atorvastatin calcium 10 mg tab	PDL Preferred	
atorvastatin calcium 20 mg tab	PDL Preferred	
atorvastatin calcium 40 mg tab	PDL Preferred	
atorvastatin calcium 80 mg tab	PDL Preferred	
CRESTOR 10 MG TAB *rosuvastatin calcium*	PDL Non-Preferred	ST
CRESTOR 20 MG TAB *rosuvastatin calcium*	PDL Non-Preferred	ST
CRESTOR 40 MG TAB *rosuvastatin calcium*	PDL Non-Preferred	ST
CRESTOR 5 MG TAB *rosuvastatin calcium*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
EZALLOR SPRINKLE 10 MG CAP SPRINK *rosuvastatin calcium*	PDL Non-Preferred	ST
EZALLOR SPRINKLE 20 MG CAP SPRINK *rosuvastatin calcium*	PDL Non-Preferred	ST
EZALLOR SPRINKLE 40 MG CAP SPRINK *rosuvastatin calcium*	PDL Non-Preferred	ST
EZALLOR SPRINKLE 5 MG CAP SPRINK *rosuvastatin calcium*	PDL Non-Preferred	ST
fluvastatin sodium 20 mg cap	PDL Non-Preferred	ST
fluvastatin sodium 40 mg cap	PDL Non-Preferred	ST
fluvastatin sodium er 80 mg tab er 24h	PDL Non-Preferred	ST
LESCOL XL 80 MG TAB ER 24H *fluvastatin sodium*	PDL Non-Preferred	ST
LIPITOR 10 MG TAB *atorvastatin calcium*	PDL Non-Preferred	ST
LIPITOR 20 MG TAB *atorvastatin calcium*	PDL Non-Preferred	ST
LIPITOR 40 MG TAB *atorvastatin calcium*	PDL Non-Preferred	ST
LIPITOR 80 MG TAB *atorvastatin calcium*	PDL Non-Preferred	ST
LIVALO 1 MG TAB *pitavastatin calcium*	PDL Non-Preferred	ST
LIVALO 2 MG TAB *pitavastatin calcium*	PDL Non-Preferred	ST
LIVALO 4 MG TAB *pitavastatin calcium*	PDL Non-Preferred	ST
lovastatin 10 mg tab	PDL Preferred	
lovastatin 20 mg tab	PDL Preferred	

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DRUG NAME	TIER	DRUG EDITS
lovastatin 40 mg tab	PDL Preferred	
PRAVACHOL 20 MG TAB *pravastatin sodium*	PDL Non-Preferred	ST
PRAVACHOL 40 MG TAB *pravastatin sodium*	PDL Non-Preferred	ST
pravastatin sodium 10 mg tab	PDL Preferred	
pravastatin sodium 20 mg tab	PDL Preferred	
pravastatin sodium 40 mg tab	PDL Preferred	
pravastatin sodium 80 mg tab	PDL Preferred	
rosuvastatin calcium 10 mg tab	PDL Preferred	
rosuvastatin calcium 20 mg tab	PDL Preferred	
rosuvastatin calcium 40 mg tab	PDL Preferred	
rosuvastatin calcium 5 mg tab	PDL Preferred	
simvastatin 10 mg tab	PDL Preferred	
simvastatin 20 mg tab	PDL Preferred	
simvastatin 40 mg tab	PDL Preferred	
simvastatin 5 mg tab	PDL Preferred	
simvastatin 80 mg tab	PDL Preferred	
ZOCOR 10 MG TAB *simvastatin*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
ZOCOR 20 MG TAB *simvastatin*	PDL Non-Preferred	ST
ZOCOR 40 MG TAB *simvastatin*	PDL Non-Preferred	ST
ZOCOR 80 MG TAB *simvastatin*	Covered	
ZYPITAMAG 1 MG TAB *pitavastatin magnesium*	PDL Non-Preferred	ST
ZYPITAMAG 2 MG TAB *pitavastatin magnesium*	PDL Non-Preferred	ST
ZYPITAMAG 4 MG TAB *pitavastatin magnesium*	PDL Non-Preferred	ST
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe 10 mg tab	PDL Preferred	
ZETIA 10 MG TAB *ezetimibe*	PDL Non-Preferred	ST
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID 10 MG CAP *lomitapide mesylate*	PDL Non-Preferred	QL 6 UNITS / 1 DAYS PA
JUXTAPID 20 MG CAP *lomitapide mesylate*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS PA
JUXTAPID 30 MG CAP *lomitapide mesylate*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA
JUXTAPID 5 MG CAP *lomitapide mesylate*	PDL Non-Preferred	QL 12 UNITS / 1 DAYS PA
NICOTINIC ACID DERIVATIVES		
niacin er (antihyperlipidemic) 1000 mg tab er	PDL Preferred	
niacin er (antihyperlipidemic) 500 mg tab er	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
niacin er (antihyperlipidemic) 750 mg tab er	PDL Preferred	
NIASPAN 1000 MG TAB ER *niacin (antihyperlipidemic)*	Covered	
NIASPAN 500 MG TAB ER *niacin (antihyperlipidemic)*	Covered	
NIASPAN 750 MG TAB ER *niacin (antihyperlipidemic)*	Covered	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT 150 MG/ML SOLN A-INJ *alirocumab*	Covered	PA
PRALUENT 75 MG/ML SOLN A-INJ *alirocumab*	Covered	PA
REPATHA 140 MG/ML SOLN PRSYR *evolocumab*	Covered	PA
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART *evolocumab*	Covered	PA
REPATHA SURECLICK 140 MG/ML SOLN A-INJ *evolocumab*	Covered	PA
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL 10 MG TAB *quinapril hcl*	PDL Non-Preferred	ST
ACCUPRIL 20 MG TAB *quinapril hcl*	PDL Non-Preferred	ST
ACCUPRIL 40 MG TAB *quinapril hcl*	PDL Non-Preferred	ST
ACCUPRIL 5 MG TAB *quinapril hcl*	PDL Non-Preferred	ST
ALTACE 1.25 MG CAP *ramipril*	PDL Non-Preferred	ST
ALTACE 10 MG CAP *ramipril*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
ALTACE 2.5 MG CAP *ramipril*	PDL Non-Preferred	ST
ALTACE 5 MG CAP *ramipril*	PDL Non-Preferred	ST
benazepril hcl 10 mg tab	PDL Preferred	
benazepril hcl 20 mg tab	PDL Preferred	
benazepril hcl 40 mg tab	PDL Preferred	
benazepril hcl 5 mg tab	PDL Preferred	
captopril 100 mg tab	PDL Non-Preferred	ST
captopril 12.5 mg tab	PDL Non-Preferred	ST
captopril 25 mg tab	PDL Non-Preferred	ST
captopril 50 mg tab	PDL Non-Preferred	ST
enalapril maleate 1 mg/ml solution	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
enalapril maleate 10 mg tab	PDL Preferred	
enalapril maleate 2.5 mg tab	PDL Preferred	
enalapril maleate 20 mg tab	PDL Preferred	
enalapril maleate 5 mg tab	PDL Preferred	
enalaprilat 1.25 mg/ml injectable	Covered	

DRUG NAME	TIER	DRUG EDITS
fosinopril sodium 10 mg tab	PDL Non-Preferred	ST
fosinopril sodium 20 mg tab	PDL Non-Preferred	ST
fosinopril sodium 40 mg tab	PDL Non-Preferred	ST
lisinopril 10 mg tab	PDL Preferred	
lisinopril 2.5 mg tab	PDL Preferred	
lisinopril 20 mg tab	PDL Preferred	
lisinopril 30 mg tab	PDL Preferred	
lisinopril 40 mg tab	PDL Preferred	
lisinopril 5 mg tab	PDL Preferred	
LOTENSIN 10 MG TAB *benazepril hcl*	PDL Non-Preferred	ST
LOTENSIN 20 MG TAB *benazepril hcl*	PDL Non-Preferred	ST
LOTENSIN 40 MG TAB *benazepril hcl*	PDL Non-Preferred	ST
moexipril hcl 15 mg tab	PDL Non-Preferred	ST
moexipril hcl 7.5 mg tab	PDL Non-Preferred	ST
perindopril erbumine 2 mg tab	PDL Non-Preferred	ST
perindopril erbumine 4 mg tab	PDL Non-Preferred	ST
PERINDOPRIL ERBUMINE 8 MG TAB *perindopril erbumine*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
perindopril erbumine 8 mg tab	PDL Non-Preferred	ST
PRINIVIL 20 MG TAB *lisinopril*	PDL Non-Preferred	ST
QBRELIS 1 MG/ML SOLUTION *lisinopril*	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
quinapril hcl 10 mg tab	PDL Non-Preferred	ST
quinapril hcl 20 mg tab	PDL Non-Preferred	ST
quinapril hcl 40 mg tab	PDL Non-Preferred	ST
quinapril hcl 5 mg tab	PDL Non-Preferred	ST
ramipril 1.25 mg cap	PDL Preferred	
ramipril 10 mg cap	PDL Preferred	
ramipril 2.5 mg cap	PDL Preferred	
ramipril 5 mg cap	PDL Preferred	
trandolapril 1 mg tab	PDL Non-Preferred	ST
trandolapril 2 mg tab	PDL Non-Preferred	ST
trandolapril 4 mg tab	PDL Non-Preferred	ST
VASOTEC 10 MG TAB *enalapril maleate*	PDL Non-Preferred	ST
VASOTEC 2.5 MG TAB *enalapril maleate*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
VASOTEC 20 MG TAB *enalapril maleate*	PDL Non-Preferred	ST
VASOTEC 5 MG TAB *enalapril maleate*	PDL Non-Preferred	ST
ZESTRIL 10 MG TAB *lisinopril*	PDL Non-Preferred	ST
ZESTRIL 2.5 MG TAB *lisinopril*	PDL Non-Preferred	ST
ZESTRIL 20 MG TAB *lisinopril*	PDL Non-Preferred	ST
ZESTRIL 30 MG TAB *lisinopril*	PDL Non-Preferred	ST
ZESTRIL 40 MG TAB *lisinopril*	PDL Non-Preferred	ST
ZESTRIL 5 MG TAB *lisinopril*	PDL Non-Preferred	ST
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
ATACAND 32 MG TAB *candesartan cilexetil*	PDL Non-Preferred	ST
ATACAND 4 MG TAB *candesartan cilexetil*	PDL Non-Preferred	ST
ATACAND 8 MG TAB *candesartan cilexetil*	PDL Non-Preferred	ST
AVAPRO 150 MG TAB *irbesartan*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
AVAPRO 300 MG TAB *irbesartan*	PDL Non-Preferred	ST
AVAPRO 75 MG TAB *irbesartan*	PDL Non-Preferred	ST
BENICAR 20 MG TAB *olmesartan medoxomil*	PDL Non-Preferred	ST
BENICAR 40 MG TAB *olmesartan medoxomil*	PDL Non-Preferred	ST
BENICAR 5 MG TAB *olmesartan medoxomil*	PDL Non-Preferred	ST
candesartan cilexetil 16 mg tab	PDL Non-Preferred	ST
candesartan cilexetil 32 mg tab	PDL Non-Preferred	ST
candesartan cilexetil 4 mg tab	PDL Non-Preferred	ST
candesartan cilexetil 8 mg tab	PDL Non-Preferred	ST
COZAAR 100 MG TAB *losartan potassium*	PDL Non-Preferred	ST
COZAAR 25 MG TAB *losartan potassium*	PDL Non-Preferred	ST
COZAAR 50 MG TAB *losartan potassium*	PDL Non-Preferred	ST
DIOVAN 160 MG TAB *valsartan*	PDL Non-Preferred	ST
DIOVAN 320 MG TAB *valsartan*	PDL Non-Preferred	ST
DIOVAN 40 MG TAB *valsartan*	PDL Non-Preferred	ST
DIOVAN 80 MG TAB *valsartan*	PDL Non-Preferred	ST
EDARBI 40 MG TAB *azilsartan medoxomil*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
EDARBI 80 MG TAB *azilsartan medoxomil*	PDL Non-Preferred	ST
EPROSARTAN MESYLATE 600 MG TAB *eprosartan mesylate*	PDL Non-Preferred	ST
irbesartan 150 mg tab	PDL Preferred	
irbesartan 300 mg tab	PDL Preferred	
irbesartan 75 mg tab	PDL Preferred	
losartan potassium 100 mg tab	PDL Preferred	ST
losartan potassium 25 mg tab	PDL Preferred	
losartan potassium 50 mg tab	PDL Preferred	
MICARDIS 20 MG TAB *telmisartan*	PDL Non-Preferred	ST
MICARDIS 40 MG TAB *telmisartan*	PDL Non-Preferred	ST
MICARDIS 80 MG TAB *telmisartan*	PDL Non-Preferred	ST
olmesartan medoxomil 20 mg tab	PDL Preferred	
olmesartan medoxomil 40 mg tab	PDL Preferred	
olmesartan medoxomil 5 mg tab	PDL Preferred	
telmisartan 20 mg tab	PDL Non-Preferred	ST
telmisartan 40 mg tab	PDL Non-Preferred	ST
telmisartan 80 mg tab	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
valsartan 160 mg tab	PDL Preferred	
valsartan 320 mg tab	PDL Preferred	
valsartan 40 mg tab	PDL Preferred	
valsartan 80 mg tab	PDL Preferred	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA 1 MG TAB *doxazosin mesylate*	PDL Non-Preferred	ST
CARDURA 2 MG TAB *doxazosin mesylate*	PDL Non-Preferred	ST
CARDURA 4 MG TAB *doxazosin mesylate*	PDL Non-Preferred	ST
CARDURA 8 MG TAB *doxazosin mesylate*	PDL Non-Preferred	ST
CATAPRES 0.1 MG TAB *clonidine hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
CATAPRES 0.2 MG TAB *clonidine hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
CATAPRES 0.3 MG TAB *clonidine hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
CATAPRES-TTS-1 0.1 MG/24HR PATCH WK *clonidine*	PDL Preferred	
CATAPRES-TTS-2 0.2 MG/24HR PATCH WK *clonidine*	PDL Preferred	
CATAPRES-TTS-3 0.3 MG/24HR PATCH WK *clonidine*	PDL Preferred	
clonidine 0.1 mg/24hr patch wk	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
clonidine 0.2 mg/24hr patch wk	PDL Preferred	
clonidine 0.3 mg/24hr patch wk	PDL Preferred	
clonidine hcl 0.1 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS
clonidine hcl 0.2 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS
clonidine hcl 0.3 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS
CLONIDINE HCL ER 0.17 MG TAB ER 24H *clonidine hcl*	PDL Non-Preferred	ST
doxazosin mesylate 1 mg tab	PDL Preferred	
doxazosin mesylate 2 mg tab	PDL Preferred	
doxazosin mesylate 4 mg tab	PDL Preferred	
doxazosin mesylate 8 mg tab	PDL Preferred	
guanfacine hcl 1 mg tab	PDL Preferred	
guanfacine hcl 2 mg tab	PDL Preferred	
METHYLDOPA 250 MG TAB *methyldopa*	Covered	
methyldopa 250 mg tab	PDL Preferred	
METHYLDOPA 500 MG TAB *methyldopa*	Covered	
methyldopa 500 mg tab	PDL Preferred	
MINIPRESS 1 MG CAP *prazosin hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
MINIPRESS 2 MG CAP *prazosin hcl*	Covered	
MINIPRESS 5 MG CAP *prazosin hcl*	Covered	
prazosin hcl 1 mg cap	Covered	
prazosin hcl 2 mg cap	Covered	
prazosin hcl 5 mg cap	Covered	
terazosin hcl 1 mg cap	PDL Preferred	
terazosin hcl 10 mg cap	PDL Preferred	
terazosin hcl 2 mg cap	PDL Preferred	
terazosin hcl 5 mg cap	PDL Preferred	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC 10-12.5 MG TAB *quinapril-hydrochlorothiazide*	PDL Non-Preferred	ST
ACCURETIC 20-12.5 MG TAB *quinapril-hydrochlorothiazide*	PDL Non-Preferred	ST
ACCURETIC 20-25 MG TAB *quinapril-hydrochlorothiazide*	PDL Non-Preferred	ST
amlodipine besy-benazepril hcl 10-20 mg cap	PDL Preferred	
amlodipine besy-benazepril hcl 10-40 mg cap	PDL Preferred	
amlodipine besy-benazepril hcl 2.5-10 mg cap	PDL Preferred	
amlodipine besy-benazepril hcl 5-10 mg cap	PDL Preferred	
amlodipine besy-benazepril hcl 5-20 mg cap	PDL Preferred	
amlodipine besy-benazepril hcl 5-40 mg cap	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
amlodipine besylate-valsartan 10-160 mg tab	PDL Preferred	
amlodipine besylate-valsartan 10-320 mg tab	PDL Preferred	
amlodipine besylate-valsartan 5-160 mg tab	PDL Preferred	
amlodipine besylate-valsartan 5-320 mg tab	PDL Preferred	
amlodipine-olmesartan 10-20 mg tab	PDL Preferred	
amlodipine-olmesartan 10-40 mg tab	PDL Preferred	
amlodipine-olmesartan 5-20 mg tab	PDL Preferred	
amlodipine-olmesartan 5-40 mg tab	PDL Preferred	
amlodipine-valsartan-hctz 10-160-12.5 mg tab	PDL Preferred	
amlodipine-valsartan-hctz 10-160-25 mg tab	PDL Preferred	
amlodipine-valsartan-hctz 10-320-25 mg tab	PDL Preferred	
amlodipine-valsartan-hctz 5-160-12.5 mg tab	PDL Preferred	
amlodipine-valsartan-hctz 5-160-25 mg tab	PDL Preferred	
ATACAND HCT 16-12.5 MG TAB *candesartan cilexetil-hydrochlorothiazide*	PDL Non-Preferred	ST
ATACAND HCT 32-12.5 MG TAB *candesartan cilexetil-hydrochlorothiazide*	PDL Non-Preferred	ST
ATACAND HCT 32-25 MG TAB *candesartan cilexetil-hydrochlorothiazide*	PDL Non-Preferred	ST
atenolol-chlorthalidone 100-25 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
atenolol-chlorthalidone 50-25 mg tab	PDL Preferred	
AVALIDE 150-12.5 MG TAB *irbesartan-hydrochlorothiazide*	PDL Non-Preferred	ST
AVALIDE 300-12.5 MG TAB *irbesartan-hydrochlorothiazide*	PDL Non-Preferred	ST
AZOR 10-20 MG TAB *amlodipine besylate-olmesartan medoxomil*	PDL Non-Preferred	ST
AZOR 10-40 MG TAB *amlodipine besylate-olmesartan medoxomil*	PDL Non-Preferred	ST
AZOR 5-20 MG TAB *amlodipine besylate-olmesartan medoxomil*	PDL Non-Preferred	ST
AZOR 5-40 MG TAB *amlodipine besylate-olmesartan medoxomil*	PDL Non-Preferred	ST
benazepril-hydrochlorothiazide 10-12.5 mg tab	PDL Non-Preferred	ST
benazepril-hydrochlorothiazide 20-12.5 mg tab	PDL Non-Preferred	ST
benazepril-hydrochlorothiazide 20-25 mg tab	PDL Non-Preferred	ST
benazepril-hydrochlorothiazide 5-6.25 mg tab	PDL Non-Preferred	ST
BENICAR HCT 20-12.5 MG TAB *olmesartan medoxomil-hydrochlorothiazide*	PDL Non-Preferred	ST
BENICAR HCT 40-12.5 MG TAB *olmesartan medoxomil-hydrochlorothiazide*	PDL Non-Preferred	ST
BENICAR HCT 40-25 MG TAB *olmesartan medoxomil-hydrochlorothiazide*	PDL Non-Preferred	ST
bisoprolol-hydrochlorothiazide 10-6.25 mg tab	PDL Preferred	
bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab	PDL Preferred	
bisoprolol-hydrochlorothiazide 5-6.25 mg tab	PDL Preferred	

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

DRUG NAME	TIER	DRUG EDITS
EXFORGE 10-160 MG TAB *amlodipine besylate-valsartan*	PDL Non-Preferred	ST
EXFORGE 10-320 MG TAB *amlodipine besylate-valsartan*	PDL Non-Preferred	ST
EXFORGE 5-160 MG TAB *amlodipine besylate-valsartan*	PDL Non-Preferred	ST
EXFORGE 5-320 MG TAB *amlodipine besylate-valsartan*	PDL Non-Preferred	ST
EXFORGE HCT 10-160-12.5 MG TAB *amlodipine-valsartan-hydrochlorothiazide*	PDL Non-Preferred	ST
EXFORGE HCT 10-160-25 MG TAB *amlodipine-valsartan-hydrochlorothiazide*	PDL Non-Preferred	ST
EXFORGE HCT 10-320-25 MG TAB *amlodipine-valsartan-hydrochlorothiazide*	PDL Non-Preferred	ST
EXFORGE HCT 5-160-12.5 MG TAB *amlodipine-valsartan-hydrochlorothiazide*	PDL Non-Preferred	ST
EXFORGE HCT 5-160-25 MG TAB *amlodipine-valsartan-hydrochlorothiazide*	PDL Non-Preferred	ST
fosinopril sodium-hctz 10-12.5 mg tab	PDL Non-Preferred	ST
fosinopril sodium-hctz 20-12.5 mg tab	PDL Non-Preferred	ST
HYZAAR 100-12.5 MG TAB *losartan potassium & hydrochlorothiazide*	PDL Non-Preferred	ST
HYZAAR 100-25 MG TAB *losartan potassium & hydrochlorothiazide*	PDL Non-Preferred	ST
HYZAAR 50-12.5 MG TAB *losartan potassium & hydrochlorothiazide*	PDL Non-Preferred	ST
irbesartan-hydrochlorothiazide 150-12.5 mg tab	PDL Preferred	
irbesartan-hydrochlorothiazide 300-12.5 mg tab	PDL Preferred	
lisinopril-hydrochlorothiazide 10-12.5 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
lisinopril-hydrochlorothiazide 20-12.5 mg tab	PDL Preferred	
lisinopril-hydrochlorothiazide 20-25 mg tab	PDL Preferred	
losartan potassium-hctz 100-12.5 mg tab	PDL Preferred	
losartan potassium-hctz 100-25 mg tab	PDL Preferred	
losartan potassium-hctz 50-12.5 mg tab	PDL Preferred	
LOTENSIN HCT 10-12.5 MG TAB *benazepril & hydrochlorothiazide*	PDL Non-Preferred	ST
LOTENSIN HCT 20-12.5 MG TAB *benazepril & hydrochlorothiazide*	PDL Non-Preferred	ST
LOTENSIN HCT 20-25 MG TAB *benazepril & hydrochlorothiazide*	PDL Non-Preferred	ST
LOTREL 10-20 MG CAP *amlodipine besylate-benazepril hcl*	PDL Non-Preferred	ST
LOTREL 10-40 MG CAP *amlodipine besylate-benazepril hcl*	PDL Non-Preferred	ST
LOTREL 5-10 MG CAP *amlodipine besylate-benazepril hcl*	PDL Non-Preferred	ST
LOTREL 5-20 MG CAP *amlodipine besylate-benazepril hcl*	PDL Non-Preferred	ST
METHYLDOPA-HYDROCHLOROTHIAZIDE 250-15 MG TAB *methyldopa & hydrochlorothiazide*	PDL Non-Preferred	ST
METHYLDOPA-HYDROCHLOROTHIAZIDE 250-25 MG TAB *methyldopa & hydrochlorothiazide*	PDL Non-Preferred	ST
metoprolol-hydrochlorothiazide 100-25 mg tab	PDL Non-Preferred	ST
metoprolol-hydrochlorothiazide 100-50 mg tab	PDL Non-Preferred	ST
metoprolol-hydrochlorothiazide 50-25 mg tab	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
MICARDIS HCT 40-12.5 MG TAB *telmisartan-hydrochlorothiazide*	PDL Non-Preferred	ST
MICARDIS HCT 80-12.5 MG TAB *telmisartan-hydrochlorothiazide*	PDL Non-Preferred	ST
MICARDIS HCT 80-25 MG TAB *telmisartan-hydrochlorothiazide*	PDL Non-Preferred	ST
olmesartan medoxomil-hctz 20-12.5 mg tab	PDL Preferred	
olmesartan medoxomil-hctz 40-12.5 mg tab	PDL Preferred	
olmesartan medoxomil-hctz 40-25 mg tab	PDL Preferred	
olmesartan-amlodipine-hctz 20-5-12.5 mg tab	PDL Preferred	
olmesartan-amlodipine-hctz 40-10-12.5 mg tab	PDL Preferred	
olmesartan-amlodipine-hctz 40-10-25 mg tab	PDL Preferred	
olmesartan-amlodipine-hctz 40-5-12.5 mg tab	PDL Preferred	
olmesartan-amlodipine-hctz 40-5-25 mg tab	PDL Preferred	
PROPRANOLOL-HCTZ 40-25 MG TAB *propranolol & hydrochlorothiazide*	PDL Non-Preferred	ST
PROPRANOLOL-HCTZ 80-25 MG TAB *propranolol & hydrochlorothiazide*	PDL Non-Preferred	ST
quinapril-hydrochlorothiazide 10-12.5 mg tab	PDL Non-Preferred	ST
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB *quinapril-hydrochlorothiazide*	PDL Non-Preferred	ST
quinapril-hydrochlorothiazide 20-12.5 mg tab	PDL Non-Preferred	ST
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB *quinapril-hydrochlorothiazide*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
quinapril-hydrochlorothiazide 20-25 mg tab	PDL Non-Preferred	ST
TARKA 2-180 MG TAB ER *trandolapril-verapamil hcl*	PDL Non-Preferred	ST
TARKA 2-240 MG TAB ER *trandolapril-verapamil hcl*	PDL Non-Preferred	ST
TARKA 4-240 MG TAB ER *trandolapril-verapamil hcl*	PDL Non-Preferred	ST
TEKTURNA HCT 150-12.5 MG TAB *aliskiren-hydrochlorothiazide*	PDL Preferred	
TEKTURNA HCT 150-25 MG TAB *aliskiren-hydrochlorothiazide*	PDL Preferred	
TEKTURNA HCT 300-12.5 MG TAB *aliskiren-hydrochlorothiazide*	PDL Preferred	
TEKTURNA HCT 300-25 MG TAB *aliskiren-hydrochlorothiazide*	PDL Preferred	
TELMISARTAN-AMLODIPINE 40-10 MG TAB *telmisartan-amlodipine*	PDL Non-Preferred	ST
telmisartan-amlodipine 40-10 mg tab	PDL Non-Preferred	ST
TELMISARTAN-AMLODIPINE 40-5 MG TAB *telmisartan-amlodipine*	PDL Non-Preferred	ST
telmisartan-amlodipine 40-5 mg tab	PDL Non-Preferred	ST
TELMISARTAN-AMLODIPINE 80-10 MG TAB *telmisartan-amlodipine*	PDL Non-Preferred	ST
telmisartan-amlodipine 80-10 mg tab	PDL Non-Preferred	ST
TELMISARTAN-AMLODIPINE 80-5 MG TAB *telmisartan-amlodipine*	PDL Non-Preferred	ST
telmisartan-amlodipine 80-5 mg tab	PDL Non-Preferred	ST
telmisartan-hctz 40-12.5 mg tab	PDL Non-Preferred	ST

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

DRUG NAME	TIER	DRUG EDITS
TRIBENZOR 40-5-25 MG TAB *olmesartan medoxomil-amlodipine-hydrochlorothiazide*	PDL Non-Preferred	ST
valsartan-hydrochlorothiazide 160-12.5 mg tab	PDL Preferred	
valsartan-hydrochlorothiazide 160-25 mg tab	PDL Preferred	
valsartan-hydrochlorothiazide 320-12.5 mg tab	PDL Preferred	
valsartan-hydrochlorothiazide 320-25 mg tab	PDL Preferred	
valsartan-hydrochlorothiazide 80-12.5 mg tab	PDL Preferred	
VASERETIC 10-25 MG TAB *enalapril maleate & hydrochlorothiazide*	PDL Non-Preferred	ST
ZESTORETIC 10-12.5 MG TAB *lisinopril & hydrochlorothiazide*	PDL Non-Preferred	ST
ZESTORETIC 20-12.5 MG TAB *lisinopril & hydrochlorothiazide*	PDL Non-Preferred	ST
ZESTORETIC 20-25 MG TAB *lisinopril & hydrochlorothiazide*	PDL Non-Preferred	ST
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
ANTIHYPERTENSIVES - MISC.		
VECAMYL 2.5 MG TAB *mecamylamine hcl*	Covered	
DIRECT RENIN INHIBITORS		
aliskiren fumarate 150 mg tab	PDL Non-Preferred	ST
aliskiren fumarate 300 mg tab	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
TEKTURNA 150 MG TAB *aliskiren fumarate*	PDL Preferred	
TEKTURNA 300 MG TAB *aliskiren fumarate*	PDL Preferred	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone 25 mg tab	Covered	
eplerenone 50 mg tab	Covered	
INSPRA 25 MG TAB *eplerenone*	Covered	
INSPRA 50 MG TAB *eplerenone*	Covered	
VASODILATORS		
CORLOPAM 10 MG/ML SOLUTION *fenoldopam mesylate*	Covered	
CORLOPAM 20 MG/2ML SOLUTION *fenoldopam mesylate*	Covered	
hydralazine hcl 10 mg tab	Covered	
hydralazine hcl 100 mg tab	Covered	
hydralazine hcl 20 mg/ml solution	Covered	
hydralazine hcl 25 mg tab	Covered	
hydralazine hcl 50 mg tab	Covered	
minoxidil 10 mg tab	Covered	
minoxidil 2.5 mg tab	Covered	
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	
sodium nitroprusside 25 mg/ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
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	
MALARONE 250-100 MG TAB *atovaquone-proguanil hcl*	Covered	
MALARONE 62.5-25 MG TAB *atovaquone-proguanil hcl*	Covered	
chloroquine phosphate 250 mg tab	Covered	
chloroquine phosphate 500 mg tab	Covered	
DARAPRIM 25 MG TAB *pyrimethamine*	Covered	
hydroxychloroquine sulfate 100 mg tab	Covered	
hydroxychloroquine sulfate 200 mg tab	Covered	
hydroxychloroquine sulfate 300 mg tab	Covered	
hydroxychloroquine sulfate 400 mg tab	Covered	
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	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
BLOXIVERZ 10 MG/10ML SOLUTION *neostigmine methylsulfate*	Covered	

DRUG NAME	TIER	DRUG EDITS
FIRDAPSE 10 MG TAB *amifampridine phosphate*	Covered	
GUANIDINE HCL 125 MG TAB *guanidine hcl*	Covered	
MESTINON 180 MG TAB ER *pyridostigmine bromide*	Covered	
MESTINON 60 MG TAB *pyridostigmine bromide*	Covered	
MESTINON 60 MG/5ML SOLUTION *pyridostigmine bromide*	Covered	
NEOSTIGMINE METHYLSULFATE 10 MG/10ML SOLUTION *neostigmine methylsulfate*	Covered	
neostigmine methylsulfate 10 mg/10ml solution	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	
pyridostigmine bromide 60 mg tab	Covered	
pyridostigmine bromide 60 mg/5ml solution	Covered	
pyridostigmine bromide er 180 mg tab er	Covered	
REGONOL 10 MG/2ML SOLUTION *pyridostigmine bromide*	Covered	
RUZURGI 10 MG TAB *amifampridine*	Covered	
ANTIMYCOBACTERIAL AGENTS		
CAPASTAT SULFATE 1 GM RECON SOLN *capreomycin sulfate*	Covered	
cycloserine 250 mg cap	Covered	
ethambutol hcl 100 mg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
ethambutol hcl 400 mg tab	Covered	
ISONIAZID 100 MG TAB *isoniazid*	Covered	
ISONIAZID 100 MG/ML SOLUTION *isoniazid*	Covered	
isoniazid 300 mg tab	Covered	
ISONIAZID 50 MG/5ML SYRUP *isoniazid*	Covered	
MYAMBUTOL 400 MG TAB *ethambutol hcl*	Covered	
MYCOBUTIN 150 MG CAP *rifabutin*	Covered	
PASER 4 GM PACKET *aminosalicylic acid*	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	

DRUG NAME	TIER	DRUG EDITS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN 2 MG TAB *melphalan*	Covered	
ALKERAN 50 MG RECON SOLN *melphalan hcl*	Covered	
BELRAPZO 100 MG/4ML SOLUTION *bendamustine hcl*	Covered	
BENDAMUSTINE HCL 100 MG/4ML SOLUTION *bendamustine hcl*	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	
carboplatin 50 mg/5ml solution	Covered	
carboplatin 600 mg/60ml solution	Covered	
carmustine 100 mg recon soln	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/5ML SOLUTION *cyclophosphamide*	Covered	

DRUG NAME	TIER	DRUG EDITS
cyclophosphamide 2 gm recon soln	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	
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	Covered	
IFOSFAMIDE 3 GM RECON SOLN *ifosfamide*	Covered	
ifosfamide 3 gm/60ml solution	Covered	
LEUKERAN 2 MG TAB *chlorambucil*	Covered	
melphalan 2 mg tab	Covered	
melphalan hcl 50 mg recon soln	Covered	
MYLERAN 2 MG TAB *busulfan*	Covered	

DRUG NAME	TIER	DRUG EDITS
oxaliplatin 100 mg recon soln	Covered	
oxaliplatin 100 mg/20ml solution	Covered	
OXALIPLATIN 200 MG/40ML SOLUTION *oxaliplatin*	Covered	
oxaliplatin 50 mg recon soln	Covered	
oxaliplatin 50 mg/10ml solution	Covered	
PARAPLATIN 1000 MG/100ML SOLUTION *carboplatin*	Covered	
paraplatin 150 mg/15ml solution	Covered	
paraplatin 450 mg/45ml solution	Covered	
paraplatin 50 mg/5ml solution	Covered	
paraplatin 600 mg/60ml solution	Covered	
PEPAXTO 20 MG RECON SOLN *melphalan flufenamide hcl*	Covered	
TEMODAR 100 MG CAP *temozolomide*	Covered	
TEMODAR 100 MG RECON SOLN *temozolomide*	Covered	
TEMODAR 140 MG CAP *temozolomide*	Covered	
TEMODAR 180 MG CAP *temozolomide*	Covered	
TEMODAR 250 MG CAP *temozolomide*	Covered	
temozolomide 100 mg cap	Covered	
temozolomide 140 mg cap	Covered	
temozolomide 180 mg cap	Covered	
temozolomide 20 mg cap	Covered	
temozolomide 250 mg cap	Covered	
temozolomide 5 mg cap	Covered	
TEPADINA 100 MG RECON SOLN *thiotepa*	Covered	

DRUG NAME	TIER	DRUG EDITS
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	
YONDELIS 1 MG RECON SOLN *trabectedin*	Covered	
ZANOSAR 1 GM RECON SOLN *streptozocin*	Covered	
ZEPZELCA 4 MG RECON SOLN *lurbinectedin*	Covered	
ANTIMETABOLITES		
ALIMTA 100 MG RECON SOLN *pemetrexed disodium*	Covered	
ALIMTA 500 MG RECON SOLN *pemetrexed disodium*	Covered	
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	
CLOLAR 1 MG/ML SOLUTION *clofarabine*	Covered	
cytarabine (pf) 100 mg/ml solution	Covered	
CYTARABINE (PF) 20 MG/ML SOLUTION *cytarabine*	Covered	
cytarabine (pf) 20 mg/ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
CYTARABINE 20 MG/ML SOLUTION *cytarabine*	Covered	
DACOGEN 50 MG RECON SOLN *decitabine*	Covered	
decitabine 50 mg recon soln	Covered	
FLOXURIDINE 0.5 GM RECON SOLN *floxuridine*	Covered	
FLUDARABINE PHOSPHATE 25 MG/ML SOLUTION *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	

DRUG NAME	TIER	DRUG EDITS
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	
INFUGEM 1200-0.9 MG/120ML-% SOLUTION *gemcitabine hcl-sodium chloride*	Covered	
INFUGEM 1300-0.9 MG/130ML-% SOLUTION *gemcitabine hcl-sodium chloride*	Covered	
INFUGEM 1400-0.9 MG/140ML-% SOLUTION *gemcitabine hcl-sodium chloride*	Covered	
INFUGEM 1500-0.9 MG/150ML-% SOLUTION *gemcitabine hcl-sodium chloride*	Covered	
INFUGEM 1600-0.9 MG/160ML-% SOLUTION *gemcitabine hcl-sodium chloride*	Covered	
INFUGEM 1700-0.9 MG/170ML-% SOLUTION *gemcitabine hcl-sodium chloride*	Covered	
INFUGEM 1800-0.9 MG/180ML-% SOLUTION *gemcitabine hcl-sodium chloride*	Covered	
INFUGEM 1900-0.9 MG/190ML-% SOLUTION *gemcitabine hcl-sodium chloride*	Covered	

DRUG NAME	TIER	DRUG EDITS
INFUGEM 2000-0.9 MG/200ML-% SOLUTION *gemcitabine hcl-sodium chloride*	Covered	
INFUGEM 2200-0.9 MG/220ML-% SOLUTION *gemcitabine hcl-sodium chloride*	Covered	
mercaptopurine 50 mg tab	Covered	
methotrexate 2.5 mg tab	Covered	
methotrexate sodium (pf) 1 gm/40ml solution	Covered	
methotrexate sodium (pf) 250 mg/10ml solution	Covered	
methotrexate sodium (pf) 50 mg/2ml solution	Covered	
methotrexate sodium 1 gm recon soln	Covered	
methotrexate sodium 2.5 mg tab	Covered	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION *methotrexate sodium*	Covered	
methotrexate sodium 50 mg/2ml solution	Covered	
nelarabine 5 mg/ml solution	Covered	
ONUREG 200 MG TAB *azacitidine*	Covered	
ONUREG 300 MG TAB *azacitidine*	Covered	
PURIXAN 2000 MG/100ML SUSPENSION *mercaptopurine*	Covered	
TABLOID 40 MG TAB *thioguanine*	Covered	
TREXALL 10 MG TAB *methotrexate sodium*	Covered	
TREXALL 15 MG TAB *methotrexate sodium*	Covered	
TREXALL 5 MG TAB *methotrexate sodium*	Covered	

DRUG NAME	TIER	DRUG EDITS
TREXALL 7.5 MG TAB *methotrexate sodium*	Covered	
VIDAZA 100 MG RECON SUSP *azacitidine*	Covered	
XATMEP 2.5 MG/ML SOLUTION *methotrexate*	Covered	
XELODA 150 MG TAB *capecitabine*	Covered	
XELODA 500 MG TAB *capecitabine*	Covered	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN 100 MG/4ML SOLUTION *bevacizumab*	Covered	
AVASTIN 400 MG/16ML SOLUTION *bevacizumab*	Covered	
CYRAMZA 100 MG/10ML SOLUTION *ramucirumab*	Covered	
CYRAMZA 500 MG/50ML SOLUTION *ramucirumab*	Covered	
INLYTA 1 MG TAB *axitinib*	Covered	
INLYTA 5 MG TAB *axitinib*	Covered	
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK *lenvatinib mesylate*	Covered	
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK *lenvatinib mesylate*	Covered	
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK *lenvatinib mesylate*	Covered	
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK *lenvatinib mesylate*	Covered	

DRUG NAME	TIER	DRUG EDITS
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK *lenvatinib mesylate*	Covered	
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK *lenvatinib mesylate*	Covered	
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK *lenvatinib mesylate*	Covered	
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK *lenvatinib mesylate*	Covered	
MVASI 100 MG/4ML SOLUTION *bevacizumab-awwb*	Covered	
MVASI 400 MG/16ML SOLUTION *bevacizumab-awwb*	Covered	
ZALTRAP 100 MG/4ML SOLUTION *ziv-aflibercept*	Covered	
ZALTRAP 200 MG/8ML SOLUTION *ziv-aflibercept*	Covered	
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	
HERZUMA 150 MG RECON SOLN *trastuzumab-pkrb*	Covered	
HERZUMA 420 MG RECON SOLN *trastuzumab-pkrb*	Covered	
KANJINTI 150 MG RECON SOLN *trastuzumab-anns*	Covered	
KANJINTI 420 MG RECON SOLN *trastuzumab-anns*	Covered	

DRUG NAME	TIER	DRUG EDITS
MARGENZA 250 MG/10ML SOLUTION *margetuximab-cmkb*	Covered	
OGIVRI 150 MG RECON SOLN *trastuzumab-dkst*	Covered	
OGIVRI 420 MG RECON SOLN *trastuzumab-dkst*	Covered	
ONTRUZANT 150 MG RECON SOLN *trastuzumab-dttb*	Covered	
ONTRUZANT 420 MG RECON SOLN *trastuzumab-dttb*	Covered	
PERJETA 420 MG/14ML SOLUTION *pertuzumab*	Covered	
TRAZIMERA 150 MG RECON SOLN *trastuzumab-qyyp*	Covered	
TRAZIMERA 420 MG RECON SOLN *trastuzumab-qyyp*	Covered	
TUKYSA 150 MG TAB *tucatinib*	Covered	
TUKYSA 50 MG TAB *tucatinib*	Covered	
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	
BESPONSA 0.9 MG RECON SOLN *inotuzumab ozogamicin*	Covered	
BLENREP 100 MG RECON SOLN *belantamab mafodotin-blmf*	Covered	
BLINCYTO 35 MCG RECON SOLN *blinatumomab*	Covered	

DRUG NAME	TIER	DRUG EDITS
DANYELZA 40 MG/10ML SOLUTION *naxitamab-gqgk*	Covered	
DARZALEX 100 MG/5ML SOLUTION *daratumumab*	Covered	
DARZALEX 400 MG/20ML SOLUTION *daratumumab*	Covered	
EMPLICITI 300 MG RECON SOLN *elotuzumab*	Covered	
EMPLICITI 400 MG RECON SOLN *elotuzumab*	Covered	
ENHERTU 100 MG RECON SOLN *fam-trastuzumab deruxtecan-nxki*	Covered	
GAZYVA 1000 MG/40ML SOLUTION *obinutuzumab*	Covered	
IMFINZI 120 MG/2.4ML SOLUTION *durvalumab*	Covered	
IMFINZI 500 MG/10ML SOLUTION *durvalumab*	Covered	
JEMPERLI 500 MG/10ML SOLUTION *dostarlimab-gxly*	Covered	
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	
LIBTAYO 350 MG/7ML SOLUTION *cemiplimab-rwlc*	Covered	
LUMOXITI 1 MG RECON SOLN *moxetumomab pasudotox-tdfk*	Covered	
MONJUVI 200 MG RECON SOLN *tafasitamab-cxix*	Covered	
MYLOTARG 4.5 MG RECON SOLN *gemtuzumab ozogamicin*	Covered	

DRUG NAME	TIER	DRUG EDITS
OPDIVO 100 MG/10ML SOLUTION *nivolumab*	Covered	
OPDIVO 240 MG/24ML SOLUTION *nivolumab*	Covered	
OPDIVO 40 MG/4ML SOLUTION *nivolumab*	Covered	
PADCEV 20 MG RECON SOLN *enfortumab vedotin-ejfv*	Covered	
PADCEV 30 MG RECON SOLN *enfortumab vedotin-ejfv*	Covered	
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	
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	
SARCLISA 100 MG/5ML SOLUTION *isatuximab-irfc*	Covered	
SARCLISA 500 MG/25ML SOLUTION *isatuximab-irfc*	Covered	

DRUG NAME	TIER	DRUG EDITS
TECENTRIQ 1200 MG/20ML SOLUTION *atezolizumab*	Covered	
TECENTRIQ 840 MG/14ML SOLUTION *atezolizumab*	Covered	
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	
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB *venetoclax*	Covered	
VENCLEXTA 100 MG TAB *venetoclax*	Covered	
VENCLEXTA 50 MG TAB *venetoclax*	Covered	
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK *venetoclax*	Covered	
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
PROVENGE 50000000 CELLS SUSPENSION *sipuleucel-t*	Covered	
TECARTUS SUSPENSION *brexucabtagene autoleucel*	Covered	

DRUG NAME	TIER	DRUG EDITS
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX 100 MG/50ML SOLUTION *cetuximab*	Covered	
ERBITUX 200 MG/100ML SOLUTION *cetuximab*	Covered	
erlotinib hcl 100 mg tab	Covered	
erlotinib hcl 150 mg tab	Covered	
erlotinib hcl 25 mg tab	Covered	
GILOTRIF 20 MG TAB *afatinib dimaleate*	Covered	
GILOTRIF 30 MG TAB *afatinib dimaleate*	Covered	
GILOTRIF 40 MG TAB *afatinib dimaleate*	Covered	
IRESSA 250 MG TAB *gefitinib*	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	
TARCEVA 150 MG TAB *erlotinib hcl*	Covered	
TARCEVA 25 MG TAB *erlotinib hcl*	Covered	
VECTIBIX 100 MG/5ML SOLUTION *panitumumab*	Covered	
VECTIBIX 400 MG/20ML SOLUTION *panitumumab*	Covered	
VIZIMPRO 15 MG TAB *dacomitinib*	Covered	

DRUG NAME	TIER	DRUG EDITS
VIZIMPRO 30 MG TAB *dacomitinib*	Covered	
VIZIMPRO 45 MG TAB *dacomitinib*	Covered	
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB *glasdegib maleate*	Covered	
DAURISMO 25 MG TAB *glasdegib maleate*	Covered	
ERIVEDGE 150 MG CAP *vismodegib*	Covered	
ODOMZO 200 MG CAP *sonidegib phosphate*	Covered	
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate 250 mg tab	Covered	
abiraterone acetate 500 mg tab	Covered	
anastrozole 1 mg tab	Covered	
ARIMIDEX 1 MG TAB *anastrozole*	Covered	
AROMASIN 25 MG TAB *exemestane*	Covered	
bicalutamide 50 mg tab	Covered	
CASODEX 50 MG TAB *bicalutamide*	Covered	
ELIGARD 22.5 MG KIT *leuprolide acetate (3 month)*	Covered	
ELIGARD 30 MG KIT *leuprolide acetate (4 month)*	Covered	
ELIGARD 45 MG KIT *leuprolide acetate (6 month)*	Covered	
ELIGARD 7.5 MG KIT *leuprolide acetate*	Covered	
EMCYT 140 MG CAP *estramustine phosphate sodium*	Covered	

DRUG NAME	TIER	DRUG EDITS
ERLEADA 60 MG TAB *apalutamide*	Covered	
exemestane 25 mg tab	Covered	
FARESTON 60 MG TAB *toremifene citrate*	Covered	
FASLODEX 250 MG/5ML SOLN PRSYR *fulvestrant*	Covered	
FEMARA 2.5 MG TAB *letrozole*	Covered	
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN *degarelix acetate*	Covered	
FIRMAGON 80 MG RECON SOLN *degarelix acetate*	Covered	
FLUTAMIDE 125 MG CAP *flutamide*	Covered	
flutamide 125 mg cap	Covered	
FULVESTRANT 250 MG/5ML SOLN PRSYR *fulvestrant*	Covered	
fulvestrant 250 mg/5ml soln prsyr	Covered	
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION *hydroxyprogesterone caproate (antineoplastic)*	PDL Non-Preferred	ST
letrozole 2.5 mg tab	Covered	
leuprolide acetate 1 mg/0.2ml kit	Covered	
LUPRON DEPOT (1-MONTH) 3.75 MG KIT *leuprolide acetate*	Covered	
LUPRON DEPOT (1-MONTH) 7.5 MG KIT *leuprolide acetate*	Covered	
LUPRON DEPOT (3-MONTH) 11.25 MG KIT *leuprolide acetate (3 month)*	Covered	
LUPRON DEPOT (3-MONTH) 22.5 MG KIT *leuprolide acetate (3 month)*	Covered	

DRUG NAME	TIER	DRUG EDITS
LUPRON DEPOT (4-MONTH) 30 MG KIT *leuprolide acetate (4 month)*	Covered	
LUPRON DEPOT (6-MONTH) 45 MG KIT *leuprolide acetate (6 month)*	Covered	
LYSODREN 500 MG TAB *mitotane*	Covered	
megestrol acetate 20 mg tab	PDL Preferred	
megestrol acetate 40 mg tab	PDL Preferred	
megestrol acetate 40 mg/ml suspension	PDL Preferred	
megestrol acetate 400 mg/10ml suspension	PDL Preferred	
megestrol acetate 800 mg/20ml suspension	PDL Preferred	
nilutamide 150 mg tab	Covered	
NUBEQA 300 MG TAB *darolutamide*	Covered	
ORGOVYX 120 MG TAB *relugolix*	Covered	
SOLTAMOX 10 MG/5ML SOLUTION *tamoxifen citrate*	Covered	
tamoxifen citrate 10 mg tab	Covered	
tamoxifen citrate 20 mg tab	Covered	
toremifene citrate 60 mg tab	Covered	
TRELSTAR MIXJECT 11.25 MG RECON SUSP *triptorelin pamoate*	Covered	
TRELSTAR MIXJECT 22.5 MG RECON SUSP *triptorelin pamoate*	Covered	
TRELSTAR MIXJECT 3.75 MG RECON SUSP *triptorelin pamoate*	Covered	

DRUG NAME	TIER	DRUG EDITS
VANTAS 50 MG KIT *histrelin acetate*	PDL Non-Preferred	PA
XTANDI 40 MG CAP *enzalutamide*	Covered	
XTANDI 40 MG TAB *enzalutamide*	Covered	
XTANDI 80 MG TAB *enzalutamide*	Covered	
YONSA 125 MG TAB *abiraterone acetate*	Covered	
ZOLADEX 10.8 MG IMPLANT *goserelin acetate*	Covered	
ZOLADEX 3.6 MG IMPLANT *goserelin acetate*	Covered	
ZYTIGA 250 MG TAB *abiraterone acetate*	Covered	
ZYTIGA 500 MG TAB *abiraterone acetate*	Covered	
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST 1 MG CAP *pomalidomide*	Covered	
POMALYST 2 MG CAP *pomalidomide*	Covered	
POMALYST 3 MG CAP *pomalidomide*	Covered	
POMALYST 4 MG CAP *pomalidomide*	Covered	
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT 100 MG TAB *avapritinib*	Covered	
AYVAKIT 200 MG TAB *avapritinib*	Covered	
AYVAKIT 25 MG TAB *avapritinib*	Covered	

DRUG NAME	TIER	DRUG EDITS
AYVAKIT 300 MG TAB *avapritinib*	Covered	
AYVAKIT 50 MG TAB *avapritinib*	Covered	
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	
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK *selinexor*	Covered	
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK *selinexor*	Covered	
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK *selinexor*	Covered	
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK *selinexor*	Covered	
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK *selinexor*	Covered	
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK *selinexor*	Covered	
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK *selinexor*	Covered	
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK *selinexor*	Covered	
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK *selinexor*	Covered	

DRUG NAME	TIER	DRUG EDITS
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK *selinexor*	Covered	
ANTINEOPLASTIC ANTIBIOTICS		
ADRIAMYCIN 10 MG RECON SOLN *doxorubicin hcl*	Covered	
adriamycin 2 mg/ml solution	Covered	
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 INJECTABLE *doxorubicin hcl liposomal*	Covered	
doxorubicin hcl 2 mg/ml solution	Covered	
doxorubicin hcl liposomal 2 mg/ml injectable	Covered	
ELLENCE 200 MG/100ML SOLUTION *epirubicin hcl*	Covered	
ELLENCE 50 MG/25ML SOLUTION *epirubicin hcl*	Covered	
epirubicin hcl 200 mg/100ml solution	Covered	
epirubicin hcl 50 mg/25ml solution	Covered	
IDAMYCIN PFS 10 MG/10ML SOLUTION *idarubicin hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
IDAMYCIN PFS 20 MG/20ML SOLUTION *idarubicin hcl*	Covered	
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	
mitoxantrone hcl 25 mg/12.5ml conc	Covered	
mitoxantrone hcl 30 mg/15ml conc	Covered	
mutamycin 20 mg recon soln	Covered	
mutamycin 40 mg recon soln	Covered	
mutamycin 5 mg recon soln	Covered	
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	
HERCEPTIN HYLECTA 600-10000 MG-UNT/5ML SOLUTION *trastuzumab-hyaluronidase-oysk*	Covered	
INQOVI 35-100 MG TAB *decitabine-cedazuridine*	Covered	
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK *ribociclib succinate-letrozole*	Covered	

DRUG NAME	TIER	DRUG EDITS
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK *ribociclib succinate-letrozole*	Covered	
KISQALI FEMARA(200 MG DOSE) 200 & 2.5 MG TAB THPK *ribociclib succinate-letrozole*	Covered	
LONSURF 15-6.14 MG TAB *trifluridine-tipiracil*	Covered	
LONSURF 20-8.19 MG TAB *trifluridine-tipiracil*	Covered	
PHESGO 60-60-2000 MG-MG-U/ML SOLUTION *pertuzumab-trastuzumab-hyaluronidase-zzxf*	Covered	
PHESGO 80-40-2000 MG-MG-U/ML SOLUTION *pertuzumab-trastuzumab-hyaluronidase-zzxf*	Covered	
RITUXAN HYCELA 1400-23400 MG - UT/11.7ML SOLUTION *rituximab-hyaluronidase human*	Covered	
RITUXAN HYCELA 1600-26800 MG - UT/13.4ML SOLUTION *rituximab-hyaluronidase human*	Covered	
VYXEOS 44-100 MG RECON SUSP *daunorubicin-cytarabine liposome*	Covered	
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR 10 MG TAB *everolimus*	Covered	
AFINITOR 2.5 MG TAB *everolimus*	Covered	
AFINITOR 5 MG TAB *everolimus*	Covered	
AFINITOR 7.5 MG TAB *everolimus*	Covered	
AFINITOR DISPERZ 2 MG TAB SOL *everolimus*	Covered	

DRUG NAME	TIER	DRUG EDITS
AFINITOR DISPERZ 3 MG TAB SOL *everolimus*	Covered	
AFINITOR DISPERZ 5 MG TAB SOL *everolimus*	Covered	
ALECENSA 150 MG CAP *alectinib hcl*	Covered	
ALIQOPA 60 MG RECON SOLN *copanlisib hcl*	Covered	
ALUNBRIG 180 MG TAB *brigatinib*	Covered	
ALUNBRIG 30 MG TAB *brigatinib*	Covered	
ALUNBRIG 90 & 180 MG TAB THPK *brigatinib*	Covered	
ALUNBRIG 90 MG TAB *brigatinib*	Covered	
BALVERSA 3 MG TAB *erdafitinib*	Covered	
BALVERSA 4 MG TAB *erdafitinib*	Covered	
BALVERSA 5 MG TAB *erdafitinib*	Covered	
BELEODAQ 500 MG RECON SOLN *belinostat*	Covered	
BORTEZOMIB 3.5 MG RECON SOLN *bortezomib*	Covered	
BOSULIF 100 MG TAB *bosutinib*	Covered	
BOSULIF 400 MG TAB *bosutinib*	Covered	
BOSULIF 500 MG TAB *bosutinib*	Covered	
BRAFTOVI 75 MG CAP *encorafenib*	Covered	

DRUG NAME	TIER	DRUG EDITS
BRUKINSA 80 MG CAP *zanubrutinib*	Covered	
CABOMETYX 20 MG TAB *cabozantinib s-malate*	Covered	
CABOMETYX 40 MG TAB *cabozantinib s-malate*	Covered	
CABOMETYX 60 MG TAB *cabozantinib s-malate*	Covered	
CALQUENCE 100 MG CAP *acalabrutinib*	Covered	
CAPRELSA 100 MG TAB *vandetanib*	Covered	
CAPRELSA 300 MG TAB *vandetanib*	Covered	
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT *cabozantinib s-malate*	Covered	
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT *cabozantinib s-malate*	Covered	
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT *cabozantinib s-malate*	Covered	
COPIKTRA 15 MG CAP *duvelisib*	Covered	
COPIKTRA 25 MG CAP *duvelisib*	Covered	
COTELLIC 20 MG TAB *cobimetinib fumarate*	Covered	
everolimus 2.5 mg tab	Covered	
everolimus 5 mg tab	Covered	
everolimus 7.5 mg tab	Covered	
FARYDAK 10 MG CAP *panobinostat lactate*	Covered	

DRUG NAME	TIER	DRUG EDITS
FARYDAK 15 MG CAP *panobinostat lactate*	Covered	
FARYDAK 20 MG CAP *panobinostat lactate*	Covered	
FOTIVDA 0.89 MG CAP *tivozanib hcl*	Covered	
FOTIVDA 1.34 MG CAP *tivozanib hcl*	Covered	
GAVRETO 100 MG CAP *pralsetinib*	Covered	
GLEEVEC 100 MG TAB *imatinib mesylate*	Covered	
GLEEVEC 400 MG TAB *imatinib mesylate*	Covered	
IBRANCE 100 MG CAP *palbociclib*	Covered	
IBRANCE 100 MG TAB *palbociclib*	Covered	
IBRANCE 125 MG CAP *palbociclib*	Covered	
IBRANCE 125 MG TAB *palbociclib*	Covered	
IBRANCE 75 MG CAP *palbociclib*	Covered	
IBRANCE 75 MG TAB *palbociclib*	Covered	
ICLUSIG 10 MG TAB *ponatinib hcl*	Covered	
ICLUSIG 15 MG TAB *ponatinib hcl*	Covered	
ICLUSIG 30 MG TAB *ponatinib hcl*	Covered	
ICLUSIG 45 MG TAB *ponatinib hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
IDHIFA 100 MG TAB *enasidenib mesylate*	Covered	
IDHIFA 50 MG TAB *enasidenib mesylate*	Covered	
imatinib mesylate 100 mg tab	Covered	
imatinib mesylate 400 mg tab	Covered	
IMBRUVICA 140 MG CAP *ibrutinib*	Covered	
IMBRUVICA 140 MG TAB *ibrutinib*	Covered	
IMBRUVICA 280 MG TAB *ibrutinib*	Covered	
IMBRUVICA 420 MG TAB *ibrutinib*	Covered	
IMBRUVICA 560 MG TAB *ibrutinib*	Covered	
IMBRUVICA 70 MG CAP *ibrutinib*	Covered	
INREBIC 100 MG CAP *fedratinib hcl*	Covered	
ISTODAX (OVERFILL) 10 MG RECON SOLN *romidepsin*	Covered	
JAKAFI 10 MG TAB *ruxolitinib phosphate*	Covered	
JAKAFI 15 MG TAB *ruxolitinib phosphate*	Covered	
JAKAFI 20 MG TAB *ruxolitinib phosphate*	Covered	
JAKAFI 25 MG TAB *ruxolitinib phosphate*	Covered	
JAKAFI 5 MG TAB *ruxolitinib phosphate*	Covered	
KISQALI (200 MG DOSE) 200 MG TAB THPK *ribociclib succinate*	Covered	

DRUG NAME	TIER	DRUG EDITS
KISQALI (400 MG DOSE) 200 MG TAB THPK *ribociclib succinate*	Covered	
KISQALI (600 MG DOSE) 200 MG TAB THPK *ribociclib succinate*	Covered	
KOSELUGO 10 MG CAP *selumetinib sulfate*	Covered	
KOSELUGO 25 MG CAP *selumetinib sulfate*	Covered	
KYPROLIS 10 MG RECON SOLN *carfilzomib*	Covered	
KYPROLIS 30 MG RECON SOLN *carfilzomib*	Covered	
KYPROLIS 60 MG RECON SOLN *carfilzomib*	Covered	
lapatinib ditosylate 250 mg tab	Covered	
LORBRENA 100 MG TAB *lorlatinib*	Covered	
LORBRENA 25 MG TAB *lorlatinib*	Covered	
LUMAKRAS 120 MG TAB *sotorasib*	Covered	
LYNPARZA 100 MG TAB *olaparib*	Covered	
LYNPARZA 150 MG TAB *olaparib*	Covered	
MEKINIST 0.5 MG TAB *trametinib dimethyl sulfoxide*	Covered	
MEKINIST 2 MG TAB *trametinib dimethyl sulfoxide*	Covered	
MEKTOVI 15 MG TAB *binimetinib*	Covered	
NERLYNX 40 MG TAB *neratinib maleate*	Covered	

DRUG NAME	TIER	DRUG EDITS
NEXAVAR 200 MG TAB *sorafenib tosylate*	Covered	
NINLARO 2.3 MG CAP *ixazomib citrate*	Covered	
NINLARO 3 MG CAP *ixazomib citrate*	Covered	
NINLARO 4 MG CAP *ixazomib citrate*	Covered	
PEMAZYRE 13.5 MG TAB *pemigatinib*	Covered	
PEMAZYRE 4.5 MG TAB *pemigatinib*	Covered	
PEMAZYRE 9 MG TAB *pemigatinib*	Covered	
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK *alpelisib*	Covered	
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK *alpelisib*	Covered	
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK *alpelisib*	Covered	
QINLOCK 50 MG TAB *ripretinib*	Covered	
RETEVMO 40 MG CAP *selpercatinib*	Covered	
RETEVMO 80 MG CAP *selpercatinib*	Covered	
ROMIDEPSIN 10 MG RECON SOLN *romidepsin*	Covered	
ROMIDEPSIN 27.5 MG/5.5ML SOLUTION *romidepsin*	Covered	
ROZLYTREK 100 MG CAP *entrectinib*	Covered	

DRUG NAME	TIER	DRUG EDITS
ROZLYTREK 200 MG CAP *entrectinib*	Covered	
RUBRACA 200 MG TAB *rucaparib camsylate*	Covered	
RUBRACA 250 MG TAB *rucaparib camsylate*	Covered	
RUBRACA 300 MG TAB *rucaparib camsylate*	Covered	
RYDAPT 25 MG CAP *midostaurin*	Covered	
SPRYCEL 100 MG TAB *dasatinib*	Covered	
SPRYCEL 140 MG TAB *dasatinib*	Covered	
SPRYCEL 20 MG TAB *dasatinib*	Covered	
SPRYCEL 50 MG TAB *dasatinib*	Covered	
SPRYCEL 70 MG TAB *dasatinib*	Covered	
SPRYCEL 80 MG TAB *dasatinib*	Covered	
STIVARGA 40 MG TAB *regorafenib*	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	

DRUG NAME	TIER	DRUG EDITS
TABRECTA 200 MG TAB *capmatinib hcl*	Covered	
TAFINLAR 50 MG CAP *dabrafenib mesylate*	Covered	
TAFINLAR 75 MG CAP *dabrafenib mesylate*	Covered	
TALZENNA 0.25 MG CAP *talazoparib tosylate*	Covered	
TALZENNA 1 MG CAP *talazoparib tosylate*	Covered	
TASIGNA 150 MG CAP *nilotinib hcl*	Covered	
TASIGNA 200 MG CAP *nilotinib hcl*	Covered	
TASIGNA 50 MG CAP *nilotinib hcl*	Covered	
TAZVERIK 200 MG TAB *tazemetostat hbr*	Covered	
temsirolimus 25 mg/ml solution	Covered	
TEPMETKO 225 MG TAB *tepotinib hcl*	Covered	
TIBSOVO 250 MG TAB *ivosidenib*	Covered	
TORISEL 25 MG/ML SOLUTION *temsirolimus*	Covered	
TURALIO 200 MG CAP *pexidartinib hcl*	Covered	
TYKERB 250 MG TAB *lapatinib ditosylate*	Covered	
UKONIQ 200 MG TAB *umbralisib tosylate*	Covered	
VELCADE 3.5 MG RECON SOLN *bortezomib*	Covered	
VERZENIO 100 MG TAB *abemaciclib*	Covered	

DRUG NAME	TIER	DRUG EDITS
VERZENIO 150 MG TAB *abemaciclib*	Covered	
VERZENIO 200 MG TAB *abemaciclib*	Covered	
VERZENIO 50 MG TAB *abemaciclib*	Covered	
VITRAKVI 100 MG CAP *larotrectinib sulfate*	Covered	
VITRAKVI 20 MG/ML SOLUTION *larotrectinib sulfate*	Covered	
VITRAKVI 25 MG CAP *larotrectinib sulfate*	Covered	
VOTRIENT 200 MG TAB *pazopanib hcl*	Covered	
XALKORI 200 MG CAP *crizotinib*	Covered	
XALKORI 250 MG CAP *crizotinib*	Covered	
XOSPATA 40 MG TAB *gilteritinib fumarate*	Covered	
ZEJULA 100 MG CAP *niraparib tosylate*	Covered	
ZELBORAF 240 MG TAB *vemurafenib*	Covered	
ZOLINZA 100 MG CAP *vorinostat*	Covered	
ZYDELIG 100 MG TAB *idelalisib*	Covered	
ZYDELIG 150 MG TAB *idelalisib*	Covered	
ZYKADIA 150 MG TAB *ceritinib*	Covered	
ANTINEOPLASTIC ENZYMES		
ASPARLAS 3750 UNIT/5ML SOLUTION *calaspargase pegol-mknl*	Covered	

DRUG NAME	TIER	DRUG EDITS
ERWINAZE 10000 UNIT RECON SOLN *asparaginase erwinia chrysanthemi*	Covered	
ONCASPAR 750 UNIT/ML SOLUTION *pegaspargase*	Covered	
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA DOSIMETRIC 15 MCI/ML SOLUTION *iobenguane i 131*	Covered	
AZEDRA THERAPEUTIC 15 MCI/ML SOLUTION *iobenguane i 131*	Covered	
LUTATHERA 370 MBQ/ML SOLUTION *lutetium lu 177 dotatate*	Covered	
QUADRAMET 1850 MBQ/ML SOLUTION *samarium sm 153 lexidronam*	Covered	
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 2000000 UNIT/0.5ML SOLUTION *interferon gamma-1b*	Covered	
arsenic trioxide 10 mg/10ml solution	Covered	
arsenic trioxide 12 mg/6ml solution	Covered	
bexarotene 75 mg cap	Covered	
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	

DRUG NAME	TIER	DRUG EDITS
hydroxyurea 500 mg cap	Covered	
INTRON A 10000000 UNIT RECON SOLN *interferon alfa-2b*	Covered	
INTRON A 10000000 UNIT/ML SOLUTION *interferon alfa-2b*	Covered	
INTRON A 18000000 UNIT RECON SOLN *interferon alfa-2b*	Covered	
INTRON A 50000000 UNIT RECON SOLN *interferon alfa-2b*	Covered	
INTRON A 6000000 UNIT/ML SOLUTION *interferon alfa-2b*	Covered	
MATULANE 50 MG CAP *procarbazine hcl*	Covered	
NIPENT 10 MG RECON SOLN *pentostatin*	Covered	
SYNRIBO 3.5 MG RECON SOLN *omacetaxine mepesuccinate*	Covered	
TARGRETIN 75 MG CAP *bexarotene*	Covered	
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 6.25 MG RECON SOLN *palifermin*	Covered	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA 300 MG RECON SOLN *trilaciclib dihydrochloride*	Covered	

DRUG NAME	TIER	DRUG EDITS
dexrazoxane hcl 250 mg recon soln	Covered	
dexrazoxane hcl 500 mg recon soln	Covered	
KHAPZORY 175 MG RECON SOLN *levoleucovorin*	Covered	
KHAPZORY 300 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	
ZINECARD 250 MG RECON SOLN *dexrazoxane hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
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	
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	
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	

DRUG NAME	TIER	DRUG EDITS
IXEMPRA KIT 45 MG RECON SOLN *ixabepilone*	Covered	
JEVTANA 60 MG/1.5ML SOLUTION *cabazitaxel*	Covered	
MARQIBO 5 MG/31ML SUSPENSION *vincristine sulfate liposome*	Covered	
NAVELBINE 10 MG/ML SOLUTION *vinorelbine tartrate*	Covered	
NAVELBINE 50 MG/5ML SOLUTION *vinorelbine tartrate*	Covered	
paclitaxel 100 mg/16.7ml conc	Covered	
PACLITAXEL 150 MG/25ML CONC *paclitaxel*	Covered	
paclitaxel 30 mg/5ml conc	Covered	
paclitaxel 300 mg/50ml conc	Covered	
TAXOTERE 80 MG/4ML CONC *docetaxel*	Covered	
TENIPOSIDE 10 MG/ML SOLUTION *teniposide*	Covered	
toposar 1 gm/50ml solution	Covered	
toposar 100 mg/5ml solution	Covered	
toposar 500 mg/25ml solution	Covered	
VINBLASTINE SULFATE 1 MG/ML SOLUTION *vinblastine sulfate*	Covered	
vincasar pfs 1 mg/ml solution	Covered	
vincristine sulfate 1 mg/ml solution	Covered	
vinorelbine tartrate 10 mg/ml solution	Covered	
vinorelbine tartrate 50 mg/5ml solution	Covered	
ONCOLYTIC VIRAL AGENTS		
IMLYGIC 1000000 UNIT/ML SUSPENSION *talimogene laherparepvec*	Covered	

DRUG NAME	TIER	DRUG EDITS
IMLYGIC 100000000 UNIT/ML SUSPENSION *talimogene laherparepvec*	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	
HYCAMTIN 4 MG RECON SOLN *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	

DRUG NAME	TIER	DRUG EDITS
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa 25 mg tab	PDL Non-Preferred	ST
LODOSYN 25 MG TAB *carbidopa*	PDL Non-Preferred	ST
NEUPRO 1 MG/24HR PATCH 24HR *rotigotine*	PDL Non-Preferred	ST
NEUPRO 2 MG/24HR PATCH 24HR *rotigotine*	PDL Non-Preferred	ST
NEUPRO 3 MG/24HR PATCH 24HR *rotigotine*	PDL Non-Preferred	ST
NEUPRO 4 MG/24HR PATCH 24HR *rotigotine*	PDL Non-Preferred	ST
NEUPRO 6 MG/24HR PATCH 24HR *rotigotine*	PDL Non-Preferred	ST
NEUPRO 8 MG/24HR PATCH 24HR *rotigotine*	PDL Non-Preferred	ST
NOURIANZ 20 MG TAB *istradefylline*	PDL Non-Preferred	ST
NOURIANZ 40 MG TAB *istradefylline*	PDL Non-Preferred	ST
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate 0.5 mg tab	PDL Preferred	
benztropine mesylate 1 mg tab	PDL Preferred	
benztropine mesylate 1 mg/ml solution	Covered	
benztropine mesylate 2 mg tab	PDL Preferred	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION *trihexyphenidyl hcl*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
trihexyphenidyl hcl 0.4 mg/ml solution	PDL Preferred	
trihexyphenidyl hcl 2 mg tab	PDL Preferred	
trihexyphenidyl hcl 5 mg tab	PDL Preferred	
ANTIPARKINSON COMT INHIBITORS		
COMTAN 200 MG TAB *entacapone*	PDL Non-Preferred	ST
entacapone 200 mg tab	PDL Non-Preferred	ST
ONGENTYS 25 MG CAP *opicapone*	PDL Non-Preferred	PA
ONGENTYS 50 MG CAP *opicapone*	PDL Non-Preferred	PA
TASMAR 100 MG TAB *tolcapone*	PDL Non-Preferred	ST
tolcapone 100 mg tab	PDL Non-Preferred	ST
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl 100 mg cap	PDL Preferred	
amantadine hcl 100 mg tab	PDL Non-Preferred	ST
amantadine hcl 50 mg/5ml solution	PDL Preferred	
APOKYN 30 MG/3ML SOLN CART *apomorphine hydrochloride*	PDL Non-Preferred	ST
apomorphine hcl 30 mg/3ml soln cart	PDL Non-Preferred	ST
bromocriptine mesylate 2.5 mg tab	PDL Preferred	
bromocriptine mesylate 5 mg cap	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
carbidopa-levodopa 10-100 mg tab	PDL Preferred	
CARBIDOPA-LEVODOPA 10-100 MG TAB DISP *carbidopa-levodopa*	PDL Preferred	
carbidopa-levodopa 10-100 mg tab disp	PDL Preferred	
carbidopa-levodopa 25-100 mg tab	PDL Preferred	
CARBIDOPA-LEVODOPA 25-100 MG TAB DISP *carbidopa-levodopa*	PDL Preferred	
carbidopa-levodopa 25-100 mg tab disp	PDL Preferred	
carbidopa-levodopa 25-250 mg tab	PDL Preferred	
CARBIDOPA-LEVODOPA 25-250 MG TAB DISP *carbidopa-levodopa*	PDL Preferred	
carbidopa-levodopa 25-250 mg tab disp	PDL Preferred	
carbidopa-levodopa er 25-100 mg tab er	PDL Preferred	
carbidopa-levodopa er 50-200 mg tab er	PDL Preferred	
CARBIDOPA-LEVODOPA-ENTACAPONE 12.5-50-200 MG TAB *carbidopa-levodopa-entacapone*	PDL Non-Preferred	ST
carbidopa-levodopa-entacapone 12.5-50-200 mg tab	PDL Non-Preferred	ST
CARBIDOPA-LEVODOPA-ENTACAPONE 18.75-75-200 MG TAB *carbidopa-levodopa-entacapone*	PDL Non-Preferred	ST
carbidopa-levodopa-entacapone 18.75-75-200 mg tab	PDL Non-Preferred	ST
carbidopa-levodopa-entacapone 25-100-200 mg tab	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
carbidopa-levodopa-entacapone 31.25-125-200 mg tab	PDL Non-Preferred	ST
CARBIDOPA-LEVODOPA-ENTACAPONE 37.5-150-200 MG TAB *carbidopa-levodopa-entacapone*	PDL Non-Preferred	ST
carbidopa-levodopa-entacapone 37.5-150-200 mg tab	PDL Non-Preferred	ST
carbidopa-levodopa-entacapone 50-200-200 mg tab	PDL Non-Preferred	ST
DHIVY 25-100 MG TAB *carbidopa-levodopa*	PDL Non-Preferred	ST
DUOPA 4.63-20 MG/ML SUSPENSION *carbidopa-levodopa*	PDL Non-Preferred	ST
GOCOVRI 137 MG CAP ER 24H *amantadine hcl*	PDL Non-Preferred	PA
GOCOVRI 68.5 MG CAP ER 24H *amantadine hcl*	PDL Non-Preferred	PA
INBRIJA 42 MG CAP *levodopa*	PDL Non-Preferred	PA
KYNMOBI 10 MG FILM *apomorphine hydrochloride*	PDL Non-Preferred	ST
KYNMOBI 15 MG FILM *apomorphine hydrochloride*	PDL Non-Preferred	ST
KYNMOBI 20 MG FILM *apomorphine hydrochloride*	PDL Non-Preferred	ST
KYNMOBI 25 MG FILM *apomorphine hydrochloride*	PDL Non-Preferred	ST
KYNMOBI 30 MG FILM *apomorphine hydrochloride*	PDL Non-Preferred	ST
KYNMOBI TITRATION KIT 10/15/20/25/30 MG KIT *apomorphine hydrochloride*	PDL Non-Preferred	ST
MIRAPEX ER 0.375 MG TAB ER 24H *pramipexole dihydrochloride*	PDL Non-Preferred	ST
MIRAPEX ER 0.75 MG TAB ER 24H *pramipexole dihydrochloride*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
MIRAPEX ER 1.5 MG TAB ER 24H *pramipexole dihydrochloride*	PDL Non-Preferred	ST
MIRAPEX ER 2.25 MG TAB ER 24H *pramipexole dihydrochloride*	PDL Non-Preferred	ST
MIRAPEX ER 3 MG TAB ER 24H *pramipexole dihydrochloride*	PDL Non-Preferred	ST
MIRAPEX ER 3.75 MG TAB ER 24H *pramipexole dihydrochloride*	PDL Non-Preferred	ST
MIRAPEX ER 4.5 MG TAB ER 24H *pramipexole dihydrochloride*	PDL Non-Preferred	ST
OSMOLEX ER 129 & 193 MG TB24 THPK *amantadine hcl*	PDL Non-Preferred	PA
OSMOLEX ER 129 MG TAB ER 24H *amantadine hcl*	PDL Non-Preferred	PA
OSMOLEX ER 193 MG TAB ER 24H *amantadine hcl*	PDL Non-Preferred	PA
OSMOLEX ER 258 MG TAB ER 24H *amantadine hcl*	PDL Non-Preferred	ST
PARLODEL 2.5 MG TAB *bromocriptine mesylate*	PDL Non-Preferred	ST
PARLODEL 5 MG CAP *bromocriptine mesylate*	PDL Non-Preferred	ST
pramipexole dihydrochloride 0.125 mg tab	PDL Preferred	
pramipexole dihydrochloride 0.25 mg tab	PDL Preferred	
pramipexole dihydrochloride 0.5 mg tab	PDL Preferred	
pramipexole dihydrochloride 0.75 mg tab	PDL Preferred	
pramipexole dihydrochloride 1 mg tab	PDL Preferred	
pramipexole dihydrochloride 1.5 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
pramipexole dihydrochloride er 0.375 mg tab er 24h	PDL Non-Preferred	ST
pramipexole dihydrochloride er 0.75 mg tab er 24h	PDL Non-Preferred	ST
pramipexole dihydrochloride er 1.5 mg tab er 24h	PDL Non-Preferred	ST
pramipexole dihydrochloride er 2.25 mg tab er 24h	PDL Non-Preferred	ST
pramipexole dihydrochloride er 3 mg tab er 24h	PDL Non-Preferred	ST
pramipexole dihydrochloride er 3.75 mg tab er 24h	PDL Non-Preferred	ST
pramipexole dihydrochloride er 4.5 mg tab er 24h	PDL Non-Preferred	ST
ropinirole hcl 0.25 mg tab	PDL Preferred	
ropinirole hcl 0.5 mg tab	PDL Preferred	
ropinirole hcl 1 mg tab	PDL Preferred	
ropinirole hcl 2 mg tab	PDL Preferred	
ropinirole hcl 3 mg tab	PDL Preferred	
ropinirole hcl 4 mg tab	PDL Preferred	
ropinirole hcl 5 mg tab	PDL Preferred	
ropinirole hcl er 12 mg tab er 24h	PDL Non-Preferred	ST
ropinirole hcl er 2 mg tab er 24h	PDL Non-Preferred	ST
ropinirole hcl er 4 mg tab er 24h	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
ropinirole hcl er 6 mg tab er 24h	PDL Non-Preferred	ST
ropinirole hcl er 8 mg tab er 24h	PDL Non-Preferred	ST
RYTARY 23.75-95 MG CAP ER *carbidopa-levodopa*	PDL Non-Preferred	ST
RYTARY 36.25-145 MG CAP ER *carbidopa-levodopa*	PDL Non-Preferred	ST
RYTARY 48.75-195 MG CAP ER *carbidopa-levodopa*	PDL Non-Preferred	ST
RYTARY 61.25-245 MG CAP ER *carbidopa-levodopa*	PDL Non-Preferred	ST
SINEMET 10-100 MG TAB *carbidopa-levodopa*	PDL Non-Preferred	ST
SINEMET 25-100 MG TAB *carbidopa-levodopa*	PDL Non-Preferred	ST
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*	PDL Non-Preferred	ST
STALEVO 200 50-200-200 MG TAB *carbidopa-levodopa-entacapone*	PDL Non-Preferred	ST
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
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT 0.5 MG TAB *rasagiline mesylate*	PDL Non-Preferred	ST
AZILECT 1 MG TAB *rasagiline mesylate*	PDL Non-Preferred	ST
rasagiline mesylate 0.5 mg tab	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
rasagiline mesylate 1 mg tab	PDL Non-Preferred	ST
selegiline hcl 5 mg cap	PDL Preferred	
selegiline hcl 5 mg tab	PDL Preferred	
XADAGO 100 MG TAB *safinamide mesylate*	PDL Non-Preferred	ST
XADAGO 50 MG TAB *safinamide mesylate*	PDL Non-Preferred	ST
ZELAPAR 1.25 MG TAB DISP *selegiline hcl*	PDL Non-Preferred	ST
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
LITHIUM 8 MEQ/5ML SOLUTION *lithium*	Covered	
LITHIUM CARBONATE 150 MG CAP *lithium carbonate*	Covered	
lithium carbonate 150 mg cap	Covered	
LITHIUM CARBONATE 300 MG CAP *lithium carbonate*	Covered	
lithium carbonate 300 mg cap	Covered	
lithium carbonate 300 mg tab	Covered	
LITHIUM CARBONATE 600 MG CAP *lithium carbonate*	Covered	
lithium carbonate 600 mg cap	Covered	
lithium carbonate er 300 mg tab er	Covered	
lithium carbonate er 450 mg tab er	Covered	
LITHOBID 300 MG TAB ER *lithium carbonate*	Covered	
ANTIPSYCHOTICS - MISC.		

DRUG NAME	TIER	DRUG EDITS
CAPLYTA 10.5 MG CAP *lumateperone tosylate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
CAPLYTA 21 MG CAP *lumateperone tosylate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
CAPLYTA 42 MG CAP *lumateperone tosylate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
EQUETRO 100 MG CAP ER 12H *carbamazepine (antipsychotic)*	PDL Preferred	
EQUETRO 200 MG CAP ER 12H *carbamazepine (antipsychotic)*	PDL Preferred	
EQUETRO 300 MG CAP ER 12H *carbamazepine (antipsychotic)*	PDL Preferred	
GEODON 20 MG CAP *ziprasidone hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
GEODON 20 MG RECON SOLN *ziprasidone mesylate*	Covered	
GEODON 40 MG CAP *ziprasidone hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
GEODON 60 MG CAP *ziprasidone hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.

DRUG NAME	TIER	DRUG EDITS
GEODON 80 MG CAP *ziprasidone hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
LATUDA 120 MG TAB *lurasidone hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
LATUDA 20 MG TAB *lurasidone hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
LATUDA 40 MG TAB *lurasidone hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
LATUDA 60 MG TAB *lurasidone hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
LATUDA 80 MG TAB *lurasidone hcl*	PDL Preferred	QL 2 UNITS / 1 DAYS PA
lurasidone hcl 120 mg tab	PDL Non-Preferred	QL 1 UNITS / 1 DAY PA
lurasidone hcl 20 mg tab	PDL Non-Preferred	QL 1 UNITS / 1 DAY PA
lurasidone hcl 40 mg tab	PDL Non-Preferred	QL 1 UNITS / 1 DAY PA
lurasidone hcl 60 mg tab	PDL Non-Preferred	QL 1 UNITS / 1 DAY PA
lurasidone hcl 80 mg tab	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA
NUPLAZID 10 MG TAB *pimavanserin tartrate*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required.
NUPLAZID 34 MG CAP *pimavanserin tartrate*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required.

DRUG NAME	TIER	DRUG EDITS
VRAYLAR 1.5 & 3 MG CAP THPK *cariprazine hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
VRAYLAR 1.5 MG CAP *cariprazine hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
VRAYLAR 3 MG CAP *cariprazine hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
VRAYLAR 4.5 MG CAP *cariprazine hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
VRAYLAR 6 MG CAP *cariprazine hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
ziprasidone hcl 20 mg cap	PDL Preferred	QL 2 UNITS / 1 DAYS PA
ziprasidone hcl 40 mg cap	PDL Preferred	QL 2 UNITS / 1 DAYS PA
ziprasidone hcl 60 mg cap	PDL Preferred	QL 2 UNITS / 1 DAYS PA
ziprasidone hcl 80 mg cap	PDL Preferred	QL 2 UNITS / 1 DAYS PA
ziprasidone mesylate 20 mg recon soln	Covered	
BENZISOXAZOLES		
FANAPT 1 MG TAB *iloperidone*	PDL Non- Preferred	PA NOTE Trial and failure of only one preferred drug is required.
FANAPT 10 MG TAB *iloperidone*	PDL Non- Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
FANAPT 12 MG TAB *iloperidone*	PDL Non- Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.

DRUG NAME	TIER	DRUG EDITS
FANAPT 2 MG TAB *iloperidone*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
FANAPT 4 MG TAB *iloperidone*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
FANAPT 6 MG TAB *iloperidone*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
FANAPT 8 MG TAB *iloperidone*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB *iloperidone*	PDL Non-Preferred	QL 8 UNITS / 4 DAYS PA NOTE Trial and failure of only one preferred drug is required.
INVEGA 1.5 MG TAB ER 24H *paliperidone*	PDL Preferred	PA
INVEGA 3 MG TAB ER 24H *paliperidone*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
INVEGA 6 MG TAB ER 24H *paliperidone*	PDL Preferred	QL 2 UNITS / 1 DAYS PA
INVEGA 9 MG TAB ER 24H *paliperidone*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 3.5 UNITS / 180 DAYS PA
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 5 UNITS / 180 DAYS PA

DRUG NAME	TIER	DRUG EDITS
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 0.75 UNITS / 28 DAYS PA
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 1 UNITS / 28 DAYS PA
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 1.5 UNITS / 28 DAYS PA
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 0.25 UNITS / 28 DAYS PA
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 0.5 UNITS / 28 DAYS PA
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 0.88 / 28 day(s) PA
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 1.32 / 28 day(s) PA
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 1.75 UNITS / 28 DAYS PA
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR *paliperidone palmitate*	PDL Preferred	QL 2.63 / 28 day(s) PA
paliperidone er 1.5 mg tab er 24h	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required.
paliperidone er 3 mg tab er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.

DRUG NAME	TIER	DRUG EDITS
paliperidone er 9 mg tab er 24h	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
PERSERIS 120 MG PRSYR *risperidone*	PDL Preferred	QL 1 UNITS / 30 DAYS PA
PERSERIS 90 MG PRSYR *risperidone*	PDL Preferred	QL 1 UNITS / 30 DAYS PA
RISPERDAL 0.5 MG TAB *risperidone*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
RISPERDAL 1 MG TAB *risperidone*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
RISPERDAL 1 MG/ML SOLUTION *risperidone*	PDL Non-Preferred	QL 360 UNITS / 30 DAYS PA NOTE Trial and failure of only one preferred drug is required.
RISPERDAL 2 MG TAB *risperidone*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
RISPERDAL 3 MG TAB *risperidone*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required.
RISPERDAL 4 MG TAB *risperidone*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required.

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DRUG NAME	TIER	DRUG EDITS
RISPERDAL CONSTA 12.5 MG SRER *risperidone microspheres*	PDL Preferred	QL 2 UNITS / 28 DAYS PA
RISPERDAL CONSTA 25 MG SRER *risperidone microspheres*	PDL Preferred	QL 2 UNITS / 28 DAYS PA
RISPERDAL CONSTA 37.5 MG SRER *risperidone microspheres*	PDL Preferred	QL 2 UNITS / 28 DAYS PA
RISPERDAL CONSTA 50 MG SRER *risperidone microspheres*	PDL Preferred	QL 2 UNITS / 28 DAYS PA
risperidone 0.25 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS PA
RISPERIDONE 0.25 MG TAB DISP *risperidone*	PDL Preferred	QL 2 UNITS / 1 DAYS PA
risperidone 0.5 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS PA
risperidone 0.5 mg tab disp	PDL Preferred	QL 2 UNITS / 1 DAYS PA
risperidone 1 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS PA
risperidone 1 mg tab disp	PDL Preferred	QL 2 UNITS / 1 DAYS PA
risperidone 1 mg/ml solution	PDL Preferred	QL 360 UNITS / 30 DAYS PA
risperidone 2 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS PA
risperidone 2 mg tab disp	PDL Preferred	QL 2 UNITS / 1 DAYS PA
risperidone 3 mg tab	PDL Preferred	PA

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DRUG NAME	TIER	DRUG EDITS
risperidone 3 mg tab disp	PDL Preferred	QL 4 UNITS / 1 DAYS PA
risperidone 4 mg tab	PDL Preferred	PA
risperidone 4 mg tab disp	PDL Preferred	QL 2 UNITS / 1 DAYS PA
BUTYROPHENONES		
HALDOL 5 MG/ML SOLUTION *haloperidol lactate*	PDL Preferred	
HALDOL DECANOATE 100 MG/ML SOLUTION *haloperidol decanoate*	PDL Preferred	PA
HALDOL DECANOATE 50 MG/ML SOLUTION *haloperidol decanoate*	PDL Preferred	PA
haloperidol 0.5 mg tab	Covered	
haloperidol 1 mg tab	Covered	
haloperidol 10 mg tab	Covered	
haloperidol 2 mg tab	Covered	
haloperidol 20 mg tab	Covered	
haloperidol 5 mg tab	Covered	
haloperidol decanoate 100 mg/ml solution	PDL Preferred	PA
haloperidol decanoate 50 mg/ml solution	PDL Preferred	PA
haloperidol lactate 2 mg/ml conc	Covered	
haloperidol lactate 5 mg/ml solution	Covered	
DIBENZAPINES		
ADASUVE 10 MG AER POW BA *loxapine*	PDL Non-Preferred	ST
asenapine maleate 10 mg sl tab	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.

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DRUG NAME	TIER	DRUG EDITS
asenapine maleate 2.5 mg sl tab	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
asenapine maleate 5 mg sl tab	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
clozapine 100 mg tab	PDL Preferred	QL 9 UNITS / 1 DAYS PA
clozapine 100 mg tab disp	PDL Non-Preferred	QL 9 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
CLOZAPINE 12.5 MG TAB DISP *clozapine*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
CLOZAPINE 150 MG TAB DISP *clozapine*	PDL Non-Preferred	QL 5 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
clozapine 200 mg tab	PDL Preferred	QL 4 UNITS / 1 DAYS PA
CLOZAPINE 200 MG TAB DISP *clozapine*	PDL Non-Preferred	QL 4 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
clozapine 25 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS PA

DRUG NAME	TIER	DRUG EDITS
clozapine 50 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS PA
CLOZARIL 100 MG TAB *clozapine*	PDL Non-Preferred	QL 9 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
CLOZARIL 200 MG TAB *clozapine*	PDL Non-Preferred	QL 4 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
CLOZARIL 25 MG TAB *clozapine*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
CLOZARIL 50 MG TAB *clozapine*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
loxapine succinate 10 mg cap	Covered	
loxapine succinate 25 mg cap	Covered	
loxapine succinate 5 mg cap	Covered	
loxapine succinate 50 mg cap	Covered	
olanzapine 10 mg recon soln	Covered	
olanzapine 10 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS PA
olanzapine 10 mg tab disp	PDL Preferred	QL 1 UNITS / 1 DAYS PA
olanzapine 15 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS PA
olanzapine 15 mg tab disp	PDL Preferred	QL 1 UNITS / 1 DAYS PA

DRUG NAME	TIER	DRUG EDITS
olanzapine 2.5 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS PA
olanzapine 20 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS PA
olanzapine 20 mg tab disp	PDL Preferred	QL 1 UNITS / 1 DAYS PA
olanzapine 5 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS PA
olanzapine 5 mg tab disp	PDL Preferred	QL 1 UNITS / 1 DAYS PA
olanzapine 7.5 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS PA
quetiapine fumarate 100 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS PA
QUETIAPINE FUMARATE 150 MG TAB *quetiapine fumarate*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
quetiapine fumarate 200 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS PA
quetiapine fumarate 25 mg tab	PDL Preferred	PA
quetiapine fumarate 300 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS PA
quetiapine fumarate 400 mg tab	PDL Preferred	QL 2 UNITS / 1 DAYS PA
quetiapine fumarate 50 mg tab	PDL Preferred	QL 3 UNITS / 1 DAYS PA
quetiapine fumarate er 150 mg tab er 24h	PDL Preferred	PA
quetiapine fumarate er 200 mg tab er 24h	PDL Preferred	QL 1 UNITS / 1 DAYS PA
quetiapine fumarate er 300 mg tab er 24h	PDL Preferred	QL 2 UNITS / 1 DAYS PA

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DRUG NAME	TIER	DRUG EDITS
quetiapine fumarate er 400 mg tab er 24h	PDL Preferred	QL 2 UNITS / 1 DAYS PA
quetiapine fumarate er 50 mg tab er 24h	PDL Preferred	PA
SAPHRIS 10 MG SL TAB *asenapine maleate*	PDL Preferred	QL 2 UNITS / 1 DAYS PA
SAPHRIS 2.5 MG SL TAB *asenapine maleate*	PDL Preferred	QL 2 UNITS / 1 DAYS PA
SAPHRIS 5 MG SL TAB *asenapine maleate*	PDL Preferred	QL 2 UNITS / 1 DAYS PA
SECUADO 3.8 MG/24HR PATCH 24HR *asenapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
SECUADO 5.7 MG/24HR PATCH 24HR *asenapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
SECUADO 7.6 MG/24HR PATCH 24HR *asenapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
SEROQUEL 100 MG TAB *quetiapine fumarate*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
SEROQUEL 200 MG TAB *quetiapine fumarate*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
SEROQUEL 25 MG TAB *quetiapine fumarate*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required.

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DRUG NAME	TIER	DRUG EDITS
SEROQUEL 300 MG TAB *quetiapine fumarate*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
SEROQUEL 400 MG TAB *quetiapine fumarate*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
SEROQUEL 50 MG TAB *quetiapine fumarate*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
SEROQUEL XR 150 MG TAB ER 24H *quetiapine fumarate*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required.
SEROQUEL XR 200 MG TAB ER 24H *quetiapine fumarate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
SEROQUEL XR 300 MG TAB ER 24H *quetiapine fumarate*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
SEROQUEL XR 400 MG TAB ER 24H *quetiapine fumarate*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
SEROQUEL XR 50 MG TAB ER 24H *quetiapine fumarate*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required.

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

DRUG NAME	TIER	DRUG EDITS
ZYPREXA RELPREVV 405 MG RECON SUSP *olanzapine pamoate*	PDL Preferred	PA
ZYPREXA ZYDIS 10 MG TAB DISP *olanzapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
ZYPREXA ZYDIS 15 MG TAB DISP *olanzapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
ZYPREXA ZYDIS 20 MG TAB DISP *olanzapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
ZYPREXA ZYDIS 5 MG TAB DISP *olanzapine*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
DIHYDROINDOLONES		
MOLINDONE HCL 10 MG TAB *molindone hcl*	Covered	
MOLINDONE HCL 25 MG TAB *molindone hcl*	Covered	
MOLINDONE HCL 5 MG TAB *molindone hcl*	Covered	
PHENOTHIAZINES		
chlorpromazine hcl 10 mg tab	Covered	
chlorpromazine hcl 100 mg tab	PDL Non-Preferred	PA
chlorpromazine hcl 200 mg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
chlorpromazine hcl 25 mg tab	Covered	
chlorpromazine hcl 25 mg/ml solution	Covered	
chlorpromazine hcl 50 mg tab	PDL Non-Preferred	PA
chlorpromazine hcl 50 mg/2ml solution	Covered	
compro 25 mg suppos	PDL Non-Preferred	ST
fluphenazine decanoate 25 mg/ml solution	PDL Preferred	PA
fluphenazine hcl 1 mg tab	Covered	
fluphenazine hcl 10 mg tab	Covered	
fluphenazine hcl 2.5 mg tab	Covered	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR *fluphenazine hcl*	Covered	
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION *fluphenazine hcl*	Covered	
fluphenazine hcl 5 mg tab	Covered	
FLUPHENAZINE HCL 5 MG/ML CONC *fluphenazine hcl*	Covered	
perphenazine 16 mg tab	Covered	
perphenazine 2 mg tab	Covered	
perphenazine 4 mg tab	Covered	
perphenazine 8 mg tab	Covered	
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	

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DRUG NAME	TIER	DRUG EDITS
prochlorperazine maleate 5 mg tab	PDL Preferred	
thioridazine hcl 10 mg tab	Covered	
thioridazine hcl 100 mg tab	Covered	
thioridazine hcl 25 mg tab	Covered	
thioridazine hcl 50 mg tab	Covered	
trifluoperazine hcl 1 mg tab	Covered	
trifluoperazine hcl 10 mg tab	Covered	
trifluoperazine hcl 2 mg tab	Covered	
trifluoperazine hcl 5 mg tab	Covered	
QUINOLINONE DERIVATIVES		
ABILIFY 10 MG TAB *aripiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
ABILIFY 15 MG TAB *aripiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
ABILIFY 2 MG TAB *aripiprazole*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
ABILIFY 20 MG TAB *aripiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
ABILIFY 30 MG TAB *aripiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.

DRUG NAME	TIER	DRUG EDITS
ABILIFY 5 MG TAB *aripiprazole*	PDL Non-Preferred	QL 1.5 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
ABILIFY MAINTENA 300 MG PRSYR *aripiprazole*	PDL Preferred	QL 1 UNITS / 30 DAYS PA
ABILIFY MAINTENA 300 MG SRER *aripiprazole*	PDL Preferred	QL 1 UNITS / 30 DAYS PA
ABILIFY MAINTENA 400 MG PRSYR *aripiprazole*	PDL Preferred	QL 1 UNITS / 30 DAYS PA
ABILIFY MAINTENA 400 MG SRER *aripiprazole*	PDL Preferred	QL 1 UNITS / 30 DAYS PA
ABILIFY MYCITE 10 MG TAB *aripiprazole*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required.
ABILIFY MYCITE 15 MG TAB *aripiprazole*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required.
ABILIFY MYCITE 2 MG TAB *aripiprazole*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required.
ABILIFY MYCITE 20 MG TAB *aripiprazole*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required.
ABILIFY MYCITE 30 MG TAB *aripiprazole*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required.
ABILIFY MYCITE 5 MG TAB *aripiprazole*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required.

DRUG NAME	TIER	DRUG EDITS
ABILIFY MYCITE MAINTENANCE KIT 10 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
ABILIFY MYCITE MAINTENANCE KIT 15 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
ABILIFY MYCITE MAINTENANCE KIT 2 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
ABILIFY MYCITE MAINTENANCE KIT 20 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
ABILIFY MYCITE MAINTENANCE KIT 30 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
ABILIFY MYCITE MAINTENANCE KIT 5 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	QL 1.5 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
ABILIFY MYCITE STARTER KIT 10 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
ABILIFY MYCITE STARTER KIT 15 MG TAB THPK *aripiprazole with sensor, strips, & pod*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.

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

DRUG NAME	TIER	DRUG EDITS
aripiprazole 20 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS PA
aripiprazole 30 mg tab	PDL Preferred	QL 1 UNITS / 1 DAYS PA
aripiprazole 5 mg tab	PDL Preferred	QL 1.5 UNITS / 1 DAYS PA
ARISTADA 1064 MG/3.9ML PRSYR *aripiprazole lauroxil*	PDL Preferred	QL 3.9 UNITS / 60 DAYS PA
ARISTADA 441 MG/1.6ML PRSYR *aripiprazole lauroxil*	PDL Preferred	QL 1.6 UNITS / 30 DAYS PA
ARISTADA 662 MG/2.4ML PRSYR *aripiprazole lauroxil*	PDL Preferred	QL 2.4 UNITS / 30 DAYS PA
ARISTADA 882 MG/3.2ML PRSYR *aripiprazole lauroxil*	PDL Preferred	QL 3.2 UNITS / 30 DAYS PA
ARISTADA INITIO 675 MG/2.4ML PRSYR *aripiprazole lauroxil*	PDL Preferred	QL 2.4 UNITS / 30 DAYS PA
REXULTI 0.25 MG TAB *brexpiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
REXULTI 0.5 MG TAB *brexpiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
REXULTI 1 MG TAB *brexpiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.

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DRUG NAME	TIER	DRUG EDITS
REXULTI 2 MG TAB *brexpiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
REXULTI 3 MG TAB *brexpiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
REXULTI 4 MG TAB *brexpiprazole*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
THIOXANTHENES		
thiothixene 1 mg cap	Covered	
thiothixene 10 mg cap	Covered	
thiothixene 2 mg cap	Covered	PA
thiothixene 5 mg cap	Covered	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate 20 mg/ml solution	Covered	
abacavir sulfate 300 mg tab	Covered	
abacavir sulfate-lamivudine 600-300 mg tab	Covered	
abacavir-lamivudine-zidovudine 300-150-300 mg tab	Covered	
APTIVUS 100 MG/ML SOLUTION *tipranavir*	PDL Non-Preferred	ST
APTIVUS 250 MG CAP *tipranavir*	Covered	
atazanavir sulfate 150 mg cap	Covered	
atazanavir sulfate 200 mg cap	Covered	

DRUG NAME	TIER	DRUG EDITS
atazanavir sulfate 300 mg cap	Covered	
ATRIPLA 600-200-300 MG TAB *efavirenz-emtricitabine-tenofovir disoproxil fumarate*	Covered	
BIKTARVY 50-200-25 MG TAB *bictegravir-emtricitabine-tenofovir alafenamide fumarate*	Covered	
CABENUVA 400 & 600 MG/2ML SUSP *cabotegravir & rilpivirine*	Covered	
CABENUVA 600 & 900 MG/3ML SUSP *cabotegravir & rilpivirine*	Covered	
CIMDUO 300-300 MG TAB *lamivudine-tenofovir disoproxil fumarate*	Covered	
COMBIVIR 150-300 MG TAB *lamivudine-zidovudine*	Covered	
COMPLERA 200-25-300 MG TAB *emtricitabine-rilpivirine-tenofovir disoproxil fumarate*	Covered	
CRIXIVAN 400 MG CAP *indinavir sulfate*	PDL Non-Preferred	ST
DELSTRIGO 100-300-300 MG TAB *doravirine-lamivudine-tenofovir disoproxil fumarate*	Covered	
DESCOVY 200-25 MG TAB *emtricitabine-tenofovir alafenamide fumarate*	Covered	
DIDANOSINE 250 MG CAP DR *didanosine*	Covered	
DIDANOSINE 400 MG CAP DR *didanosine*	Covered	
DOVATO 50-300 MG TAB *dolutegravir sodium-lamivudine*	Covered	
EDURANT 25 MG TAB *rilpivirine hcl*	Covered	
EFAVIRENZ 200 MG CAP *efavirenz*	Covered	

DRUG NAME	TIER	DRUG EDITS
EFAVIRENZ 50 MG CAP *efavirenz*	Covered	
efavirenz 600 mg tab	Covered	
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	Covered	
efavirenz-lamivudine-tenofovir 400-300-300 mg tab	Covered	
efavirenz-lamivudine-tenofovir 600-300-300 mg tab	Covered	
emtricitabine 200 mg cap	Covered	
emtricitabine-tenofovir df 100-150 mg tab	Covered	
emtricitabine-tenofovir df 133-200 mg tab	Covered	
emtricitabine-tenofovir df 167-250 mg tab	Covered	
emtricitabine-tenofovir df 200-300 mg tab	Covered	
EMTRIVA 10 MG/ML SOLUTION *emtricitabine*	Covered	
EMTRIVA 200 MG CAP *emtricitabine*	Covered	
EPIVIR 10 MG/ML SOLUTION *lamivudine*	Covered	
EPIVIR 150 MG TAB *lamivudine*	Covered	
EPIVIR 300 MG TAB *lamivudine*	Covered	
EPZICOM 600-300 MG TAB *abacavir sulfate-lamivudine*	Covered	
etravirine 100 mg tab	Covered	
etravirine 200 mg tab	Covered	
EVOTAZ 300-150 MG TAB *atazanavir sulfate-cobicistat*	Covered	
fosamprenavir calcium 700 mg tab	Covered	
FUZEON 90 MG RECON SOLN *enfuvirtide*	Covered	

DRUG NAME	TIER	DRUG EDITS
GENVOYA 150-150-200-10 MG TAB *elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide*	Covered	
INTELENCE 100 MG TAB *etravirine*	Covered	
INTELENCE 200 MG TAB *etravirine*	Covered	
INTELENCE 25 MG TAB *etravirine*	Covered	
INVIRASE 500 MG TAB *saquinavir mesylate*	Covered	
ISENTRESS 100 MG CHEW TAB *raltegravir potassium*	Covered	
ISENTRESS 100 MG PACKET *raltegravir potassium*	Covered	
ISENTRESS 25 MG CHEW TAB *raltegravir potassium*	Covered	
ISENTRESS 400 MG TAB *raltegravir potassium*	Covered	
ISENTRESS HD 600 MG TAB *raltegravir potassium*	Covered	
JULUCA 50-25 MG TAB *dolutegravir sodium-rilpivirine hcl*	Covered	
KALETRA 100-25 MG TAB *lopinavir-ritonavir*	Covered	
KALETRA 200-50 MG TAB *lopinavir-ritonavir*	Covered	
KALETRA 400-100 MG/5ML SOLUTION *lopinavir-ritonavir*	Covered	
lamivudine 10 mg/ml solution	Covered	
lamivudine 150 mg tab	Covered	
lamivudine 300 mg tab	Covered	
lamivudine-zidovudine 150-300 mg tab	Covered	
LEXIVA 50 MG/ML SUSPENSION *fosamprenavir calcium*	Covered	

DRUG NAME	TIER	DRUG EDITS
LEXIVA 700 MG TAB *fosamprenavir calcium*	Covered	
lopinavir-ritonavir 100-25 mg tab	Covered	
lopinavir-ritonavir 200-50 mg tab	Covered	
lopinavir-ritonavir 400-100 mg/5ml solution	Covered	
nevirapine 200 mg tab	Covered	
NEVIRAPINE 50 MG/5ML SUSPENSION *nevirapine*	Covered	
NEVIRAPINE ER 100 MG TAB ER 24H *nevirapine*	Covered	
nevirapine er 400 mg tab er 24h	Covered	
NORVIR 100 MG PACKET *ritonavir*	Covered	
NORVIR 100 MG TAB *ritonavir*	Covered	
NORVIR 80 MG/ML SOLUTION *ritonavir*	Covered	
ODEFSEY 200-25-25 MG TAB *emtricitabine-rilpivirine-tenofovir alafenamide fumarate*	Covered	
PIFELTRO 100 MG TAB *doravirine*	Covered	
PREZCOBIX 800-150 MG TAB *darunavir-cobicistat*	Covered	
PREZISTA 100 MG/ML SUSPENSION *darunavir ethanolate*	Covered	
PREZISTA 150 MG TAB *darunavir ethanolate*	Covered	
PREZISTA 600 MG TAB *darunavir*	Covered	
PREZISTA 75 MG TAB *darunavir ethanolate*	Covered	
PREZISTA 800 MG TAB *darunavir*	Covered	

DRUG NAME	TIER	DRUG EDITS
RETROVIR 10 MG/ML SOLUTION *zidovudine*	Covered	
RETROVIR 100 MG CAP *zidovudine*	Covered	
RETROVIR 50 MG/5ML SYRUP *zidovudine*	Covered	
REYATAZ 150 MG CAP *atazanavir sulfate*	Covered	
REYATAZ 200 MG CAP *atazanavir sulfate*	Covered	
REYATAZ 300 MG CAP *atazanavir sulfate*	Covered	
REYATAZ 50 MG PACKET *atazanavir sulfate*	Covered	
ritonavir 100 mg tab	Covered	
RUKOBIA 600 MG TAB ER 12H *fostemsavir tromethamine*	Covered	
SELZENTRY 150 MG TAB *maraviroc*	Covered	
SELZENTRY 20 MG/ML SOLUTION *maraviroc*	Covered	
SELZENTRY 25 MG TAB *maraviroc*	Covered	
SELZENTRY 300 MG TAB *maraviroc*	Covered	
SELZENTRY 75 MG TAB *maraviroc*	Covered	
STAVUDINE 15 MG CAP *stavudine*	PDL Non-Preferred	ST
STAVUDINE 20 MG CAP *stavudine*	PDL Non-Preferred	ST
STAVUDINE 30 MG CAP *stavudine*	PDL Non-Preferred	ST
STAVUDINE 40 MG CAP *stavudine*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
stavudine 40 mg cap	Covered	
STRIBILD 150-150-200-300 MG TAB *elvitegravir-cobicistat-emtricitabine-tenofovir df*	Covered	
SUSTIVA 200 MG CAP *efavirenz*	Covered	
SUSTIVA 50 MG CAP *efavirenz*	Covered	
SUSTIVA 600 MG TAB *efavirenz*	Covered	
SYMFI 600-300-300 MG TAB *efavirenz-lamivudine-tenofovir disoproxil fumarate*	Covered	
SYMFI LO 400-300-300 MG TAB *efavirenz-lamivudine-tenofovir disoproxil fumarate*	Covered	
SYMTUZA 800-150-200-10 MG TAB *darunavir-cobicistat-emtricitabine-tenofovir alafenamide*	Covered	
TEMIXYS 300-300 MG TAB *lamivudine-tenofovir disoproxil fumarate*	Covered	
tenofovir disoproxil fumarate 300 mg tab	PDL Preferred	
TIVICAY 10 MG TAB *dolutegravir sodium*	Covered	
TIVICAY 25 MG TAB *dolutegravir sodium*	Covered	
TIVICAY 50 MG TAB *dolutegravir sodium*	Covered	
TIVICAY PD 5 MG TAB SOL *dolutegravir sodium*	Covered	
TRIUMEQ 600-50-300 MG TAB *abacavir-dolutegravir-lamivudine*	Covered	
TRIZIVIR 300-150-300 MG TAB *abacavir sulfate-lamivudine-zidovudine*	Covered	

DRUG NAME	TIER	DRUG EDITS
TROGARZO 200 MG/1.33ML SOLUTION *ibalizumab-uiyk*	Covered	
TRUVADA 100-150 MG TAB *emtricitabine-tenofovir disoproxil fumarate*	Covered	
TRUVADA 133-200 MG TAB *emtricitabine-tenofovir disoproxil fumarate*	Covered	
TRUVADA 167-250 MG TAB *emtricitabine-tenofovir disoproxil fumarate*	Covered	
TRUVADA 200-300 MG TAB *emtricitabine-tenofovir disoproxil fumarate*	Covered	
TYBOST 150 MG TAB *cobicistat*	Covered	
VIDEX EC 125 MG CAP DR *didanosine*	PDL Non-Preferred	ST
VIDEX EC 200 MG CAP DR *didanosine*	PDL Non-Preferred	ST
VIDEX EC 250 MG CAP DR *didanosine*	PDL Non-Preferred	ST
VIDEX EC 400 MG CAP DR *didanosine*	PDL Non-Preferred	ST
VIRACEPT 250 MG TAB *nelfinavir mesylate*	Covered	
VIRACEPT 625 MG TAB *nelfinavir mesylate*	Covered	
VIRAMUNE 200 MG TAB *nevirapine*	PDL Non-Preferred	ST
VIRAMUNE 50 MG/5ML SUSPENSION *nevirapine*	PDL Non-Preferred	PA
VIRAMUNE XR 400 MG TAB ER 24H *nevirapine*	Covered	
VIREAD 150 MG TAB *tenofovir disoproxil fumarate*	PDL Preferred	
VIREAD 200 MG TAB *tenofovir disoproxil fumarate*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
VIREAD 250 MG TAB *tenofovir disoproxil fumarate*	PDL Preferred	
VIREAD 300 MG TAB *tenofovir disoproxil fumarate*	PDL Preferred	
VIREAD 40 MG/GM POWDER *tenofovir disoproxil fumarate*	PDL Preferred	
ZIAGEN 20 MG/ML SOLUTION *abacavir sulfate*	Covered	
ZIAGEN 300 MG TAB *abacavir sulfate*	Covered	
zidovudine 100 mg cap	Covered	
zidovudine 300 mg tab	Covered	
zidovudine 50 mg/5ml syrup	Covered	
CMV AGENTS		
cidofovir 75 mg/ml solution	Covered	
CYTOVENE 500 MG RECON SOLN *ganciclovir sodium*	Covered	
foscarnet sodium 6000 mg/250ml solution	Covered	
GANCICLOVIR 500 MG/250ML SOLUTION *ganciclovir*	Covered	
ganciclovir sodium 500 mg recon soln	Covered	
GANCICLOVIR SODIUM 500 MG/10ML SOLUTION *ganciclovir sodium*	Covered	
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	

DRUG NAME	TIER	DRUG EDITS
VALCYTE 50 MG/ML RECON SOLN *valganciclovir hcl*	Covered	
valganciclovir hcl 450 mg tab	Covered	
valganciclovir hcl 50 mg/ml recon soln	Covered	
HEPATITIS AGENTS		
adefovir dipivoxil 10 mg tab	PDL Non-Preferred	ST
BARACLUDE 0.05 MG/ML SOLUTION *entecavir*	PDL Non-Preferred	ST
BARACLUDE 0.5 MG TAB *entecavir*	PDL Non-Preferred	ST
BARACLUDE 1 MG TAB *entecavir*	PDL Non-Preferred	ST
entecavir 0.5 mg tab	PDL Preferred	
entecavir 1 mg tab	PDL Preferred	
EPCLUSA 150-37.5 MG PACKET *sofosbuvir-velpatasvir*	PDL Non-Preferred	PA
EPCLUSA 200-50 MG PACKET *sofosbuvir-velpatasvir*	PDL Non-Preferred	PA
EPCLUSA 200-50 MG TAB *sofosbuvir-velpatasvir*	PDL Non-Preferred	PA
EPCLUSA 400-100 MG TAB *sofosbuvir-velpatasvir*	PDL Non-Preferred	PA
EPIVIR HBV 100 MG TAB *lamivudine (hbv)*	PDL Non-Preferred	ST
EPIVIR HBV 5 MG/ML SOLUTION *lamivudine (hbv)*	PDL Non-Preferred	ST
HARVONI 33.75-150 MG PACKET *ledipasvir-sofosbuvir*	PDL Non-Preferred	PA
HARVONI 45-200 MG PACKET *ledipasvir-sofosbuvir*	PDL Non-Preferred	PA
HARVONI 45-200 MG TAB *ledipasvir-sofosbuvir*	PDL Non-Preferred	PA

DRUG NAME	TIER	DRUG EDITS
HARVONI 90-400 MG TAB *ledipasvir-sofosbuvir*	PDL Non-Preferred	PA
HEPSERA 10 MG TAB *adefovir dipivoxil*	PDL Non-Preferred	ST
lamivudine 100 mg tab	PDL Preferred	
LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB *ledipasvir-sofosbuvir*	PDL Non-Preferred	PA
MAVYRET 100-40 MG TAB *glecaprevir-pibrentasvir*	PDL Preferred	PA
MAVYRET 50-20 MG PACKET *glecaprevir-pibrentasvir*	PDL Preferred	PA
PEGASYS 180 MCG/0.5ML SOLN PRSYR *peginterferon alfa-2a*	PDL Preferred	
PEGASYS 180 MCG/ML SOLUTION *peginterferon alfa-2a*	PDL Non-Preferred	ST
PEGINTRON 50 MCG/0.5ML KIT *peginterferon alfa-2b*	PDL Non-Preferred	ST
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	PA
SOVALDI 150 MG PACKET *sofosbuvir*	PDL Non-Preferred	PA
SOVALDI 200 MG PACKET *sofosbuvir*	PDL Non-Preferred	PA
SOVALDI 200 MG TAB *sofosbuvir*	PDL Non-Preferred	PA
SOVALDI 400 MG TAB *sofosbuvir*	PDL Non-Preferred	PA
VEMLIDY 25 MG TAB *tenofovir alafenamide fumarate*	PDL Non-Preferred	ST

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DRUG NAME	TIER	DRUG EDITS
VIEKIRA PAK 12.5-75-50 &250 MG TAB THPK *ombitasvir-paritaprevir-ritonavir-dasabuvir*	PDL Non-Preferred	PA
VOSEVI 400-100-100 MG TAB *sofosbuvir-velpatasvir-voxilaprevir*	PDL Preferred	PA
ZEPATIER 50-100 MG TAB *elbasvir-grazoprevir*	PDL Non-Preferred	PA
HERPES AGENTS		
acyclovir 200 mg cap	PDL Preferred	
acyclovir 200 mg/5ml suspension	PDL Preferred	
acyclovir 400 mg tab	PDL Preferred	
acyclovir 800 mg tab	PDL Preferred	
acyclovir sodium 50 mg/ml solution	Covered	
famciclovir 125 mg tab	PDL Preferred	
famciclovir 250 mg tab	PDL Preferred	
famciclovir 500 mg tab	PDL Preferred	
SITAVIG 50 MG TAB *acyclovir*	PDL Non-Preferred	ST
valacyclovir hcl 1 gm tab	PDL Preferred	ST
valacyclovir hcl 500 mg tab	PDL Preferred	
VALTREX 1 GM TAB *valacyclovir hcl*	PDL Non-Preferred	ST
VALTREX 500 MG TAB *valacyclovir hcl*	PDL Non-Preferred	ST
ZOVIRAX 200 MG/5ML SUSPENSION *acyclovir*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
INFLUENZA AGENTS		
FLUMADINE 100 MG TAB *rimantadine hydrochloride*	PDL Non-Preferred	ST
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	
TAMIFLU 30 MG CAP *oseltamivir phosphate*	PDL Preferred	
TAMIFLU 45 MG CAP *oseltamivir phosphate*	PDL Preferred	
TAMIFLU 6 MG/ML RECON SUSP *oseltamivir phosphate*	PDL Preferred	
TAMIFLU 75 MG CAP *oseltamivir phosphate*	PDL Preferred	
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 (40 MG DOSE) 2 X 20 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.

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DRUG NAME	TIER	DRUG EDITS
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK *baloxavir marboxil*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required.
MISC. ANTIVIRALS		
REMDESIVIR 100 MG RECON SOLN *remdesivir*	Covered	
VEKLURY 100 MG RECON SOLN *remdesivir*	Covered	
VEKLURY 100 MG/20ML SOLUTION *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	
carvedilol 25 mg tab	PDL Preferred	
carvedilol 3.125 mg tab	PDL Preferred	
carvedilol 6.25 mg tab	PDL Preferred	
carvedilol phosphate er 10 mg cap er 24h	PDL Non-Preferred	ST
carvedilol phosphate er 20 mg cap er 24h	PDL Non-Preferred	ST
carvedilol phosphate er 40 mg cap er 24h	PDL Non-Preferred	ST
carvedilol phosphate er 80 mg cap er 24h	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
COREG 12.5 MG TAB *carvedilol*	PDL Non-Preferred	ST
COREG 25 MG TAB *carvedilol*	PDL Non-Preferred	ST
COREG 3.125 MG TAB *carvedilol*	PDL Non-Preferred	ST
COREG 6.25 MG TAB *carvedilol*	PDL Non-Preferred	ST
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
COREG CR 80 MG CAP ER 24H *carvedilol phosphate*	PDL Non-Preferred	ST
labetalol hcl 100 mg tab	PDL Preferred	
labetalol hcl 200 mg tab	PDL Preferred	
labetalol hcl 300 mg tab	PDL Preferred	
labetalol hcl 5 mg/ml solution	Covered	
LABETALOL HCL-DEXTROSE 200-5 MG/200ML-% SOLUTION *labetalol hcl-dextrose*	Covered	
LABETALOL HCL-SODIUM CHLORIDE 100-0.72 MG/100ML-% SOLUTION *labetalol hcl-sodium chloride*	Covered	
LABETALOL HCL-SODIUM CHLORIDE 200-0.72 MG/200ML-% SOLUTION *labetalol hcl-sodium chloride*	Covered	
LABETALOL HCL-SODIUM CHLORIDE 300-0.72 MG/300ML-% SOLUTION *labetalol hcl-sodium chloride*	Covered	

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DRUG NAME	TIER	DRUG EDITS
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl 200 mg cap	PDL Non-Preferred	ST
acebutolol hcl 400 mg cap	PDL Non-Preferred	ST
atenolol 100 mg tab	PDL Preferred	
atenolol 25 mg tab	PDL Preferred	
atenolol 50 mg tab	PDL Preferred	
betaxolol hcl 10 mg tab	PDL Non-Preferred	ST
betaxolol hcl 20 mg tab	PDL Non-Preferred	ST
bisoprolol fumarate 10 mg tab	PDL Non-Preferred	ST
bisoprolol fumarate 5 mg tab	PDL Non-Preferred	ST
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

DRUG NAME	TIER	DRUG EDITS
BYSTOLIC 2.5 MG TAB *nebivolol hcl*	PDL Non-Preferred	ST
BYSTOLIC 20 MG TAB *nebivolol hcl*	PDL Non-Preferred	ST
BYSTOLIC 5 MG TAB *nebivolol hcl*	PDL Non-Preferred	ST
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 AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
KAPSPARGO SPRINKLE 200 MG CP24 SPRNK *metoprolol succinate*	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
KAPSPARGO SPRINKLE 25 MG CP24 SPRNK *metoprolol succinate*	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
KAPSPARGO SPRINKLE 50 MG CP24 SPRNK *metoprolol succinate*	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.

DRUG NAME	TIER	DRUG EDITS
LOPRESSOR 100 MG TAB *metoprolol tartrate*	PDL Non-Preferred	ST
LOPRESSOR 50 MG TAB *metoprolol tartrate*	PDL Non-Preferred	ST
metoprolol succinate er 100 mg tab er 24h	PDL Preferred	
metoprolol succinate er 200 mg tab er 24h	PDL Preferred	
metoprolol succinate er 25 mg tab er 24h	PDL Preferred	
metoprolol succinate er 50 mg tab er 24h	PDL Preferred	
metoprolol tartrate 100 mg tab	PDL Preferred	
metoprolol tartrate 25 mg tab	PDL Preferred	
metoprolol tartrate 37.5 mg tab	PDL Preferred	
metoprolol tartrate 5 mg/5ml solution	Covered	
metoprolol tartrate 50 mg tab	PDL Preferred	
metoprolol tartrate 75 mg tab	PDL Preferred	
nebivolol hcl 10 mg tab	PDL Non-Preferred	ST
nebivolol hcl 2.5 mg tab	PDL Non-Preferred	ST
nebivolol hcl 20 mg tab	PDL Non-Preferred	ST
nebivolol hcl 5 mg tab	PDL Non-Preferred	ST
TENORMIN 100 MG TAB *atenolol*	PDL Non-Preferred	ST
TENORMIN 25 MG TAB *atenolol*	PDL Non-Preferred	ST

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

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

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DRUG NAME	TIER	DRUG EDITS
propranolol hcl 60 mg tab	PDL Preferred	
propranolol hcl 80 mg tab	PDL Preferred	
propranolol hcl er 120 mg cap er 24h	PDL Preferred	
propranolol hcl er 160 mg cap er 24h	PDL Preferred	
propranolol hcl er 60 mg cap er 24h	PDL Preferred	
propranolol hcl er 80 mg cap er 24h	PDL Preferred	
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 (af) 120 mg tab	PDL Preferred	
sotalol hcl (af) 160 mg tab	PDL Preferred	
sotalol hcl (af) 80 mg tab	PDL Preferred	
sotalol hcl 120 mg tab	PDL Preferred	
sotalol hcl 160 mg tab	PDL Preferred	
sotalol hcl 240 mg tab	PDL Preferred	
sotalol hcl 80 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
SOTYLIZE 5 MG/ML SOLUTION *sotalol hcl*	PDL Non-Preferred	ST
timolol maleate 10 mg tab	PDL Non-Preferred	ST
timolol maleate 20 mg tab	PDL Non-Preferred	ST
timolol maleate 5 mg tab	PDL Non-Preferred	ST
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate 10 mg tab	PDL Preferred	
amlodipine besylate 2.5 mg tab	PDL Preferred	
amlodipine besylate 5 mg tab	PDL Preferred	
CALAN SR 120 MG TAB ER *verapamil hcl*	PDL Non-Preferred	ST
CALAN SR 180 MG TAB ER *verapamil hcl*	PDL Non-Preferred	ST
CALAN SR 240 MG TAB ER *verapamil hcl*	PDL Non-Preferred	ST
CARDENE IV 20-0.86 MG/200ML-% SOLUTION *nicardipine hcl in sodium chloride*	Covered	
CARDENE IV 20-4.8 MG/200ML-% SOLUTION *nicardipine hcl in dextrose*	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
CARDIZEM 30 MG TAB *diltiazem hcl*	PDL Non-Preferred	ST
CARDIZEM 60 MG TAB *diltiazem hcl*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
CARDIZEM CD 120 MG CAP ER 24H *diltiazem hcl coated beads*	PDL Non-Preferred	ST
CARDIZEM CD 180 MG CAP ER 24H *diltiazem hcl coated beads*	PDL Non-Preferred	ST
CARDIZEM CD 240 MG CAP ER 24H *diltiazem hcl coated beads*	PDL Non-Preferred	ST
CARDIZEM CD 300 MG CAP ER 24H *diltiazem hcl coated beads*	PDL Non-Preferred	ST
CARDIZEM CD 360 MG CAP ER 24H *diltiazem hcl coated beads*	PDL Non-Preferred	ST
CARDIZEM LA 120 MG TAB ER 24H *diltiazem hcl*	PDL Non-Preferred	ST
CARDIZEM LA 180 MG TAB ER 24H *diltiazem hcl*	PDL Non-Preferred	ST
CARDIZEM LA 240 MG TAB ER 24H *diltiazem hcl*	PDL Non-Preferred	ST
CARDIZEM LA 300 MG TAB ER 24H *diltiazem hcl*	PDL Non-Preferred	ST
CARDIZEM LA 360 MG TAB ER 24H *diltiazem hcl*	PDL Non-Preferred	ST
CARDIZEM LA 420 MG TAB ER 24H *diltiazem hcl*	PDL Non-Preferred	ST
cartia xt 120 mg cap er 24h	PDL Preferred	
cartia xt 180 mg cap er 24h	PDL Preferred	
cartia xt 240 mg cap er 24h	PDL Preferred	
cartia xt 300 mg cap er 24h	PDL Preferred	
CLEVIPREX 25 MG/50ML EMULSION *clevidipine*	Covered	
CLEVIPREX 50 MG/100ML EMULSION *clevidipine*	Covered	

DRUG NAME	TIER	DRUG EDITS
dilt-xr 120 mg cap er 24h	PDL Preferred	
dilt-xr 180 mg cap er 24h	PDL Preferred	
dilt-xr 240 mg cap er 24h	PDL Preferred	
DILTIAZEM HCL 100 MG RECON SOLN *diltiazem hcl*	Covered	
diltiazem hcl 120 mg tab	PDL Preferred	
diltiazem hcl 125 mg/25ml solution	Covered	
diltiazem hcl 25 mg/5ml solution	Covered	
diltiazem hcl 30 mg tab	PDL Preferred	
diltiazem hcl 50 mg/10ml solution	Covered	
diltiazem hcl 60 mg tab	PDL Preferred	
diltiazem hcl 90 mg tab	PDL Preferred	
diltiazem hcl er 120 mg cap er 12h	PDL Preferred	
diltiazem hcl er 120 mg cap er 24h	PDL Preferred	
diltiazem hcl er 120 mg tab er 24h	PDL Non-Preferred	ST
diltiazem hcl er 180 mg cap er 24h	PDL Preferred	
diltiazem hcl er 180 mg tab er 24h	PDL Non-Preferred	ST
diltiazem hcl er 240 mg cap er 24h	PDL Preferred	
diltiazem hcl er 240 mg tab er 24h	PDL Non-Preferred	ST
diltiazem hcl er 300 mg tab er 24h	PDL Non-Preferred	ST

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

DRUG NAME	TIER	DRUG EDITS
felodipine er 5 mg tab er 24h	PDL Non-Preferred	ST
isradipine 2.5 mg cap	PDL Non-Preferred	ST
isradipine 5 mg cap	PDL Non-Preferred	ST
KATERZIA 1 MG/ML SUSPENSION *amlodipine benzoate*	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
LEVAMLODIPINE MALEATE 2.5 MG TAB *levamlodipine maleate*	PDL Non-Preferred	ST
LEVAMLODIPINE MALEATE 5 MG TAB *levamlodipine maleate*	PDL Non-Preferred	ST
matzim la 180 mg tab er 24h	PDL Non-Preferred	ST
matzim la 240 mg tab er 24h	PDL Non-Preferred	ST
matzim la 300 mg tab er 24h	PDL Non-Preferred	ST
matzim la 360 mg tab er 24h	PDL Non-Preferred	ST
matzim la 420 mg tab er 24h	PDL Non-Preferred	ST
nicardipine hcl 2.5 mg/ml solution	Covered	
nicardipine hcl 20 mg cap	PDL Non-Preferred	ST
nicardipine hcl 30 mg cap	PDL Non-Preferred	ST
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	

DRUG NAME	TIER	DRUG EDITS
nifedipine 10 mg cap	PDL Preferred	
nifedipine 20 mg cap	PDL Preferred	
nifedipine er 30 mg tab er 24h	PDL Preferred	
nifedipine er 60 mg tab er 24h	PDL Preferred	
nifedipine er 90 mg tab er 24h	PDL Preferred	
nifedipine er osmotic release 30 mg tab er 24h	PDL Preferred	
nifedipine er osmotic release 60 mg tab er 24h	PDL Preferred	
nifedipine er osmotic release 90 mg tab er 24h	PDL Preferred	
nimodipine 30 mg cap	PDL Non-Preferred	ST
nisoldipine er 17 mg tab er 24h	PDL Non-Preferred	ST
NISOLDIPINE ER 20 MG TAB ER 24H *nisoldipine*	PDL Non-Preferred	ST
NISOLDIPINE ER 25.5 MG TAB ER 24H *nisoldipine*	PDL Non-Preferred	ST
NISOLDIPINE ER 30 MG TAB ER 24H *nisoldipine*	PDL Non-Preferred	ST
nisoldipine er 34 mg tab er 24h	PDL Non-Preferred	ST
NISOLDIPINE ER 40 MG TAB ER 24H *nisoldipine*	PDL Non-Preferred	ST
nisoldipine er 8.5 mg tab er 24h	PDL Non-Preferred	ST
NORLIQVA 1 MG/ML SOLUTION *amlodipine besylate*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
NORVASC 10 MG TAB *amlodipine besylate*	PDL Non-Preferred	ST
NORVASC 2.5 MG TAB *amlodipine besylate*	PDL Non-Preferred	ST
NORVASC 5 MG TAB *amlodipine besylate*	PDL Non-Preferred	ST
NYMALIZE 30 MG/10ML SOLUTION *nimodipine*	PDL Non-Preferred	ST
NYMALIZE 6 MG/ML SOLUTION *nimodipine*	PDL Non-Preferred	ST
NYMALIZE 60 MG/20ML SOLUTION *nimodipine*	PDL Non-Preferred	ST
PROCARDIA 10 MG CAP *nifedipine*	PDL Non-Preferred	ST
PROCARDIA XL 30 MG TAB ER 24H *nifedipine*	PDL Non-Preferred	ST
PROCARDIA XL 60 MG TAB ER 24H *nifedipine*	PDL Non-Preferred	ST
PROCARDIA XL 90 MG TAB ER 24H *nifedipine*	PDL Non-Preferred	ST
SULAR 17 MG TAB ER 24H *nisoldipine*	PDL Non-Preferred	ST
SULAR 34 MG TAB ER 24H *nisoldipine*	PDL Non-Preferred	ST
SULAR 8.5 MG TAB ER 24H *nisoldipine*	PDL Non-Preferred	ST
taztia xt 120 mg cap er 24h	PDL Preferred	
taztia xt 180 mg cap er 24h	PDL Preferred	
taztia xt 240 mg cap er 24h	PDL Preferred	
taztia xt 300 mg cap er 24h	PDL Preferred	

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

DRUG NAME	TIER	DRUG EDITS
verapamil hcl er 120 mg cap er 24h	PDL Non-Preferred	ST
verapamil hcl er 120 mg tab er	PDL Preferred	
verapamil hcl er 180 mg cap er 24h	PDL Non-Preferred	ST
verapamil hcl er 180 mg tab er	PDL Preferred	
VERAPAMIL HCL ER 200 MG CAP ER 24H *verapamil hcl*	PDL Non-Preferred	ST
verapamil hcl er 240 mg cap er 24h	PDL Non-Preferred	ST
verapamil hcl er 240 mg tab er	PDL Preferred	
VERAPAMIL HCL ER 300 MG CAP ER 24H *verapamil hcl*	PDL Non-Preferred	ST
VERAPAMIL HCL ER 360 MG CAP ER 24H *verapamil hcl*	PDL Non-Preferred	ST
VERELAN 120 MG CAP ER 24H *verapamil hcl*	PDL Non-Preferred	ST
VERELAN 180 MG CAP ER 24H *verapamil hcl*	PDL Non-Preferred	ST
VERELAN 240 MG CAP ER 24H *verapamil hcl*	PDL Non-Preferred	ST
VERELAN 360 MG CAP ER 24H *verapamil hcl*	PDL Non-Preferred	ST
VERELAN PM 100 MG CAP ER 24H *verapamil hcl*	PDL Non-Preferred	ST
VERELAN PM 200 MG CAP ER 24H *verapamil hcl*	PDL Non-Preferred	ST
VERELAN PM 300 MG CAP ER 24H *verapamil hcl*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digitek 125 mcg tab	Covered	
digitek 250 mcg tab	Covered	
digox 125 mcg tab	Covered	
digox 250 mcg tab	Covered	
DIGOXIN 0.05 MG/ML SOLUTION *digoxin*	Covered	
digoxin 0.05 mg/ml solution	Covered	
digoxin 0.25 mg/ml solution	Covered	
digoxin 125 mcg tab	Covered	
digoxin 250 mcg tab	Covered	
LANOXIN 0.25 MG/ML SOLUTION *digoxin*	Covered	
LANOXIN PEDIATRIC 0.1 MG/ML SOLUTION *digoxin*	Covered	
INOTROPES		
DOBUTAMINE HCL 250 MG/20ML SOLUTION *dobutamine hcl*	Covered	
DOBUTAMINE IN D5W 1-5 MG/ML-% SOLUTION *dobutamine in d5w*	Covered	
DOBUTAMINE IN D5W 2 MG/ML SOLUTION *dobutamine in d5w*	Covered	
DOBUTAMINE IN D5W 4-5 MG/ML-% SOLUTION *dobutamine in d5w*	Covered	
DOPAMINE HCL 40 MG/ML SOLUTION *dopamine hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
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	
CAMZYOS 15 MG CAP *mavacamten*	PDL Preferred	
CAMZYOS 2.5 MG CAP *mavacamten*	PDL Preferred	
CAMZYOS 5 MG CAP *mavacamten*	PDL Preferred	
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
amlodipine-atorvastatin 10-20 mg tab	PDL Non-Preferred	ST
amlodipine-atorvastatin 10-40 mg tab	PDL Non-Preferred	ST
amlodipine-atorvastatin 10-80 mg tab	PDL Non-Preferred	ST
amlodipine-atorvastatin 2.5-10 mg tab	PDL Non-Preferred	ST
amlodipine-atorvastatin 2.5-20 mg tab	PDL Non-Preferred	ST
amlodipine-atorvastatin 2.5-40 mg tab	PDL Non-Preferred	ST
amlodipine-atorvastatin 5-10 mg tab	PDL Non-Preferred	ST
amlodipine-atorvastatin 5-20 mg tab	PDL Non-Preferred	ST
amlodipine-atorvastatin 5-40 mg tab	PDL Non-Preferred	ST
amlodipine-atorvastatin 5-80 mg tab	PDL Non-Preferred	ST
BIDIL 20-37.5 MG TAB *isosorbide dinitrate-hydralazine hcl*	PDL Preferred	
CADUET 10-10 MG TAB *amlodipine besylate-atorvastatin calcium*	PDL Non-Preferred	ST
CADUET 10-20 MG TAB *amlodipine besylate-atorvastatin calcium*	PDL Non-Preferred	ST
CADUET 10-40 MG TAB *amlodipine besylate-atorvastatin calcium*	PDL Non-Preferred	ST
CADUET 10-80 MG TAB *amlodipine besylate-atorvastatin calcium*	PDL Non-Preferred	ST
CADUET 5-10 MG TAB *amlodipine besylate-atorvastatin calcium*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
CADUET 5-20 MG TAB *amlodipine besylate-atorvastatin calcium*	PDL Non-Preferred	ST
CADUET 5-40 MG TAB *amlodipine besylate-atorvastatin calcium*	PDL Non-Preferred	ST
CADUET 5-80 MG TAB *amlodipine besylate-atorvastatin calcium*	PDL Non-Preferred	ST
ENTRESTO 24-26 MG TAB *sacubitril-valsartan*	PDL Preferred	PA
ENTRESTO 49-51 MG TAB *sacubitril-valsartan*	PDL Preferred	PA
ENTRESTO 97-103 MG TAB *sacubitril-valsartan*	PDL Preferred	PA
isosorb dinitrate-hydralazine 20-37.5 mg tab	PDL Non-Preferred	ST
IMPOTENCE AGENTS		
CIALIS 2.5 MG TAB *tadalafil*	PDL Non-Preferred	PA
CIALIS 5 MG TAB *tadalafil*	PDL Non-Preferred	PA
tadalafil 2.5 mg tab	PDL Non-Preferred	PA
tadalafil 5 mg tab	PDL Non-Preferred	PA
PERIPHERAL VASODILATORS		
ISOXSUPRINE HCL 10 MG TAB *isoxsuprine hcl*	Covered	
papaverine hcl 30 mg/ml solution	Covered	
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium 0.5 mg recon soln	Covered	
epoprostenol sodium 1.5 mg recon soln	Covered	
FLOLAN 0.5 MG RECON SOLN *epoprostenol sodium*	Covered	

DRUG NAME	TIER	DRUG EDITS
FLOLAN 1.5 MG RECON SOLN *epoprostenol sodium*	Covered	
ORENITRAM 0.125 MG TAB ER *treprostinil diolamine*	PDL Non-Preferred	ST
ORENITRAM 0.25 MG TAB ER *treprostinil diolamine*	PDL Non-Preferred	ST
ORENITRAM 1 MG TAB ER *treprostinil diolamine*	PDL Non-Preferred	ST
ORENITRAM 2.5 MG TAB ER *treprostinil diolamine*	PDL Non-Preferred	ST
ORENITRAM 5 MG TAB ER *treprostinil diolamine*	PDL Non-Preferred	ST
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	
TYVASO 0.6 MG/ML SOLUTION *treprostinil*	PDL Preferred	
TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER *treprostinil*	PDL Non-Preferred	ST
TYVASO DPI MAINTENANCE KIT 16 MCG POWDER *treprostinil*	PDL Non-Preferred	ST
TYVASO DPI MAINTENANCE KIT 32 MCG POWDER *treprostinil*	PDL Non-Preferred	ST

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DRUG NAME	TIER	DRUG EDITS
TYVASO DPI MAINTENANCE KIT 48 MCG POWDER *treprostinil*	PDL Non-Preferred	ST
TYVASO DPI MAINTENANCE KIT 64 MCG POWDER *treprostinil*	PDL Non-Preferred	ST
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER *treprostinil*	PDL Non-Preferred	ST
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER *treprostinil*	PDL Non-Preferred	ST
TYVASO REFILL 0.6 MG/ML SOLUTION *treprostinil*	PDL Preferred	
TYVASO STARTER 0.6 MG/ML SOLUTION *treprostinil*	PDL Preferred	
VELETRI 0.5 MG RECON SOLN *epoprostenol sodium*	Covered	
VELETRI 1.5 MG RECON SOLN *epoprostenol sodium*	Covered	
VENTAVIS 10 MCG/ML SOLUTION *iloprost*	PDL Preferred	
VENTAVIS 20 MCG/ML SOLUTION *iloprost*	PDL Preferred	
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan 10 mg tab	PDL Preferred	
ambrisentan 5 mg tab	PDL Preferred	
bosentan 125 mg tab	PDL Non-Preferred	ST
bosentan 62.5 mg tab	PDL Non-Preferred	ST
LETAIRIS 10 MG TAB *ambrisentan*	PDL Non-Preferred	

DRUG NAME	TIER	DRUG EDITS
LETAIRIS 5 MG TAB *ambrisentan*	PDL Non-Preferred	
OPSUMIT 10 MG TAB *macitentan*	PDL Non-Preferred	ST
TRACLEER 125 MG TAB *bosentan*	PDL Preferred	
TRACLEER 32 MG TAB SOL *bosentan*	PDL Non-Preferred	ST
TRACLEER 62.5 MG TAB *bosentan*	PDL Preferred	
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA 20 MG TAB *tadalafil (pulmonary hypertension)*	PDL Non-Preferred	ST
alyq 20 mg tab	PDL Preferred	
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 AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
REVATIO 20 MG TAB *sildenafil citrate (pulmonary hypertension)*	PDL Non-Preferred	ST
sildenafil citrate 10 mg/12.5ml solution	Covered	
sildenafil citrate 10 mg/ml recon susp	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
sildenafil citrate 20 mg tab	PDL Preferred	
tadalafil (pah) 20 mg tab	PDL Preferred	
TADLIQ 20 MG/5ML SUSPENSION *tadalafil (pulmonary hypertension)*	PDL Non-Preferred	ST

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DRUG NAME	TIER	DRUG EDITS
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI 1000 MCG TAB *selexipag*	PDL Non-Preferred	ST
UPTRAVI 1200 MCG TAB *selexipag*	PDL Non-Preferred	ST
UPTRAVI 1400 MCG TAB *selexipag*	PDL Non-Preferred	ST
UPTRAVI 1600 MCG TAB *selexipag*	PDL Non-Preferred	ST
UPTRAVI 200 & 800 MCG TAB THPK *selexipag*	PDL Non-Preferred	ST
UPTRAVI 200 MCG TAB *selexipag*	PDL Non-Preferred	ST
UPTRAVI 400 MCG TAB *selexipag*	PDL Non-Preferred	ST
UPTRAVI 600 MCG TAB *selexipag*	PDL Non-Preferred	ST
UPTRAVI 800 MCG TAB *selexipag*	PDL Non-Preferred	ST
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS 0.5 MG TAB *riociguat*	PDL Non-Preferred	ST
ADEMPAS 1 MG TAB *riociguat*	PDL Non-Preferred	ST
ADEMPAS 1.5 MG TAB *riociguat*	PDL Non-Preferred	ST
ADEMPAS 2 MG TAB *riociguat*	PDL Non-Preferred	ST
ADEMPAS 2.5 MG TAB *riociguat*	PDL Non-Preferred	ST
SINUS NODE INHIBITORS		
CORLANOR 5 MG TAB *ivabradine hcl*	Covered	

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DRUG NAME	TIER	DRUG EDITS
CORLANOR 5 MG/5ML SOLUTION *ivabradine hcl*	Covered	
CORLANOR 7.5 MG TAB *ivabradine hcl*	Covered	
TRANSTHYRETIN STABILIZERS		
VYNDAMAX 61 MG CAP *tafamidis*	Covered	
VYNDAQEL 20 MG CAP *tafamidis meglumine (cardiac)*	Covered	
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO 10 MG TAB *vericiguat*	PDL Non-Preferred	ST
VERQUVO 2.5 MG TAB *vericiguat*	PDL Non-Preferred	ST
VERQUVO 5 MG TAB *vericiguat*	PDL Non-Preferred	ST
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 1 gm tab	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	

DRUG NAME	TIER	DRUG EDITS
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 500 mg recon soln	Covered	
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN *cefazolin sodium-dextrose*	Covered	
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 *cephalexin*	PDL Preferred	
cephalexin 250 mg/5ml recon susp	PDL Preferred	
cephalexin 500 mg cap	PDL Preferred	
CEPHALEXIN 500 MG TAB *cephalexin*	PDL Preferred	
CEPHALEXIN 750 MG CAP *cephalexin*	PDL Preferred	
cephalexin 750 mg cap	PDL Non-Preferred	ST
KEFLEX 750 MG CAP *cephalexin*	PDL Non-Preferred	ST

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DRUG NAME	TIER	DRUG EDITS
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR 125 MG/5ML RECON SUSP *cefaclor*	PDL Non-Preferred	ST
CEFACLOR 250 MG CAP *cefaclor*	PDL Non-Preferred	ST
CEFACLOR 250 MG/5ML RECON SUSP *cefaclor*	PDL Non-Preferred	ST
CEFACLOR 375 MG/5ML RECON SUSP *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 *cefotetan disodium*	Covered	
CEFOTETAN DISODIUM 2 GM RECON SOLN *cefotetan disodium*	Covered	
CEFOTETAN DISODIUM-DEXTROSE 1-3.58 GM-%(50ML) RECON SOLN *cefotetan disodium and dextrose*	Covered	
CEFOTETAN DISODIUM-DEXTROSE 2-2.08 GM-%(50ML) RECON SOLN *cefotetan disodium and dextrose*	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	

DRUG NAME	TIER	DRUG EDITS
CEFOXITIN SODIUM-DEXTROSE 2-2.2 GM-%(50ML) RECON SOLN *cefoxitin sodium and dextrose*	Covered	
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 7.5 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	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
cefpodoxime proxetil 200 mg tab	PDL Non-Preferred	ST
cefpodoxime proxetil 50 mg/5ml recon susp	PDL Non-Preferred	ST
ceftazidime 1 gm recon soln	Covered	
ceftazidime 2 gm recon soln	Covered	
ceftazidime 6 gm recon soln	Covered	
CEFTAZIDIME AND DEXTROSE 1-5 GM-%(50ML) RECON SOLN *ceftazidime-dextrose*	Covered	
CEFTAZIDIME AND DEXTROSE 2-5 GM-%(50ML) RECON SOLN *ceftazidime-dextrose*	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	
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	
FORTAZ 1 GM RECON SOLN *ceftazidime*	Covered	
FORTAZ 2 GM RECON SOLN *ceftazidime*	Covered	

DRUG NAME	TIER	DRUG EDITS
FORTAZ 500 MG RECON SOLN *ceftazidime*	Covered	
SUPRAX 100 MG CHEW TAB *cefixime*	PDL Non-Preferred	ST
SUPRAX 100 MG/5ML RECON SUSP *cefixime*	PDL Non-Preferred	ST
SUPRAX 200 MG CHEW TAB *cefixime*	PDL Non-Preferred	ST
SUPRAX 200 MG/5ML RECON SUSP *cefixime*	PDL Non-Preferred	ST
SUPRAX 400 MG CAP *cefixime*	PDL Non-Preferred	ST
SUPRAX 500 MG/5ML RECON SUSP *cefixime*	PDL Non-Preferred	ST
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	

DRUG NAME	TIER	DRUG EDITS
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	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle 0.1-20 mg-mcg tab	Covered	
altavera 0.15-30 mg-mcg tab	Covered	
alyacen 1/35 1-35 mg-mcg tab	Covered	
alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab	Covered	
amethia 0.15-0.03 &0.01 mg tab	Covered	
amethia lo 0.1-0.02 & 0.01 mg tab	Covered	
amethyst 90-20 mcg tab	Covered	
apri 0.15-30 mg-mcg tab	Covered	
aranelle 0.5/1/0.5-35 mg-mcg tab	Covered	
ashlyna 0.15-0.03 &0.01 mg tab	Covered	
aubra 0.1-20 mg-mcg tab	Covered	
aubra eq 0.1-20 mg-mcg tab	Covered	
aurovela 1.5/30 1.5-30 mg-mcg tab	Covered	
aurovela 1/20 1-20 mg-mcg tab	Covered	
aurovela 24 fe 1-20 mg-mcg(24) tab	Covered	
aurovela fe 1.5/30 1.5-30 mg-mcg tab	Covered	
aurovela fe 1/20 1-20 mg-mcg tab	Covered	
aviane 0.1-20 mg-mcg tab	Covered	
ayuna 0.15-30 mg-mcg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
azurette 0.15-0.02/0.01 mg (21/5) tab	Covered	
BALCOLTRA 0.1-20 MG-MCG(21) TAB *levonorgestrel-ethinyl estradiol-ferrous bisglycinate*	Covered	
balziva 0.4-35 mg-mcg tab	Covered	
bekyree 0.15-0.02/0.01 mg (21/5) tab	Covered	
BEYAZ 3-0.02-0.451 MG TAB *drospirenone-ethinyl estradiol-levomefolate calcium*	Covered	
blisovi 24 fe 1-20 mg-mcg(24) tab	Covered	
blisovi fe 1.5/30 1.5-30 mg-mcg tab	Covered	
blisovi fe 1/20 1-20 mg-mcg tab	Covered	
briellyn 0.4-35 mg-mcg tab	Covered	
camrese 0.15-0.03 &0.01 mg tab	Covered	
camrese lo 0.1-0.02 & 0.01 mg tab	Covered	
caziant 0.1/0.125/0.15 -0.025 mg tab	Covered	
charlotte 24 fe 1-20 mg-mcg(24) chew tab	Covered	
chateal 0.15-30 mg-mcg tab	Covered	
chateal eq 0.15-30 mg-mcg tab	Covered	
cryselle-28 0.3-30 mg-mcg tab	Covered	
cyclafem 1/35 1-35 mg-mcg tab	Covered	
cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab	Covered	
cyred 0.15-30 mg-mcg tab	Covered	
cyred eq 0.15-30 mg-mcg tab	Covered	
dasetta 1/35 1-35 mg-mcg tab	Covered	
dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab	Covered	
daysee 0.15-0.03 &0.01 mg tab	Covered	
desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab	Covered	
dolishale 90-20 mcg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab	Covered	
drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab	Covered	
drospirenone-ethinyl estradiol 3-0.02 mg tab	Covered	
drospirenone-ethinyl estradiol 3-0.03 mg tab	Covered	
elinest 0.3-30 mg-mcg tab	Covered	
emoquette 0.15-30 mg-mcg tab	Covered	
enpresse-28 50-30/75-40/ 125-30 mcg tab	Covered	
enskyce 0.15-30 mg-mcg tab	Covered	
estarylla 0.25-35 mg-mcg tab	Covered	
ESTROSTEP FE 1-20/1-30/1-35 MG-MCG TAB *norethindrone acetate-ethinyl estradiol-fe*	Covered	
ethynodiol diac-eth estradiol 1-35 mg-mcg tab	Covered	
ethynodiol diac-eth estradiol 1-50 mg-mcg tab	Covered	
FALESSA 20-1-0.1 MCG-MG KIT *levonorgestrel-ethinyl estradiol & folic acid*	Covered	
falmina 0.1-20 mg-mcg tab	Covered	
fayosim 42-21-21-7 days tab	Covered	
femynor 0.25-35 mg-mcg tab	Covered	
gemmily 1-20 mg-mcg(24) cap	Covered	
GENERESS FE 0.8-25 MG-MCG CHEW TAB *norethindrone & ethinyl estradiol-fe*	Covered	
gianvi 3-0.02 mg tab	Covered	
hailey 1.5/30 1.5-30 mg-mcg tab	Covered	
hailey 24 fe 1-20 mg-mcg(24) tab	Covered	
hailey fe 1.5/30 1.5-30 mg-mcg tab	Covered	
hailey fe 1/20 1-20 mg-mcg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
iclevia 0.15-0.03 mg tab	Covered	
introvale 0.15-0.03 mg tab	Covered	
isibloom 0.15-30 mg-mcg tab	Covered	
jaimiess 0.15-0.03 &0.01 mg tab	Covered	
jasmiel 3-0.02 mg tab	Covered	
jolessa 0.15-0.03 mg tab	Covered	
juleber 0.15-30 mg-mcg tab	Covered	
junel 1.5/30 1.5-30 mg-mcg tab	Covered	
junel 1/20 1-20 mg-mcg tab	Covered	
junel fe 1.5/30 1.5-30 mg-mcg tab	Covered	
junel fe 1/20 1-20 mg-mcg tab	Covered	
junel fe 24 1-20 mg-mcg(24) tab	Covered	
kaitlib fe 0.8-25 mg-mcg chew tab	Covered	
kariva 0.15-0.02/0.01 mg (21/5) tab	Covered	
kelnor 1/35 1-35 mg-mcg tab	Covered	
kelnor 1/50 1-50 mg-mcg tab	Covered	
kurvelo 0.15-30 mg-mcg tab	Covered	
larin 1.5/30 1.5-30 mg-mcg tab	Covered	
larin 1/20 1-20 mg-mcg tab	Covered	
larin 24 fe 1-20 mg-mcg(24) tab	Covered	
larin fe 1.5/30 1.5-30 mg-mcg tab	Covered	
larin fe 1/20 1-20 mg-mcg tab	Covered	
larissia 0.1-20 mg-mcg tab	Covered	
layolis fe 0.8-25 mg-mcg chew tab	Covered	
leena 0.5/1/0.5-35 mg-mcg tab	Covered	
lessina 0.1-20 mg-mcg tab	Covered	
levonest 50-30/75-40/ 125-30 mcg tab	Covered	
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
levonorgest-eth est & eth est 42-21-21-7 days tab	Covered	
levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab	Covered	
levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab	Covered	
levonorgest-eth estrad 91-day 0.15-0.03 mg tab	Covered	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab	Covered	
levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab	Covered	
levonorgestrel-ethinyl estrad 90-20 mcg tab	Covered	
levora 0.15/30 (28) 0.15-30 mg-mcg tab	Covered	
lillow 0.15-30 mg-mcg tab	Covered	
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB *norethindrone acetate-ethinyl estradiol-fe fum (biphasic)*	Covered	
lo-zumandimine 3-0.02 mg tab	Covered	
loestrin 1.5/30 (21) 1.5-30 mg-mcg tab	Covered	
loestrin 1/20 (21) 1-20 mg-mcg tab	Covered	
loestrin fe 1.5/30 1.5-30 mg-mcg tab	Covered	
loestrin fe 1/20 1-20 mg-mcg tab	Covered	
lojaimiess 0.1-0.02 & 0.01 mg tab	Covered	
loryna 3-0.02 mg tab	Covered	
LOSEASONIQUE 0.1-0.02 & 0.01 MG TAB *levonorgestrel-ethinyl estradiol (91-day)*	Covered	
low-ogestrel 0.3-30 mg-mcg tab	Covered	
lutera 0.1-20 mg-mcg tab	Covered	
marlissa 0.15-30 mg-mcg tab	Covered	
melodetta 24 fe 1-20 mg-mcg(24) chew tab	Covered	

DRUG NAME	TIER	DRUG EDITS
merzee 1-20 mg-mcg(24) cap	Covered	
mibelas 24 fe 1-20 mg-mcg(24) chew tab	Covered	
microgestin 1/20 1-20 mg-mcg tab	Covered	
microgestin fe 1.5/30 1.5-30 mg-mcg tab	Covered	
microgestin fe 1/20 1-20 mg-mcg tab	Covered	
mili 0.25-35 mg-mcg tab	Covered	
MINASTRIN 24 FE 1-20 MG-MCG(24) CHEW TAB *norethin acet & estrad-fe*	Covered	
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	
NATAZIA 3/2-2/2-3/1 MG TAB *estradiol valerate-dienogest*	Covered	
necon 0.5/35 (28) 0.5-35 mg-mcg tab	Covered	
NEXTSTELLIS 3-14.2 MG TAB *drospirenone-estetrol*	Covered	
nikki 3-0.02 mg tab	Covered	
norethin ace-eth estrad-fe 1-20 mg-mcg tab	Covered	
norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap	Covered	
norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab	Covered	
norethin ace-eth estrad-fe 1.5-30 mg-mcg tab	Covered	
norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab	Covered	
norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab	Covered	
norethindrone acet-ethinyl est 1-20 mg-mcg tab	Covered	
norethindrone acet-ethinyl est 1.5-30 mg-mcg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab	Covered	
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab	Covered	
norgestimate-eth estradiol 0.25-35 mg-mcg tab	Covered	
nortrel 0.5/35 (28) 0.5-35 mg-mcg tab	Covered	
nortrel 1/35 (21) 1-35 mg-mcg tab	Covered	
nortrel 1/35 (28) 1-35 mg-mcg tab	Covered	
nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab	Covered	
nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab	Covered	
ocella 3-0.03 mg tab	Covered	
orsythia 0.1-20 mg-mcg tab	Covered	
philith 0.4-35 mg-mcg tab	Covered	
pimtrea 0.15-0.02/0.01 mg (21/5) tab	Covered	
pirmella 1/35 1-35 mg-mcg tab	Covered	
pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab	Covered	
portia-28 0.15-30 mg-mcg tab	Covered	
previfem 0.25-35 mg-mcg tab	Covered	
QUARTETTE 42-21-21-7 DAYS TAB *levonorgestrel-ethinyl estradiol (91-day)*	Covered	
reclipsen 0.15-30 mg-mcg tab	Covered	
rivelsa 42-21-21-7 days tab	Covered	
SAFYRAL 3-0.03-0.451 MG TAB *drospirenone-ethinyl estradiol-levomefolate calcium*	Covered	
SEASONIQUE 0.15-0.03 &0.01 MG TAB *levonorgestrel-ethinyl estradiol (91-day)*	Covered	
setlakin 0.15-0.03 mg tab	Covered	
simliya 0.15-0.02/0.01 mg (21/5) tab	Covered	
simpesse 0.15-0.03 &0.01 mg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
sprintec 28 0.25-35 mg-mcg tab	Covered	
sronyx 0.1-20 mg-mcg tab	Covered	
syeda 3-0.03 mg tab	Covered	
tarina 24 fe 1-20 mg-mcg(24) tab	Covered	
tarina fe 1/20 1-20 mg-mcg tab	Covered	
tarina fe 1/20 eq 1-20 mg-mcg tab	Covered	
TAYTULLA 1-20 MG-MCG(24) CAP *norethin acet & estrad-fe*	Covered	
tilia fe 1-20/1-30/1-35 mg-mcg tab	Covered	
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	
tri-legest fe 1-20/1-30/1-35 mg-mcg tab	Covered	
tri-linyah 0.18/0.215/0.25 mg-35 mcg tab	Covered	
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab	Covered	
tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab	Covered	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab	Covered	
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab	Covered	
tri-mili 0.18/0.215/0.25 mg-35 mcg tab	Covered	
tri-previfem 0.18/0.215/0.25 mg-35 mcg tab	Covered	
tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab	Covered	
tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab	Covered	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab	Covered	
trivora (28) 50-30/75-40/ 125-30 mcg tab	Covered	
TYBLUME 0.1-20 MG-MCG CHEW TAB *levonorgestrel & eth estradiol*	Covered	
tydemy 3-0.03-0.451 mg tab	Covered	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB *desogestrel-ethinyl estradiol (triphasic)*	Covered	
vestura 3-0.02 mg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
vienva 0.1-20 mg-mcg tab	Covered	
viorele 0.15-0.02/0.01 mg (21/5) tab	Covered	
volnea 0.15-0.02/0.01 mg (21/5) tab	Covered	
vyfemla 0.4-35 mg-mcg tab	Covered	
vylibra 0.25-35 mg-mcg tab	Covered	
wera 0.5-35 mg-mcg tab	Covered	
wymzya fe 0.4-35 mg-mcg chew tab	Covered	
YASMIN 28 3-0.03 MG TAB *drospirenone-ethinyl estradiol*	Covered	
YAZ 3-0.02 MG TAB *drospirenone-ethinyl estradiol*	Covered	
zarah 3-0.03 mg tab	Covered	
zovia 1/35e (28) 1-35 mg-mcg tab	Covered	
zumandimine 3-0.03 mg tab	Covered	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA 120-30 MCG/24HR PATCH WK *levonorgestrel-ethinyl estradiol*	Covered	
xulane 150-35 mcg/24hr patch wk	Covered	
zafemy 150-35 mcg/24hr patch wk	Covered	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA 0.013-0.15 MG/24HR RING *segesterone acetate-ethinyl estradiol*	Covered	
eluryng 0.12-0.015 mg/24hr ring	Covered	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring	Covered	
NUVARING 0.12-0.015 MG/24HR RING *etonogestrel-ethinyl estradiol*	Covered	
COPPER CONTRACEPTIVES - IUD		
PARAGARD INTRAUTERINE COPPER IUD *copper (iud)*	Covered	

DRUG NAME	TIER	DRUG EDITS
EMERGENCY CONTRACEPTIVES		
ELLA 30 MG TAB *ulipristal acetate*	Covered	
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON 68 MG IMPLANT *etonogestrel*	Covered	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA 150 MG/ML SUSP PRSYR *medroxyprogesterone acetate (contraceptive)*	Covered	
DEPO-PROVERA 150 MG/ML SUSPENSION *medroxyprogesterone acetate (contraceptive)*	Covered	
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR *medroxyprogesterone acetate (contraceptive)*	Covered	
medroxyprogesterone acetate 150 mg/ml susp prsyr	Covered	
medroxyprogesterone acetate 150 mg/ml suspension	Covered	
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA 19.5 MG IUD *levonorgestrel (iud)*	Covered	
LILETTA (52 MG) 20.1 MCG/DAY IUD *levonorgestrel (iud)*	Covered	
MIRENA (52 MG) 20 MCG/DAY IUD *levonorgestrel (iud)*	Covered	
SKYLA 13.5 MG IUD *levonorgestrel (iud)*	Covered	

DRUG NAME	TIER	DRUG EDITS
PROGESTIN CONTRACEPTIVES - ORAL		
camila 0.35 mg tab	Covered	
deblitane 0.35 mg tab	Covered	
errin 0.35 mg tab	Covered	
heather 0.35 mg tab	Covered	
incassia 0.35 mg tab	Covered	
jencycla 0.35 mg tab	Covered	
lyleq 0.35 mg tab	Covered	
lyza 0.35 mg tab	Covered	
nora-be 0.35 mg tab	Covered	
norethindrone 0.35 mg tab	Covered	
norlyda 0.35 mg tab	Covered	
ORTHO MICRONOR 0.35 MG TAB *norethindrone (contraceptive)*	Covered	
sharobel 0.35 mg tab	Covered	
SLYND 4 MG TAB *drospirenone*	Covered	
tulana 0.35 mg tab	Covered	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
ALKINDI SPRINKLE 0.5 MG CAP SPRINK *hydrocortisone*	PDL Non-Preferred	ST
ALKINDI SPRINKLE 1 MG CAP SPRINK *hydrocortisone*	PDL Non-Preferred	ST
ALKINDI SPRINKLE 2 MG CAP SPRINK *hydrocortisone*	PDL Non-Preferred	ST
ALKINDI SPRINKLE 5 MG CAP SPRINK *hydrocortisone*	PDL Non-Preferred	ST
betamethasone sod phos & acet 6 (3-3) mg/ml suspension	Covered	

DRUG NAME	TIER	DRUG EDITS
budesonide 3 mg cp dr part	PDL Preferred	ST
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
CORTEF 20 MG TAB *hydrocortisone*	PDL Non-Preferred	ST
CORTEF 5 MG TAB *hydrocortisone*	PDL Non-Preferred	ST
CORTISONE ACETATE 25 MG TAB *cortisone acetate*	Covered	
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 *dexamethasone*	PDL Preferred	
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 *dexamethasone*	PDL Preferred	
DEXAMETHASONE 1 MG TAB *dexamethasone*	PDL Preferred	
dexamethasone 1.5 mg (21) tab thpk	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
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	
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 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 solution	Covered	
EMFLAZA 18 MG TAB *deflazacort*	PDL Non-Preferred	PA
EMFLAZA 22.75 MG/ML SUSPENSION *deflazacort*	PDL Non-Preferred	PA
EMFLAZA 30 MG TAB *deflazacort*	PDL Non-Preferred	PA

DRUG NAME	TIER	DRUG EDITS
EMFLAZA 36 MG TAB *deflazacort*	PDL Non-Preferred	PA
EMFLAZA 6 MG TAB *deflazacort*	PDL Non-Preferred	PA
ENTOCORT EC 3 MG CP DR PART *budesonide*	PDL Non-Preferred	ST
HEMADY 20 MG TAB *dexamethasone*	PDL Non-Preferred	ST
hydrocortisone 10 mg tab	PDL Preferred	
hydrocortisone 20 mg tab	PDL Preferred	
hydrocortisone 5 mg tab	PDL Preferred	
KENALOG 10 MG/ML SUSPENSION *triamcinolone acetonide*	Covered	
KENALOG 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 32 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

DRUG NAME	TIER	DRUG EDITS
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	
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 *prednisolone*	PDL Non-Preferred	ST
millipred 5 mg tab	PDL Non-Preferred	ST
MILLIPRED DP 5 MG (21) TAB THPK *prednisolone*	PDL Non-Preferred	ST
MILLIPRED DP 5 MG (48) TAB THPK *prednisolone*	PDL Non-Preferred	ST
ORTIKOS 6 MG CAP ER 24H *budesonide*	PDL Non-Preferred	ST
ORTIKOS 9 MG CAP ER 24H *budesonide*	PDL Non-Preferred	ST
PREDNISOLONE 15 MG/5ML SOLUTION *prednisolone*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
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*	PDL Non-Preferred	ST
prednisolone sodium phosphate 10 mg tab disp	PDL Non-Preferred	ST
prednisolone sodium phosphate 10 mg/5ml solution	PDL Preferred	
PREDNISOLONE SODIUM PHOSPHATE 15 MG TAB DISP *prednisolone sodium phosphate*	PDL Non-Preferred	ST
prednisolone sodium phosphate 15 mg tab disp	PDL Non-Preferred	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 *prednisolone sodium phosphate*	Covered	
PREDNISOLONE SODIUM PHOSPHATE 30 MG TAB DISP *prednisolone sodium phosphate*	PDL Non-Preferred	ST
prednisolone sodium phosphate 30 mg tab disp	PDL Non-Preferred	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	

DRUG NAME	TIER	DRUG EDITS
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	
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 (PF) 1000 MG RECON SOLN *methylprednisolone sod succ*	Covered	

DRUG NAME	TIER	DRUG EDITS
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	
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	
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 6-day 1.5 mg 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
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	

DRUG NAME	TIER	DRUG EDITS
COUGH/COLD/ALLERGY		
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D 12 HOUR 2.5-120 MG TAB ER 12H *desloratadine-pseudoephedrine*	Covered	QL 102 UNITS / 365 DAYS ST 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	

DRUG NAME	TIER	DRUG EDITS
ACANYA 1.2-2.5 % GEL *clindamycin phosphate-benzoyl peroxide*	PDL Non-Preferred	ST
accutane 40 mg cap	Covered	
ACZONE 5 % GEL *dapsone (topical)*	PDL Non-Preferred	ST
ACZONE 7.5 % GEL *dapsone (topical)*	PDL Non-Preferred	ST
adapalene 0.1 % cream	PDL Preferred	
adapalene 0.1 % gel	PDL Preferred	
adapalene 0.3 % gel	PDL Preferred	
adapalene-benzoyl peroxide 0.1-2.5 % gel	PDL Non-Preferred	ST
ADAPALENE-BENZOYL PEROXIDE 0.1-2.5 % PAD *adapalene-benzoyl peroxide*	Covered	
adapalene-benzoyl peroxide 0.3-2.5 % gel	PDL Preferred	
AKLIEF 0.005 % CREAM *trifarotene*	Covered	
ALTRENO 0.05 % LOTION *tretinoin*	PDL Non-Preferred	ST
amnesteem 10 mg cap	Covered	
amnesteem 20 mg cap	Covered	
amnesteem 40 mg cap	Covered	
AMZEEQ 4 % FOAM *minocycline hcl micronized (acne)*	PDL Non-Preferred	ST
ARAZLO 0.045 % LOTION *tazarotene (acne)*	PDL Non-Preferred	ST
ATRALIN 0.05 % GEL *tretinoin*	PDL Non-Preferred	ST
avar cleanser 10-5 % liquid	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
AVAR LS CLEANSER 10-2 % LIQUID *sulfacetamide sodium w/ sulfur*	PDL Non-Preferred	ST
avar-e emollient 10-5 % cream	PDL Non-Preferred	ST
avar-e green 10-5 % cream	PDL Non-Preferred	ST
AVAR-E LS 10-2 % CREAM *sulfacetamide sodium w/ sulfur*	PDL Non-Preferred	ST
avita 0.025 % cream	PDL Non-Preferred	ST
avita 0.025 % gel	PDL Non-Preferred	ST
AZELEX 20 % CREAM *azelaic acid (acne)*	Covered	
BENZACLIN 1-5 % GEL *clindamycin phosphate-benzoyl peroxide*	PDL Non-Preferred	ST
BENZACLIN WITH PUMP 1-5 % GEL *clindamycin phosphate-benzoyl peroxide*	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
claravis 10 mg cap	Covered	
claravis 20 mg cap	Covered	
claravis 30 mg cap	Covered	
claravis 40 mg cap	Covered	
CLEOCIN-T 1 % GEL *clindamycin phosphate (topical)*	PDL Non-Preferred	ST
CLEOCIN-T 1 % LOTION *clindamycin phosphate (topical)*	PDL Non-Preferred	ST

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DRUG NAME	TIER	DRUG EDITS
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
CLINDAGEL 1 % GEL *clindamycin phosphate (topical)*	PDL Non-Preferred	ST
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 1.2-5 % gel	PDL Preferred	
clindamycin phosphate 1 % foam	PDL Non-Preferred	ST
clindamycin phosphate 1 % gel	PDL Non-Preferred	ST
clindamycin phosphate 1 % gel	PDL Non-Preferred	ST
clindamycin phosphate 1 % lotion	PDL Non-Preferred	ST
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

DRUG NAME	TIER	DRUG EDITS
DIFFERIN 0.1 % CREAM *adapalene*	Covered	
DIFFERIN 0.1 % LOTION *adapalene*	Covered	
DIFFERIN 0.3 % GEL *adapalene*	Covered	
EPIDUO FORTE 0.3-2.5 % GEL *adapalene-benzoyl peroxide*	Covered	
ERY 2 % PAD *erythromycin (acne aid)*	PDL Non-Preferred	ST
ERYGEL 2 % GEL *erythromycin (acne aid)*	PDL Non-Preferred	ST
erythromycin 2 % gel	PDL Non-Preferred	ST
erythromycin 2 % solution	PDL Preferred	
EVOCLIN 1 % FOAM *clindamycin phosphate (topical)*	PDL Non-Preferred	ST
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	
KLARON 10 % LOTION *sulfacetamide sodium (acne)*	PDL Non-Preferred	ST
myorisan 10 mg cap	Covered	
myorisan 20 mg cap	Covered	
myorisan 30 mg cap	Covered	
myorisan 40 mg cap	Covered	

DRUG NAME	TIER	DRUG EDITS
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 Preferred	
RETIN-A MICRO PUMP 0.06 % GEL *tretinoin microsphere*	PDL Preferred	
RETIN-A MICRO PUMP 0.08 % GEL *tretinoin microsphere*	PDL Preferred	
RETIN-A MICRO PUMP 0.1 % GEL *tretinoin microsphere*	PDL Preferred	
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

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DRUG NAME	TIER	DRUG EDITS
sulfacetamide sodium (acne) 10 % lotion	PDL Non-Preferred	ST
sulfacetamide sodium-sulfur 10-2 % cream	PDL Non-Preferred	ST
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 10-5 % LOTION *sulfacetamide sodium w/ sulfur*	PDL Non-Preferred	ST
SULFACETAMIDE SODIUM-SULFUR 10-5 % SUSPENSION *sulfacetamide sodium w/ sulfur*	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 9-4.5 % liquid	PDL Non-Preferred	ST
sulfacetamide sodium-sulfur 9.8-4.8 % liquid	PDL Non-Preferred	ST
SULFACETAMIDE-SULFUR IN UREA 10-5 % EMULSION *sulfacetamide sodium-sulfur in urea vehicle*	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

DRUG NAME	TIER	DRUG EDITS
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
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 0.1 % gel	PDL Non-Preferred	ST
tretinoin microsphere pump 0.04 % 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	

DRUG NAME	TIER	DRUG EDITS
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		
RENOVA 0.02 % CREAM *tretinoin (facial wrinkles)*	Covered	
RENOVA PUMP 0.02 % CREAM *tretinoin (facial wrinkles)*	Covered	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE 1.3 % PATCH *diclofenac epolamine*	PDL Non-Preferred	ST
diclofenac sodium 1 % gel	PDL Preferred	ST
diclofenac sodium 1.5 % solution	PDL Non-Preferred	ST
diclofenac sodium 2 % solution	PDL Non-Preferred	ST
FLECTOR 1.3 % PATCH *diclofenac epolamine*	PDL Non-Preferred	ST
LICART 1.3 % PATCH 24HR *diclofenac epolamine*	PDL Non-Preferred	ST
PENNSAID 2 % SOLUTION *diclofenac sodium (topical)*	PDL Non-Preferred	ST
VOLTAREN 1 % GEL *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

DRUG NAME	TIER	DRUG EDITS
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
CICLODAN SOLUTION 8 % KIT *ciclopirox*	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
CICLOPIROX TREATMENT 8 % KIT *ciclopirox*	PDL Non-Preferred	ST
clotrimazole 1 % cream	PDL Preferred	
clotrimazole 1 % solution	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
clotrimazole-betamethasone 1-0.05 % cream	PDL Preferred	
clotrimazole-betamethasone 1-0.05 % lotion	PDL Non-Preferred	ST
econazole nitrate 1 % cream	PDL Non-Preferred	ST
ERTACZO 2 % CREAM *sertaconazole nitrate*	PDL Non-Preferred	ST
EXELDERM 1 % CREAM *sulconazole nitrate*	PDL Non-Preferred	ST
EXELDERM 1 % SOLUTION *sulconazole nitrate*	PDL Non-Preferred	ST
EXTINA 2 % FOAM *ketoconazole (topical)*	PDL Non-Preferred	ST
hydrocortisone-iodoquinol 1-1 % cream	Covered	
iodoquinol-hc-aloe polysacch 1-2-1 % gel	Covered	
JUBLIA 10 % SOLUTION *efinaconazole*	PDL Non-Preferred	ST
KERYDIN 5 % SOLUTION *tavaborole*	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
LOPROX 0.77 % (SUSP) KIT *ciclopirox olamine & cleanser*	PDL Non-Preferred	ST
LOPROX 0.77 % CREAM *ciclopirox olamine*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
LOPROX 0.77 % KIT *ciclopirox olamine & cleanser*	PDL Non-Preferred	ST
LOPROX 0.77 % SUSPENSION *ciclopirox olamine*	PDL Non-Preferred	ST
LOPROX 1 % SHAMPOO *ciclopirox*	PDL Non-Preferred	ST
LULICONAZOLE 1 % CREAM *luliconazole*	PDL Non-Preferred	ST
LUZU 1 % CREAM *luliconazole*	PDL Non-Preferred	ST
MENTAX 1 % CREAM *butenafine hcl*	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 PA
NAFTIFINE HCL 1 % CREAM *naftifine hcl*	PDL Non-Preferred	ST
naftifine hcl 1 % gel	PDL Non-Preferred	ST
naftifine hcl 2 % cream	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

DRUG NAME	TIER	DRUG EDITS
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 % CREAM *oxiconazole nitrate*	Covered	
OXISTAT 1 % LOTION *oxiconazole nitrate*	PDL Non-Preferred	ST
SULCONAZOLE NITRATE 1 % CREAM *sulconazole nitrate*	PDL Non-Preferred	ST
SULCONAZOLE NITRATE 1 % SOLUTION *sulconazole 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 PA
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
AMELUZ 10 % GEL *aminolevulinic acid hcl*	Covered	
CARAC 0.5 % CREAM *fluorouracil (topical)*	Covered	
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 *fluorouracil (topical)*	Covered	

DRUG NAME	TIER	DRUG EDITS
LEVULAN KERASTICK 20 % RECON SOLN *aminolevulinic acid hcl*	Covered	
PANRETIN 0.1 % GEL *alitretinoin*	Covered	
PICATO 0.015 % GEL *ingenol mebutate*	Covered	
PICATO 0.05 % GEL *ingenol mebutate*	Covered	
TARGRETIN 1 % GEL *bexarotene (topical)*	Covered	
VALCHLOR 0.016 % GEL *mechlorethamine hcl (topical)*	Covered	
ANTIPRURITICS - TOPICAL		
doxepin hcl 5 % cream	Covered	QL 45 UNITS / 90 DAYS
PRUDOXIN 5 % CREAM *doxepin hcl (antipruritic)*	Covered	QL 45 UNITS / 90 DAYS
ZONALON 5 % CREAM *doxepin hcl (antipruritic)*	Covered	QL 45 UNITS / 90 DAYS
ANTIPSORIATICS		
acitretin 10 mg cap	PDL Preferred	
acitretin 17.5 mg cap	PDL Preferred	
acitretin 25 mg cap	PDL Preferred	
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	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
CALCITRIOL 3 MCG/GM OINTMENT *calcitriol (topical)*	PDL Non-Preferred	ST
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR *secukinumab*	PDL Preferred	PA
COSENTYX 150 MG/ML SOLN PRSYR *secukinumab*	PDL Preferred	PA
COSENTYX 75 MG/0.5ML SOLN PRSYR *secukinumab*	PDL Preferred	PA
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ *secukinumab*	PDL Preferred	PA
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ *secukinumab*	PDL Preferred	PA
DOVONEX 0.005 % CREAM *calcipotriene*	PDL Preferred	
ILUMYA 100 MG/ML SOLN PRSYR *tildrakizumab-asmn*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
METHOXSALEN RAPID 10 MG CAP *methoxsalen rapid*	PDL Non-Preferred	ST
methoxsalen rapid 10 mg cap	PDL Non-Preferred	ST
OXSORALEN ULTRA 10 MG CAP *methoxsalen rapid*	PDL Non-Preferred	ST
SILIQ 210 MG/1.5ML SOLN PRSYR *brodalumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT *risankizumab-rzaa*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
SKYRIZI 150 MG/ML SOLN PRSYR *risankizumab-rzaa*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required

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DRUG NAME	TIER	DRUG EDITS
SKYRIZI PEN 150 MG/ML SOLN A-INJ *risankizumab-rzaa*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
SORIATANE 10 MG CAP *acitretin*	PDL Non-Preferred	ST
SORIATANE 25 MG CAP *acitretin*	PDL Non-Preferred	ST
SORILUX 0.005 % FOAM *calcipotriene*	PDL Non-Preferred	ST
SOTYKTU 6 MG TAB *deucravacitinib*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
SPEVIGO 450 MG/7.5ML SOLUTION *spesolimab-sbzo*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
STELARA 45 MG/0.5ML SOLN PRSYR *ustekinumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
STELARA 45 MG/0.5ML SOLUTION *ustekinumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
STELARA 90 MG/ML SOLN PRSYR *ustekinumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
TALTZ 80 MG/ML SOLN A-INJ *ixekizumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
TALTZ 80 MG/ML SOLN PRSYR *ixekizumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
tazarotene 0.05 % gel	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
tazarotene 0.1 % cream	PDL Non-Preferred	ST
tazarotene 0.1 % gel	PDL Non-Preferred	ST
TAZORAC 0.05 % CREAM *tazarotene*	PDL Non-Preferred	ST
TAZORAC 0.05 % GEL *tazarotene*	PDL Non-Preferred	ST
TAZORAC 0.1 % CREAM *tazarotene*	PDL Non-Preferred	ST
TAZORAC 0.1 % GEL *tazarotene*	PDL Non-Preferred	PA
TREMFYA 100 MG/ML SOLN PEN *guselkumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
TREMFYA 100 MG/ML SOLN PRSYR *guselkumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
VECTICAL 3 MCG/GM OINTMENT *calcitriol (topical)*	PDL Non-Preferred	ST
VTAMA 1 % CREAM *tapinarof*	PDL Non-Preferred	ST
ZORYVE 0.3 % CREAM *roflumilast (topical)*	PDL Non-Preferred	ST
ANTISEBORRHEIC PRODUCTS		
OVACE PLUS 10 % CREAM *sulfacetamide sodium*	PDL Non-Preferred	ST
OVACE PLUS 10 % SHAMPOO *sulfacetamide sodium*	PDL Non-Preferred	ST
OVACE PLUS 9.8 % LOTION *sulfacetamide sodium*	PDL Non-Preferred	ST
OVACE PLUS WASH 10 % GEL *sulfacetamide sodium*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
OVACE PLUS WASH 10 % LIQUID *sulfacetamide sodium*	PDL Non-Preferred	ST
OVACE WASH 10 % LIQUID *sulfacetamide sodium*	PDL Non-Preferred	ST
PROMISEB CREAM *antiseborrheic products, misc.*	PDL Non-Preferred	ST
selenium sulfide 2.25 % shampoo	Covered	
selenium sulfide 2.3 % shampoo	Covered	PA
selenium sulfide 2.5 % lotion	Covered	
sodium sulfacetamide 10 % shampoo	PDL Non-Preferred	ST
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
ANTIVIRALS - TOPICAL		
acyclovir 5 % cream	PDL Non-Preferred	ST
acyclovir 5 % ointment	PDL Preferred	
DENAVIR 1 % CREAM *penciclovir*	PDL Non-Preferred	ST
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

DRUG NAME	TIER	DRUG EDITS
BURN PRODUCTS		
mafenide acetate 5 % packet	Covered	
SILVADENE 1 % CREAM *silver sulfadiazine*	Covered	
silver sulfadiazine 1 % cream	Covered	
ssd 1 % cream	Covered	
SULFAMYLON 5 % PACKET *mafenide acetate*	Covered	
SULFAMYLON 85 MG/GM CREAM *mafenide acetate*	Covered	
CAUTERIZING AGENTS		
SILVER NITRATE 0.5 % SOLUTION *silver nitrate*	Covered	
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate 0.05 % cream	PDL Non-Preferred	ST
alclometasone dipropionate 0.05 % ointment	PDL Non-Preferred	ST
AMCINONIDE 0.1 % CREAM *amcinonide*	PDL Non-Preferred	ST
AMCINONIDE 0.1 % LOTION *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
betamethasone dipropionate 0.05 % lotion	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
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
CAPEX 0.01 % SHAMPOO *fluocinolone acetonide*	Covered	
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	

DRUG NAME	TIER	DRUG EDITS
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	
clobetasol propionate emulsion 0.05 % foam	PDL Non-Preferred	ST
CLOBEX 0.05 % SHAMPOO *clobetasol propionate*	Covered	
CLOBEX SPRAY 0.05 % LIQUID *clobetasol propionate*	Covered	
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 Preferred	ST
CLODERM 0.1 % CREAM *clocortolone pivalate*	PDL Non-Preferred	ST
CORDRAN 4 MCG/SQCM TAPE *flurandrenolide*	Covered	
CUTIVATE 0.05 % LOTION *fluticasone propionate*	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	

DRUG NAME	TIER	DRUG EDITS
DESONATE 0.05 % GEL *desonide*	PDL Non-Preferred	ST
desonide 0.05 % cream	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
desonide 0.05 % lotion	PDL Non-Preferred	ST
desonide 0.05 % ointment	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
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 Non-Preferred	ST
fluocinonide 0.05 % gel	PDL Non-Preferred	ST
fluocinonide 0.05 % ointment	PDL Non-Preferred	ST
fluocinonide 0.05 % solution	PDL Non-Preferred	ST
fluocinonide 0.1 % cream	PDL Non-Preferred	ST
fluocinonide emulsified base 0.05 % cream	PDL Non-Preferred	ST
flurandrenolide 0.05 % cream	PDL Non-Preferred	ST
flurandrenolide 0.05 % lotion	PDL Non-Preferred	ST
flurandrenolide 0.05 % ointment	PDL Non-Preferred	ST
fluticasone propionate 0.005 % ointment	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
fluticasone propionate 0.05 % cream	PDL Preferred	
fluticasone propionate 0.05 % lotion	PDL Non-Preferred	ST
halcinonide 0.1 % cream	PDL Non-Preferred	ST
halobetasol propionate 0.05 % cream	PDL Preferred	
HALOBETASOL PROPIONATE 0.05 % FOAM *halobetasol propionate*	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
hydrocortisone 1 % cream	PDL Preferred	
hydrocortisone 1 % ointment	PDL Preferred	
hydrocortisone 2.5 % cream	PDL Preferred	
hydrocortisone 2.5 % lotion	PDL Preferred	
hydrocortisone 2.5 % ointment	PDL Preferred	
hydrocortisone ace-pramoxine 2.5-1 % cream	Covered	
hydrocortisone butyr lipo base 0.1 % cream	PDL Non-Preferred	ST
HYDROCORTISONE BUTYRATE 0.1 % CREAM *hydrocortisone butyrate*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
hydrocortisone butyrate 0.1 % cream	PDL Non-Preferred	ST
hydrocortisone butyrate 0.1 % lotion	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 butyrate 0.1 % solution	PDL Non-Preferred	ST
hydrocortisone valerate 0.2 % cream	PDL Non-Preferred	ST
hydrocortisone valerate 0.2 % ointment	PDL Non-Preferred	ST
IMPEKLO 0.15 MG/ACT (0.05%) LOTION *clobetasol propionate*	PDL Non-Preferred	ST
KENALOG 0.147 MG/GM AERO SOLN *triamcinolone acetonide (topical)*	PDL Non-Preferred	ST
LEXETTE 0.05 % FOAM *halobetasol propionate*	PDL Non-Preferred	ST
LOCOID 0.1 % LOTION *hydrocortisone butyrate*	PDL Non-Preferred	ST
LOCOID LIPOCREAM 0.1 % CREAM *hydrocortisone butyrate hydrophilic lipo base*	PDL Non-Preferred	ST
LUXIQ 0.12 % FOAM *betamethasone valerate*	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	
OLUX 0.05 % FOAM *clobetasol propionate*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
OLUX-E 0.05 % FOAM *clobetasol propionate emulsion*	PDL Non-Preferred	ST
PANDEL 0.1 % CREAM *hydrocortisone probutate*	PDL Non-Preferred	ST
PRAMOSONE 1-1 % CREAM *pramoxine-hc*	Covered	
PRAMOSONE 1-1 % LOTION *pramoxine-hc*	Covered	
PRAMOSONE 1-1 % OINTMENT *pramoxine-hc*	Covered	
PRAMOSONE 1-2.5 % CREAM *pramoxine-hc*	Covered	
PRAMOSONE 1-2.5 % LOTION *pramoxine-hc*	Covered	
PRAMOSONE 1-2.5 % OINTMENT *pramoxine-hc*	Covered	
PREDNICARBATE 0.1 % CREAM *prednicarbate*	PDL Non-Preferred	ST
PREDNICARBATE 0.1 % OINTMENT *prednicarbate*	PDL Non-Preferred	ST
PSORCON 0.05 % CREAM *diflorasone diacetate*	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 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 TS 0.01 % KIT *fluocinolone acetonide & cleanser*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
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
TEMOVATE 0.05 % CREAM *clobetasol propionate*	PDL Non-Preferred	ST
TEMOVATE 0.05 % OINTMENT *clobetasol propionate*	PDL Non-Preferred	ST
TEXACORT 2.5 % SOLUTION *hydrocortisone (topical)*	PDL Non-Preferred	ST
TOPICORT 0.05 % CREAM *desoximetasone*	PDL Non-Preferred	ST
TOPICORT 0.05 % GEL *desoximetasone*	PDL Non-Preferred	ST
TOPICORT 0.05 % OINTMENT *desoximetasone*	PDL Non-Preferred	ST
TOPICORT 0.25 % CREAM *desoximetasone*	PDL Non-Preferred	ST
TOPICORT 0.25 % OINTMENT *desoximetasone*	PDL Non-Preferred	ST
TOPICORT SPRAY 0.25 % LIQUID *desoximetasone*	PDL Non-Preferred	ST
tovet 0.05 % foam	PDL Non-Preferred	ST
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	

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DRUG NAME	TIER	DRUG EDITS
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	PDL Non-Preferred	ST
triamcinolone acetonide 0.5 % cream	PDL Preferred	
triamcinolone acetonide 0.5 % ointment	PDL Preferred	
triamcinolone in absorbase 0.05 % ointment	PDL Preferred	
trianex 0.05 % ointment	PDL Preferred	
ULTRAVATE 0.05 % CREAM *halobetasol propionate*	Covered	
ULTRAVATE 0.05 % LOTION *halobetasol propionate*	PDL Non-Preferred	ST
ULTRAVATE 0.05 % OINTMENT *halobetasol propionate*	Covered	
VANOS 0.1 % CREAM *fluocinonide*	PDL Non-Preferred	ST
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR *tralokinumab-ldrm*	PDL Non-Preferred	PA
CIBINQO 100 MG TAB *abrocitinib*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
CIBINQO 200 MG TAB *abrocitinib*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required

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DRUG NAME	TIER	DRUG EDITS
CIBINQO 50 MG TAB *abrocitinib*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
DUPIXENT 100 MG/0.67ML SOLN PRSYR *dupilumab*	PDL Non-Preferred	PA
DUPIXENT 200 MG/1.14ML SOLN PEN *dupilumab*	PDL Non-Preferred	PA
DUPIXENT 200 MG/1.14ML SOLN PRSYR *dupilumab*	PDL Non-Preferred	PA
DUPIXENT 300 MG/2ML SOLN PEN *dupilumab*	PDL Non-Preferred	PA
DUPIXENT 300 MG/2ML SOLN PRSYR *dupilumab*	PDL Non-Preferred	PA
OPZELURA 1.5 % CREAM *ruxolitinib phosphate (topical)*	PDL Non-Preferred	PA
EMOLLIENT/KERATOLYTIC AGENTS		
urea 39 % cream	Covered	
urea 40 % cream	Covered	
urea 40 % lotion	Covered	
urea 41 % cream	Covered	
UREA HYDRATING 35 % FOAM *urea in lactic acid vehicle*	Covered	
EMOLLIENTS		
ammonium lactate 12 % cream	Covered	
ammonium lactate 12 % lotion	Covered	
GLABELLAR LINES (FROWN LINES) AGENTS		
BOTOX COSMETIC 100 UNIT RECON SOLN *onabotulinumtoxina (cosmetic)*	Covered	QL 6 UNITS / 90 DAYS PA
BOTOX COSMETIC 50 UNIT RECON SOLN *onabotulinumtoxina (cosmetic)*	Covered	QL 6 UNITS / 90 DAYS PA

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DRUG NAME	TIER	DRUG EDITS
HAIR GROWTH AGENTS		
bimatoprost 0.03 % solution	Covered	
finasteride 1 mg tab	Covered	
LATISSE 0.03 % SOLUTION *bimatoprost (topical)*	Covered	
PROPECIA 1 MG TAB *finasteride (alopecia)*	Covered	
HAIR REDUCTION AGENTS		
VANIQA 13.9 % CREAM *eflornithine hcl*	Covered	
IMMUNOMODULATING AGENTS - TOPICAL		
ALDARA 5 % CREAM *imiquimod*	PDL Non-Preferred	ST
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
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL 1 % CREAM *pimecrolimus*	PDL Preferred	PA
HYFTOR 0.2 % GEL *sirolimus (topical)*	PDL Non-Preferred	ST
pimecrolimus 1 % cream	PDL Non-Preferred	PA

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DRUG NAME	TIER	DRUG EDITS
PROTOPIC 0.03 % OINTMENT *tacrolimus (topical)*	PDL Preferred	PA
PROTOPIC 0.1 % OINTMENT *tacrolimus (topical)*	PDL Preferred	PA
tacrolimus 0.03 % ointment	PDL Preferred	PA
tacrolimus 0.1 % ointment	PDL Preferred	PA
KERATOLYTIC/ANTIMITOTIC AGENTS		
BENSAL HP 3 % OINTMENT *salicylic acid*	PDL Non-Preferred	ST
CONDYLOX 0.5 % GEL *podofilox*	PDL Non-Preferred	ST
PODOCON-25 25 % SOLUTION *podophyllum resin*	Covered	
podofilox 0.5 % solution	PDL Non-Preferred	ST
SALEX 6 % (CREAM) KIT *salicylic acid w/ cleanser*	Covered	
SALEX 6 % (LOTION) KIT *salicylic acid w/ cleanser*	Covered	
SALEX 6 % SHAMPOO *salicylic acid*	PDL Non-Preferred	PA
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	
LOCAL ANESTHETICS - TOPICAL		
glydo 2 % prsyr	Covered	
lidocaine 5 % ointment	Covered	
lidocaine 5 % patch	PDL Preferred	QL 3 UNITS / 1 DAYS PA

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DRUG NAME	TIER	DRUG EDITS
lidocaine hcl 3 % cream	Covered	
lidocaine hcl 4 % solution	Covered	
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL *lidocaine hcl*	Covered	
lidocaine hcl urethral/mucosal 2 % prsyr	Covered	
lidocaine-prilocaine 2.5-2.5 % cream	Covered	
lidocaine-prilocaine 2.5-2.5 % kit	Covered	
LIDODERM 5 % PATCH *lidocaine*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS PA
PLIAGLIS 7-7 % CREAM *lidocaine-tetracaine*	Covered	
QUTENZA (2 PATCH) 8 % KIT *capsaicin & cleansing gel*	PDL Non-Preferred	ST
QUTENZA (4 PATCH) 8 % KIT *capsaicin & cleansing gel*	PDL Non-Preferred	ST
QUTENZA 8 % KIT *capsaicin & cleansing gel*	PDL Non-Preferred	ST
SYNERA 70-70 MG PATCH *lidocaine-tetracaine*	Covered	
ZTLIDO 1.8 % PATCH *lidocaine*	PDL Non-Preferred	QL 3 / 1 day(s) PA
MISC. TOPICAL		
QBREXZA 2.4 % PAD *glycopyrronium tosylate*	Covered	
XERAC AC 6.25 % SOLUTION *aluminum chloride in alcohol*	Covered	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA 2 % OINTMENT *crisaborole*	PDL Preferred	PA

DRUG NAME	TIER	DRUG EDITS
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone 4 % cream	Covered	
TRI-LUMA 0.01-4-0.05 % CREAM *fluocinolone-hydroquinone-tretinoin*	Covered	
ROSACEA AGENTS		
azelaic acid 15 % gel	PDL Non-Preferred	ST
brimonidine tartrate 0.33 % gel	PDL Non-Preferred	ST
DOXYCYCLINE 40 MG CAP DR *doxycycline (rosacea)*	PDL Non-Preferred	ST
FINACEA 15 % FOAM *azelaic acid*	PDL Non-Preferred	ST
FINACEA 15 % GEL *azelaic acid*	PDL Non-Preferred	ST
IVERMECTIN 1 % CREAM *ivermectin (rosacea)*	Covered	
ivermectin 1 % cream	PDL Non-Preferred	ST
METROCREAM 0.75 % CREAM *metronidazole (topical)*	Covered	
METROGEL 1 % GEL *metronidazole (topical)*	Covered	
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	
MIRVASO 0.33 % GEL *brimonidine tartrate (topical)*	Covered	

DRUG NAME	TIER	DRUG EDITS
NORITATE 1 % CREAM *metronidazole (topical)*	PDL Non-Preferred	ST
ORACEA 40 MG CAP DR *doxycycline (rosacea)*	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
SOOLANTRA 1 % CREAM *ivermectin (rosacea)*	Covered	
ZILXI 1.5 % FOAM *minocycline hcl micronized (rosacea)*	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
EURAX 10 % CREAM *crotamiton*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
EURAX 10 % LOTION *crotamiton*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
IVERMECTIN 0.5 % LOTION *ivermectin (pediculicide)*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
LINDANE 1 % SHAMPOO *lindane*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required

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DRUG NAME	TIER	DRUG EDITS
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	
OVIDE 0.5 % LOTION *malathion*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
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
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC BIOLOGICALS		
APLISOL 5 UNIT/0.1ML SOLUTION *tuberculin ppd*	Covered	
DIAGNOSTIC DRUGS		
ACTHREL 100 MCG RECON SOLN *corticorelin ovine triflutate*	Covered	
adenosine (diagnostic) 3 mg/ml solution	Covered	
adenosine 3 mg/ml solution	Covered	
CORTROSYN 0.25 MG RECON SOLN *cosyntropin*	Covered	
cosyntropin 0.25 mg recon soln	Covered	
DIPYRIDAMOLE 5 MG/ML SOLUTION *dipyridamole (diagnostic)*	Covered	
GLUCAGEN DIAGNOSTIC 1 MG RECON SOLN *glucagon hcl rdna (diagnostic)*	Covered	

DRUG NAME	TIER	DRUG EDITS
GLUCAGON HCL (DIAGNOSTIC) 1 MG RECON SOLN *glucagon hcl (diagnostic)*	Covered	
INDIGO CARMINE 8 MG/ML SOLUTION *indigotindisulfonate sodium*	Covered	
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	
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	
GALLIUM CITRATE GA 67 2 MCI/ML SOLUTION *gallium citrate ga 67*	Covered	
TECHNELITE KIT *technetium tc 99m sodium pertechnetate*	Covered	
XENON XE 133 10 MCI GAS *xenon xe 133*	Covered	
XENON XE 133 20 MCI GAS *xenon xe 133*	Covered	
MISCELLANEOUS CONTRAST MEDIA		
clariscan 10 mmol/20ml soln prsyr	Covered	
clariscan 10 mmol/20ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
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	
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	
MAGNEVIST 469.01 MG/ML SOLUTION *gadopentetate dimeglumine*	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		
OMNIPAQUE 12 MG/ML SOLUTION *iohexol*	Covered	
OMNIPAQUE 9 MG/ML SOLUTION *iohexol*	Covered	
ULTRAVIST 50 % SOLUTION *iopromide*	Covered	

DRUG NAME	TIER	DRUG EDITS
ULTRAVIST 62 % SOLUTION *iopromide*	Covered	
ULTRAVIST 77 % SOLUTION *iopromide*	Covered	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
ENLYTE CAP *dietary management product*	Covered	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON 12000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	
CREON 24000-76000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	
CREON 3000-9500 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	
CREON 36000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	
CREON 6000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	
PANCREAZE 10500 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	Covered	
PANCREAZE 16800 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	Covered	
PANCREAZE 21000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	Covered	
PANCREAZE 2600-8800 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	Covered	
PANCREAZE 4200 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	Covered	
PERTZYE 16000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Non-Preferred	ST
PERTZYE 24000-86250 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Non-Preferred	ST

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DRUG NAME	TIER	DRUG EDITS
PERTZYE 4000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Non-Preferred	ST
PERTZYE 8000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Non-Preferred	ST
VIOKACE 10440-39150 UNIT TAB *pancrelipase (lipase-protease-amylase)*	PDL Non-Preferred	ST
VIOKACE 20880 UNIT TAB *pancrelipase (lipase-protease-amylase)*	PDL Non-Preferred	ST
ZENPEP 10000-32000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	
ZENPEP 15000-47000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	
ZENPEP 20000-63000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	
ZENPEP 25000-79000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	
ZENPEP 3000-10000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	
ZENPEP 40000-126000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	
ZENPEP 5000-24000 UNIT CP DR PART *pancrelipase (lipase-protease-amylase)*	PDL Preferred	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide 125 mg tab	Covered	
acetazolamide 250 mg tab	Covered	
acetazolamide er 500 mg cap er 12h	Covered	
acetazolamide sodium 500 mg recon soln	Covered	
KEVEYIS 50 MG TAB *dichlorphenamide*	Covered	
methazolamide 25 mg tab	Covered	
methazolamide 50 mg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
DIURETIC COMBINATIONS		
ALDACTAZIDE 25-25 MG TAB *spironolactone & hydrochlorothiazide*	Covered	
ALDACTAZIDE 50-50 MG TAB *spironolactone & hydrochlorothiazide*	Covered	
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB *amiloride & hydrochlorothiazide*	Covered	
amiloride-hydrochlorothiazide 5-50 mg tab	Covered	
DYAZIDE 37.5-25 MG CAP *triamterene & hydrochlorothiazide*	Covered	
MAXZIDE 75-50 MG TAB *triamterene & hydrochlorothiazide*	Covered	
MAXZIDE-25 37.5-25 MG TAB *triamterene & hydrochlorothiazide*	Covered	
spironolactone-hctz 25-25 mg tab	Covered	
triamterene-hctz 37.5-25 mg cap	Covered	
triamterene-hctz 37.5-25 mg tab	Covered	
triamterene-hctz 75-50 mg tab	Covered	
LOOP DIURETICS		
bumetanide 0.25 mg/ml solution	Covered	
bumetanide 0.5 mg tab	Covered	
bumetanide 1 mg tab	Covered	
bumetanide 2 mg tab	Covered	
EDECRIN 25 MG TAB *ethacrynic acid*	Covered	
ethacrynate sodium 50 mg recon soln	Covered	
ethacrynic acid 25 mg tab	Covered	
furosemide 10 mg/ml solution	Covered	
furosemide 20 mg tab	Covered	
furosemide 40 mg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
FUROSEMIDE 8 MG/ML SOLUTION *furosemide*	Covered	
furosemide 80 mg tab	Covered	
LASIX 20 MG TAB *furosemide*	Covered	
LASIX 40 MG TAB *furosemide*	Covered	
LASIX 80 MG TAB *furosemide*	Covered	
SODIUM EDECRIN 50 MG RECON SOLN *ethacrynate sodium*	Covered	
torsemide 10 mg tab	Covered	
torsemide 100 mg tab	Covered	
torsemide 20 mg tab	Covered	
torsemide 5 mg tab	Covered	
OSMOTIC DIURETICS		
mannitol 20 % solution	Covered	
mannitol 25 % solution	Covered	
OSMITROL 10 % SOLUTION *mannitol*	Covered	
OSMITROL 15 % SOLUTION *mannitol*	Covered	
osmitrol 20 % solution	Covered	
OSMITROL 5 % SOLUTION *mannitol*	Covered	
POTASSIUM SPARING DIURETICS		
ALDACTONE 100 MG TAB *spironolactone*	Covered	
ALDACTONE 25 MG TAB *spironolactone*	Covered	
ALDACTONE 50 MG TAB *spironolactone*	Covered	

DRUG NAME	TIER	DRUG EDITS
amiloride hcl 5 mg tab	Covered	
CAROSPIR 25 MG/5ML SUSPENSION *spironolactone*	Covered	
spironolactone 100 mg tab	Covered	
spironolactone 25 mg tab	Covered	
spironolactone 50 mg tab	Covered	
triamterene 100 mg cap	Covered	
triamterene 50 mg cap	Covered	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide sodium 500 mg recon soln	Covered	
chlorthalidone 25 mg tab	Covered	
chlorthalidone 50 mg tab	Covered	
DIURIL 250 MG/5ML SUSPENSION *chlorothiazide*	Covered	
hydrochlorothiazide 12.5 mg cap	Covered	
hydrochlorothiazide 12.5 mg tab	Covered	
hydrochlorothiazide 25 mg tab	Covered	
hydrochlorothiazide 50 mg tab	Covered	
indapamide 1.25 mg tab	Covered	
indapamide 2.5 mg tab	Covered	
metolazone 10 mg tab	Covered	
metolazone 2.5 mg tab	Covered	
metolazone 5 mg tab	Covered	
SODIUM DIURIL 500 MG RECON SOLN *chlorothiazide sodium*	Covered	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA 1 MG TAB *osilodrostat phosphate*	Covered	

DRUG NAME	TIER	DRUG EDITS
ISTURISA 10 MG TAB *osilodrostat phosphate*	Covered	
ISTURISA 5 MG TAB *osilodrostat phosphate*	Covered	
BONE DENSITY REGULATORS		
ACTONEL 150 MG TAB *risedronate sodium*	PDL Non-Preferred	ST
ACTONEL 35 MG TAB *risedronate sodium*	PDL Non-Preferred	ST
alendronate sodium 10 mg tab	PDL Preferred	
alendronate sodium 35 mg tab	PDL Preferred	
alendronate sodium 70 mg tab	PDL Preferred	
ALENDRONATE SODIUM 70 MG/75ML SOLUTION *alendronate sodium*	PDL Non-Preferred	ST
ATELVIA 35 MG TAB DR *risedronate sodium*	PDL Non-Preferred	ST
BINOSTO 70 MG EFFER TAB *alendronate sodium*	PDL Non-Preferred	ST
BONIVA 150 MG TAB *ibandronate sodium*	PDL Non-Preferred	ST
BONIVA 3 MG/3ML SOLUTION *ibandronate sodium*	PDL Non-Preferred	ST
calcitonin (salmon) 200 unit/act solution	PDL Non-Preferred	ST
calcitonin (salmon) 200 unit/ml solution	Covered	
EVENITY 105 MG/1.17ML SOLN PRSYR *romosozumab-aqqg*	PDL Non-Preferred	ST
FORTEO 600 MCG/2.4ML SOLN PEN *teriparatide (recombinant)*	PDL Non-Preferred	ST
FOSAMAX 70 MG TAB *alendronate sodium*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
FOSAMAX PLUS D 70-2800 MG-UNIT TAB *alendronate sodium-cholecalciferol*	PDL Non-Preferred	ST
FOSAMAX PLUS D 70-5600 MG-UNIT TAB *alendronate sodium-cholecalciferol*	PDL Non-Preferred	ST
ibandronate sodium 150 mg tab	PDL Non-Preferred	ST
ibandronate sodium 3 mg/3ml solution	Covered	
MIACALCIN 200 UNIT/ML SOLUTION *calcitonin (salmon)*	Covered	
NATPARA 100 MCG CARTRIDGE *parathyroid hormone (recombinant)*	Covered	
NATPARA 25 MCG CARTRIDGE *parathyroid hormone (recombinant)*	Covered	
NATPARA 50 MCG CARTRIDGE *parathyroid hormone (recombinant)*	Covered	
NATPARA 75 MCG CARTRIDGE *parathyroid hormone (recombinant)*	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
RECLAST 5 MG/100ML SOLUTION *zoledronic acid*	Covered	
risedronate sodium 150 mg tab	PDL Non-Preferred	ST
risedronate sodium 30 mg tab	PDL Non-Preferred	ST
risedronate sodium 35 mg tab	PDL Non-Preferred	ST
risedronate sodium 35 mg tab dr	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
risedronate sodium 5 mg tab	PDL Non-Preferred	ST
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN *teriparatide (recombinant)*	PDL Non-Preferred	ST
TYMLOS 3120 MCG/1.56ML SOLN PEN *abaloparatide*	PDL Non-Preferred	ST
XGEVA 120 MG/1.7ML SOLUTION *denosumab*	Covered	
ZOLEDRONIC ACID 4 MG RECON SOLN *zoledronic acid*	Covered	
ZOLEDRONIC ACID 4 MG/100ML SOLUTION *zoledronic acid*	Covered	
zoledronic acid 4 mg/5ml conc	Covered	
zoledronic acid 5 mg/100ml solution	Covered	
CORTICOTROPIN		
ACTHAR 80 UNIT/ML GEL *corticotropin*	Covered	
GNRH/LHRH ANTAGONISTS		
ganirelix acetate 250 mcg/0.5ml soln prsyr	Covered	
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	
SOMAVERT 15 MG RECON SOLN *pegvisomant*	Covered	
SOMAVERT 20 MG RECON SOLN *pegvisomant*	Covered	
SOMAVERT 25 MG RECON SOLN *pegvisomant*	Covered	

DRUG NAME	TIER	DRUG EDITS
SOMAVERT 30 MG RECON SOLN *pegvisomant*	Covered	
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV 2 MG RECON SOLN *tesamorelin acetate*	Covered	
GROWTH HORMONES		
GENOTROPIN 12 MG CARTRIDGE *somatropin*	PDL Preferred	PA
GENOTROPIN 5 MG CARTRIDGE *somatropin*	PDL Preferred	PA
GENOTROPIN MINIQUICK 0.2 MG PRSYR *somatropin*	PDL Preferred	PA
GENOTROPIN MINIQUICK 0.4 MG PRSYR *somatropin*	PDL Preferred	PA
GENOTROPIN MINIQUICK 0.6 MG PRSYR *somatropin*	PDL Preferred	PA
GENOTROPIN MINIQUICK 0.8 MG PRSYR *somatropin*	PDL Preferred	PA
GENOTROPIN MINIQUICK 1 MG PRSYR *somatropin*	PDL Preferred	PA
GENOTROPIN MINIQUICK 1.2 MG PRSYR *somatropin*	PDL Preferred	PA
GENOTROPIN MINIQUICK 1.4 MG PRSYR *somatropin*	PDL Preferred	PA
GENOTROPIN MINIQUICK 1.6 MG PRSYR *somatropin*	PDL Preferred	PA
GENOTROPIN MINIQUICK 1.8 MG PRSYR *somatropin*	PDL Preferred	PA
GENOTROPIN MINIQUICK 2 MG PRSYR *somatropin*	PDL Preferred	PA
HUMATROPE 12 MG CARTRIDGE *somatropin*	PDL Non-Preferred	PA
HUMATROPE 24 MG CARTRIDGE *somatropin*	PDL Non-Preferred	PA

DRUG NAME	TIER	DRUG EDITS
HUMATROPE 5 MG RECON SOLN *somatropin*	PDL Non-Preferred	ST
HUMATROPE 6 MG CARTRIDGE *somatropin*	PDL Non-Preferred	PA
NORDITROPIN FLEXPRO 10 MG/1.5ML SOLN PEN *somatropin*	PDL Preferred	PA
NORDITROPIN FLEXPRO 15 MG/1.5ML SOLN PEN *somatropin*	PDL Preferred	PA
NORDITROPIN FLEXPRO 30 MG/3ML SOLN PEN *somatropin*	PDL Preferred	PA
NORDITROPIN FLEXPRO 5 MG/1.5ML SOLN PEN *somatropin*	PDL Preferred	PA
NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN *somatropin*	PDL Non-Preferred	PA
NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLN PEN *somatropin*	PDL Non-Preferred	PA
NUTROPIN AQ NUSPIN 5 5 MG/2ML SOLN PEN *somatropin*	PDL Non-Preferred	PA
OMNITROPE 10 MG/1.5ML SOLN CART *somatropin*	PDL Non-Preferred	PA
OMNITROPE 5 MG/1.5ML SOLN CART *somatropin*	PDL Non-Preferred	PA
OMNITROPE 5.8 MG RECON SOLN *somatropin*	PDL Non-Preferred	PA
SAIZEN 5 MG RECON SOLN *somatropin (non-refrigerated)*	PDL Non-Preferred	PA
SAIZEN 8.8 MG RECON SOLN *somatropin (non-refrigerated)*	PDL Non-Preferred	PA
SAIZENPREP 8.8 MG RECON SOLN *somatropin (non-refrigerated)*	PDL Non-Preferred	PA

DRUG NAME	TIER	DRUG EDITS
SEROSTIM 4 MG RECON SOLN *somatropin (non-refrigerated)*	PDL Preferred	PA
SEROSTIM 5 MG RECON SOLN *somatropin (non-refrigerated)*	PDL Preferred	PA
SEROSTIM 6 MG RECON SOLN *somatropin (non-refrigerated)*	PDL Preferred	PA
SKYTROFA 11 MG CARTRIDGE *lonapegsomatropin-tcgd*	PDL Non- Preferred	PA
SKYTROFA 13.3 MG CARTRIDGE *lonapegsomatropin-tcgd*	PDL Non- Preferred	PA
SKYTROFA 3 MG CARTRIDGE *lonapegsomatropin-tcgd*	PDL Non- Preferred	PA
SKYTROFA 3.6 MG CARTRIDGE *lonapegsomatropin-tcgd*	PDL Non- Preferred	PA
SKYTROFA 4.3 MG CARTRIDGE *lonapegsomatropin-tcgd*	PDL Non- Preferred	PA
SKYTROFA 5.2 MG CARTRIDGE *lonapegsomatropin-tcgd*	PDL Non- Preferred	PA
SKYTROFA 6.3 MG CARTRIDGE *lonapegsomatropin-tcgd*	PDL Non- Preferred	PA
SKYTROFA 7.6 MG CARTRIDGE *lonapegsomatropin-tcgd*	PDL Non- Preferred	PA
SKYTROFA 9.1 MG CARTRIDGE *lonapegsomatropin-tcgd*	PDL Non- Preferred	PA
ZOMACTON (FOR ZOMA-JET 10) 10 MG RECON SOLN *somatropin*	PDL Non- Preferred	PA
ZOMACTON 10 MG RECON SOLN *somatropin*	PDL Non- Preferred	PA
ZOMACTON 5 MG RECON SOLN *somatropin*	PDL Non- Preferred	PA
ZORBTIVE 8.8 MG RECON SOLN *somatropin (non-refrigerated)*	PDL Non- Preferred	PA

DRUG NAME	TIER	DRUG EDITS
HORMONE RECEPTOR MODULATORS		
EVISTA 60 MG TAB *raloxifene hcl*	PDL Non-Preferred	ST
raloxifene hcl 60 mg tab	PDL Preferred	
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	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI (6 MONTH) 45 MG KIT *leuprolide acetate (cpp) (6 month)*	Covered	
LUPANETA PACK 11.25 & 5 MG KIT *leuprolide acetate & norethindrone acetate*	Covered	
LUPANETA PACK 3.75 & 5 MG KIT *leuprolide acetate & norethindrone acetate*	Covered	
LUPRON DEPOT-PED (1-MONTH) 11.25 MG KIT *leuprolide acetate (cpp)*	Covered	
LUPRON DEPOT-PED (1-MONTH) 15 MG KIT *leuprolide acetate (cpp)*	Covered	
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT *leuprolide acetate (cpp)*	Covered	
LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT *leuprolide acetate (cpp) (3 month)*	Covered	
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT *leuprolide acetate (cpp) (3 month)*	Covered	
SUPPRELIN LA 50 MG KIT *histrelin acetate (cpp)*	Covered	

DRUG NAME	TIER	DRUG EDITS
SYNAREL 2 MG/ML SOLUTION *nafarelin acetate*	Covered	
TRIPTODUR 22.5 MG SRER *triptorelin pamoate (cpp)*	Covered	
METABOLIC MODIFIERS		
ALDURAZYME 2.9 MG/5ML SOLUTION *laronidase*	Covered	
AMMONUL 10-10 % SOLUTION *sod benzoate & sod phenylacetate*	Covered	
BRINEURA 2 X 150 MG/5ML KIT *cerliponase alfa*	Covered	
BUPHENYL 3 GM/TSP POWDER *sodium phenylbutyrate*	Covered	
BUPHENYL 500 MG TAB *sodium phenylbutyrate*	Covered	
calcitriol 0.25 mcg cap	Covered	
calcitriol 0.5 mcg cap	Covered	
calcitriol 1 mcg/ml solution	Covered	
CARBAGLU 200 MG TAB SOL *carglumic acid*	Covered	
CARNITOR 1 GM/10ML SOLUTION *levocarnitine (metabolic modifiers)*	Covered	
CARNITOR 200 MG/ML SOLUTION *levocarnitine (metabolic modifiers)*	Covered	
CARNITOR 330 MG TAB *levocarnitine (metabolic modifiers)*	Covered	
CARNITOR SF 1 GM/10ML SOLUTION *levocarnitine (metabolic modifiers)*	Covered	
cinacalcet hcl 30 mg tab	Covered	
cinacalcet hcl 60 mg tab	Covered	
cinacalcet hcl 90 mg tab	Covered	
CRYSVITA 10 MG/ML SOLUTION *burosumab-twza*	Covered	

DRUG NAME	TIER	DRUG EDITS
CRYSVITA 20 MG/ML SOLUTION *burosumab-twza*	Covered	
CRYSVITA 30 MG/ML SOLUTION *burosumab-twza*	Covered	
CYSTADANE POWDER *betaine*	Covered	
doxercalciferol 0.5 mcg cap	Covered	
doxercalciferol 1 mcg cap	Covered	
doxercalciferol 2.5 mcg cap	Covered	
doxercalciferol 4 mcg/2ml solution	Covered	
ELAPRASE 6 MG/3ML SOLUTION *idursulfase*	Covered	
FABRAZYME 35 MG RECON SOLN *agalsidase beta*	Covered	
FABRAZYME 5 MG RECON SOLN *agalsidase beta*	Covered	
GALAFOLD 123 MG CAP *migalastat hcl*	Covered	
HECTOROL 2 MCG/ML SOLUTION *doxercalciferol*	Covered	
HECTOROL 4 MCG/2ML SOLUTION *doxercalciferol*	Covered	
javygtor 500 mg packet	Covered	
KANUMA 20 MG/10ML SOLUTION *sebelipase alfa*	Covered	
KUVAN 100 MG PACKET *sapropterin dihydrochloride*	Covered	
KUVAN 100 MG TAB *sapropterin dihydrochloride*	Covered	
KUVAN 500 MG PACKET *sapropterin dihydrochloride*	Covered	
levocarnitine 1 gm/10ml solution	Covered	
levocarnitine 330 mg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
levocarnitine sf 1 gm/10ml solution	Covered	
LUMIZYME 50 MG RECON SOLN *alglucosidase alfa*	Covered	
MEPSEVII 10 MG/5ML SOLUTION *vestronidase alfa-vjbk*	Covered	
MYALEPT 11.3 MG RECON SOLN *metreleptin*	Covered	
NAGLAZYME 1 MG/ML SOLUTION *galsulfase*	Covered	
nitisinone 10 mg cap	Covered	
nitisinone 2 mg cap	Covered	
nitisinone 5 mg cap	Covered	
NITYR 10 MG TAB *nitisinone*	Covered	
NITYR 2 MG TAB *nitisinone*	Covered	
NITYR 5 MG TAB *nitisinone*	Covered	
NULIBRY 9.5 MG RECON SOLN *fosdenopterin hydrobromide*	Covered	
ORFADIN 10 MG CAP *nitisinone*	Covered	
ORFADIN 2 MG CAP *nitisinone*	Covered	
ORFADIN 20 MG CAP *nitisinone*	Covered	
ORFADIN 4 MG/ML SUSPENSION *nitisinone*	Covered	
ORFADIN 5 MG CAP *nitisinone*	Covered	
PALYNZIQ 10 MG/0.5ML SOLN PRSYR *pegvaliase-pqpz*	Covered	
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR *pegvaliase-pqpz*	Covered	

DRUG NAME	TIER	DRUG EDITS
PALYNZIQ 20 MG/ML SOLN PRSYR *pegvaliase-pqpz*	Covered	
paricalcitol 1 mcg cap	Covered	
paricalcitol 2 mcg cap	Covered	
paricalcitol 2 mcg/ml solution	Covered	
paricalcitol 4 mcg cap	Covered	
paricalcitol 5 mcg/ml solution	Covered	
PARSABIV 10 MG/2ML SOLUTION *etelcalcetide hcl*	Covered	
PARSABIV 2.5 MG/0.5ML SOLUTION *etelcalcetide hcl*	Covered	
PARSABIV 5 MG/ML SOLUTION *etelcalcetide hcl*	Covered	
RAVICTI 1.1 GM/ML LIQUID *glycerol phenylbutyrate*	Covered	
RAYALDEE 30 MCG CAP ER *calcifediol*	Covered	
REVCOVI 2.4 MG/1.5ML SOLUTION *elapegademase-lvlr*	Covered	
ROCALTROL 0.25 MCG CAP *calcitriol*	Covered	
ROCALTROL 0.5 MCG CAP *calcitriol*	Covered	
ROCALTROL 1 MCG/ML SOLUTION *calcitriol*	Covered	
sapropterin dihydrochloride 100 mg packet	Covered	
sapropterin dihydrochloride 100 mg tab	Covered	
sapropterin dihydrochloride 500 mg packet	Covered	
SENSIPAR 30 MG TAB *cinacalcet hcl*	Covered	
SENSIPAR 60 MG TAB *cinacalcet hcl*	Covered	
SENSIPAR 90 MG TAB *cinacalcet hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
sod benz-sod phenylacet 10-10 % solution	Covered	
sodium phenylbutyrate 3 gm/tsp powder	Covered	
sodium phenylbutyrate 500 mg tab	Covered	
STRENSIQ 18 MG/0.45ML SOLUTION *asfotase alfa*	Covered	
STRENSIQ 28 MG/0.7ML SOLUTION *asfotase alfa*	Covered	
STRENSIQ 40 MG/ML SOLUTION *asfotase alfa*	Covered	
STRENSIQ 80 MG/0.8ML SOLUTION *asfotase alfa*	Covered	
VIMIZIM 5 MG/5ML SOLUTION *elosulfase alfa*	Covered	
ZEMPLAR 1 MCG CAP *paricalcitol*	Covered	
ZEMPLAR 2 MCG CAP *paricalcitol*	Covered	
ZEMPLAR 2 MCG/ML SOLUTION *paricalcitol*	Covered	
ZEMPLAR 5 MCG/ML SOLUTION *paricalcitol*	Covered	
POSTERIOR PITUITARY HORMONES		
DDAVP 0.01 % SOLUTION *desmopressin acetate spray*	Covered	
DDAVP 0.1 MG TAB *desmopressin acetate*	Covered	
DDAVP 0.2 MG TAB *desmopressin acetate*	Covered	
DDAVP 4 MCG/ML SOLUTION *desmopressin acetate*	Covered	
DDAVP PF 4 MCG/ML SOLUTION *desmopressin acetate*	Covered	
DDAVP RHINAL TUBE 0.01 % SOLUTION *desmopressin acetate refrigerated*	Covered	

DRUG NAME	TIER	DRUG EDITS
desmopressin ace spray refrig 0.01 % solution	Covered	
desmopressin acetate 0.1 mg tab	Covered	
desmopressin acetate 0.2 mg tab	Covered	
desmopressin acetate 4 mcg/ml solution	Covered	
desmopressin acetate pf 4 mcg/ml solution	Covered	
desmopressin acetate spray 0.01 % solution	Covered	
NOCDURNA 27.7 MCG SL TAB *desmopressin acetate*	Covered	
NOCDURNA 55.3 MCG SL TAB *desmopressin acetate*	Covered	
STIMATE 1.5 MG/ML SOLUTION *desmopressin acetate*	Covered	
VASOSTRICT 20 UNIT/ML SOLUTION *vasopressin*	Covered	
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX 200 MG TAB *mifepristone*	Covered	
mifepristone 200 mg tab	Covered	
PROLACTIN INHIBITORS		
cabergoline 0.5 mg tab	Covered	
SOMATOSTATIC AGENTS		
BYNFEZIA PEN 2500 MCG/ML (2.8 ML) SOLN PEN *octreotide acetate*	Covered	
MYCAPSSA 20 MG CAP DR *octreotide acetate*	Covered	
OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR *octreotide acetate*	Covered	
octreotide acetate 100 mcg/ml solution	Covered	
octreotide acetate 1000 mcg/ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
octreotide acetate 200 mcg/ml solution	Covered	
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR *octreotide acetate*	Covered	
octreotide acetate 50 mcg/ml solution	Covered	
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR *octreotide acetate*	Covered	
octreotide acetate 500 mcg/ml solution	Covered	
SANDOSTATIN 100 MCG/ML SOLUTION *octreotide acetate*	Covered	
SANDOSTATIN 50 MCG/ML SOLUTION *octreotide acetate*	Covered	
SANDOSTATIN 500 MCG/ML SOLUTION *octreotide acetate*	Covered	
SANDOSTATIN LAR DEPOT 10 MG KIT *octreotide acetate*	Covered	
SANDOSTATIN LAR DEPOT 20 MG KIT *octreotide acetate*	Covered	
SANDOSTATIN LAR DEPOT 30 MG KIT *octreotide acetate*	Covered	
SIGNIFOR 0.3 MG/ML SOLUTION *pasireotide diaspartate*	Covered	
SIGNIFOR 0.6 MG/ML SOLUTION *pasireotide diaspartate*	Covered	
SIGNIFOR 0.9 MG/ML SOLUTION *pasireotide diaspartate*	Covered	
SIGNIFOR LAR 10 MG SRER *pasireotide pamoate*	Covered	
SIGNIFOR LAR 20 MG SRER *pasireotide pamoate*	Covered	
SIGNIFOR LAR 30 MG SRER *pasireotide pamoate*	Covered	
SIGNIFOR LAR 40 MG SRER *pasireotide pamoate*	Covered	

DRUG NAME	TIER	DRUG EDITS
SIGNIFOR LAR 60 MG SRER *pasireotide pamoate*	Covered	
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION *lanreotide acetate*	Covered	
SOMATULINE DEPOT 60 MG/0.2ML SOLUTION *lanreotide acetate*	Covered	
SOMATULINE DEPOT 90 MG/0.3ML SOLUTION *lanreotide acetate*	Covered	
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE 15 MG TAB *tolvaptan*	Covered	
JYNARQUE 15 MG TAB THPK *tolvaptan*	Covered	
JYNARQUE 30 & 15 MG TAB THPK *tolvaptan*	Covered	
JYNARQUE 30 MG TAB *tolvaptan*	Covered	
JYNARQUE 45 & 15 MG TAB THPK *tolvaptan*	Covered	
JYNARQUE 60 & 30 MG TAB THPK *tolvaptan*	Covered	
JYNARQUE 90 & 30 MG TAB THPK *tolvaptan*	Covered	
SAMSCA 15 MG TAB *tolvaptan*	Covered	
SAMSCA 30 MG TAB *tolvaptan*	Covered	
TOLVAPTAN 15 MG TAB *tolvaptan*	Covered	
tolvaptan 30 mg tab	Covered	
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	
amabelz 0.5-0.1 mg tab	PDL Preferred	
amabelz 1-0.5 mg tab	PDL Preferred	
ANGELIQ 0.25-0.5 MG TAB *drospirenone-estradiol*	Covered	
ANGELIQ 0.5-1 MG TAB *drospirenone-estradiol*	Covered	
BIJUVA 1-100 MG CAP *estradiol-progesterone*	PDL Non- Preferred	ST
CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK *estradiol-levonorgestrel*	PDL Preferred	
COMBIPATCH 0.05-0.14 MG/DAY PATCH TW *estradiol & norethindrone acetate*	PDL Preferred	
COMBIPATCH 0.05-0.25 MG/DAY PATCH TW *estradiol & norethindrone acetate*	PDL Preferred	
DUAVEE 0.45-20 MG TAB *conjugated estrogens-bazedoxifene*	PDL Non- Preferred	ST
est estrogens-methyltest 1.25-2.5 mg tab	Covered	
est estrogens-methyltest ds 1.25-2.5 mg tab	Covered	
est estrogens-methyltest hs 0.625-1.25 mg tab	Covered	
estradiol-norethindrone acet 0.5-0.1 mg tab	PDL Preferred	
estradiol-norethindrone acet 1-0.5 mg tab	PDL Preferred	
FEMHRT 0.5-2.5 MG-MCG TAB *norethindrone acetate-ethinyl estradiol*	PDL Non- Preferred	ST

DRUG NAME	TIER	DRUG EDITS
fyavolv 0.5-2.5 mg-mcg tab	PDL Preferred	
fyavolv 1-5 mg-mcg tab	PDL Preferred	
jinteli 1-5 mg-mcg tab	PDL Preferred	
lopreeza 1-0.5 mg tab	PDL Preferred	
mimvey 1-0.5 mg tab	PDL Preferred	
MYFEMBREE 40-1-0.5 MG TAB *relugolix-estradiol-norethindrone acetate*	Covered	
norethindrone-eth estradiol 0.5-2.5 mg-mcg tab	PDL Preferred	
norethindrone-eth estradiol 1-5 mg-mcg tab	PDL Preferred	
ORIAHNN 300-1-0.5 & 300 MG CAP THPK *elagolix sodium-estradiol-norethindrone acetate*	Covered	
PREFEST 1/1-0.09 MG (15/15) TAB *estradiol-norgestimate*	PDL Non-Preferred	ST
PREMPHASE 0.625-5 MG TAB *conjugated estrogens-medroxyprogesterone acetate*	PDL Preferred	
PREMPRO 0.3-1.5 MG TAB *conjugated estrogens-medroxyprogesterone acetate*	PDL Preferred	
PREMPRO 0.45-1.5 MG TAB *conjugated estrogens-medroxyprogesterone acetate*	PDL Preferred	
PREMPRO 0.625-2.5 MG TAB *conjugated estrogens-medroxyprogesterone acetate*	PDL Preferred	
PREMPRO 0.625-5 MG TAB *conjugated estrogens-medroxyprogesterone acetate*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
ALORA 0.025 MG/24HR PATCH TW *estradiol*	Covered	
ALORA 0.05 MG/24HR PATCH TW *estradiol*	Covered	
ALORA 0.075 MG/24HR PATCH TW *estradiol*	Covered	
ALORA 0.1 MG/24HR PATCH TW *estradiol*	Covered	
CLIMARA 0.025 MG/24HR PATCH WK *estradiol*	PDL Non-Preferred	ST
CLIMARA 0.0375 MG/24HR PATCH WK *estradiol*	PDL Non-Preferred	ST
CLIMARA 0.05 MG/24HR PATCH WK *estradiol*	PDL Non-Preferred	ST
CLIMARA 0.06 MG/24HR PATCH WK *estradiol*	PDL Non-Preferred	ST
CLIMARA 0.075 MG/24HR PATCH WK *estradiol*	PDL Non-Preferred	ST
CLIMARA 0.1 MG/24HR PATCH WK *estradiol*	PDL Non-Preferred	ST
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	
DIVIGEL 0.25 MG/0.25GM GEL *estradiol*	PDL Non-Preferred	ST
DIVIGEL 0.5 MG/0.5GM GEL *estradiol*	PDL Non-Preferred	ST
DIVIGEL 0.75 MG/0.75GM GEL *estradiol*	PDL Non-Preferred	ST

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

DRUG NAME	TIER	DRUG EDITS
estradiol 0.06 mg/24hr patch wk	PDL Preferred	
estradiol 0.075 mg/24hr patch tw	PDL Preferred	
estradiol 0.075 mg/24hr patch wk	PDL Preferred	
estradiol 0.1 mg/24hr patch tw	PDL Preferred	
estradiol 0.1 mg/24hr patch wk	PDL Preferred	
estradiol 0.25 mg/0.25gm gel	PDL Non-Preferred	ST
estradiol 0.5 mg tab	PDL Preferred	
estradiol 0.5 mg/0.5gm gel	PDL Non-Preferred	ST
estradiol 0.75 mg/0.75gm gel	PDL Non-Preferred	ST
estradiol 1 mg tab	PDL Preferred	
estradiol 1 mg/gm gel	PDL Non-Preferred	ST
estradiol 1.25 mg/1.25gm gel	PDL Non-Preferred	ST
estradiol 2 mg tab	PDL Preferred	
estradiol valerate 20 mg/ml oil	Covered	
estradiol valerate 40 mg/ml oil	Covered	
EVAMIST 1.53 MG/SPRAY SOLUTION *estradiol*	PDL Preferred	
lyllana 0.025 mg/24hr patch tw	PDL Non-Preferred	ST
lyllana 0.0375 mg/24hr patch tw	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
lyllana 0.05 mg/24hr patch tw	PDL Non-Preferred	ST
lyllana 0.075 mg/24hr patch tw	PDL Non-Preferred	ST
lyllana 0.1 mg/24hr patch tw	PDL Non-Preferred	ST
MENEST 0.3 MG TAB *esterified estrogens*	PDL Preferred	
MENEST 0.625 MG TAB *esterified estrogens*	PDL Preferred	
MENEST 1.25 MG TAB *esterified estrogens*	PDL Preferred	
MENEST 2.5 MG TAB *esterified estrogens*	PDL Preferred	
MENOSTAR 14 MCG/24HR PATCH WK *estradiol*	PDL Non-Preferred	ST
MINIVELLE 0.025 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST
MINIVELLE 0.0375 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST
MINIVELLE 0.05 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST
MINIVELLE 0.075 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST
MINIVELLE 0.1 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST
PREMARIN 0.3 MG TAB *estrogens, conjugated*	PDL Preferred	
PREMARIN 0.45 MG TAB *estrogens, conjugated*	PDL Preferred	
PREMARIN 0.625 MG TAB *estrogens, conjugated*	PDL Preferred	
PREMARIN 0.9 MG TAB *estrogens, conjugated*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
PREMARIN 1.25 MG TAB *estrogens, conjugated*	PDL Preferred	
PREMARIN 25 MG RECON SOLN *estrogens, conjugated*	Covered	
VIVELLE-DOT 0.025 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST
VIVELLE-DOT 0.0375 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST
VIVELLE-DOT 0.05 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST
VIVELLE-DOT 0.075 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST
VIVELLE-DOT 0.1 MG/24HR PATCH TW *estradiol*	PDL Non-Preferred	ST
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	
CIPRO IN D5W 400 MG/200ML SOLUTION *ciprofloxacin in d5w*	Covered	
ciprofloxacin 250 mg/5ml (5%) recon susp	PDL Non-Preferred	ST
ciprofloxacin 500 mg/5ml (10%) recon susp	PDL Non-Preferred	ST
CIPROFLOXACIN HCL 100 MG TAB *ciprofloxacin hcl*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
ciprofloxacin hcl 250 mg tab	PDL Preferred	
ciprofloxacin hcl 500 mg tab	PDL Preferred	
ciprofloxacin hcl 750 mg tab	PDL Preferred	
ciprofloxacin in d5w 200 mg/100ml solution	Covered	
ciprofloxacin in d5w 400 mg/200ml solution	Covered	
LEVOFLOXACIN 25 MG/ML SOLUTION *levofloxacin*	Covered	ST
levofloxacin 25 mg/ml solution	Covered	ST
levofloxacin 250 mg tab	PDL Non-Preferred	ST
levofloxacin 500 mg tab	PDL Preferred	ST
levofloxacin 750 mg tab	PDL Non-Preferred	ST
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

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DRUG NAME	TIER	DRUG EDITS
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
MOTEGRITY 1 MG TAB *prucalopride succinate*	PDL Non-Preferred	ST
MOTEGRITY 2 MG TAB *prucalopride succinate*	PDL Non-Preferred	ST
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE 3 MG TAB *plecanatide*	PDL Non-Preferred	ST
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM 250 MG CAP *cholic acid*	PDL Non-Preferred	ST
CHOLBAM 50 MG CAP *cholic acid*	PDL Non-Preferred	ST
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA 10 MG TAB *obeticholic acid*	PDL Non-Preferred	ST
OCALIVA 5 MG TAB *obeticholic acid*	PDL Non-Preferred	ST
GALLSTONE SOLUBILIZING AGENTS		
ACTIGALL 300 MG CAP *ursodiol*	PDL Non-Preferred	ST
CHENODAL 250 MG TAB *chenodiol*	PDL Non-Preferred	ST
RELTONE 200 MG CAP *ursodiol*	PDL Non-Preferred	ST
RELTONE 400 MG CAP *ursodiol*	PDL Non-Preferred	ST
URSO 250 250 MG TAB *ursodiol*	PDL Non-Preferred	ST
URSO FORTE 500 MG TAB *ursodiol*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
ursodiol 250 mg tab	PDL Preferred	
ursodiol 300 mg cap	PDL Preferred	
ursodiol 500 mg tab	PDL Preferred	
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	
AMITIZA 8 MCG CAP *lubiprostone*	PDL Preferred	
lubiprostone 24 mcg cap	PDL Non-Preferred	ST
lubiprostone 8 mcg cap	PDL Non-Preferred	ST
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*	PDL Non-Preferred	ST
metoclopramide hcl 10 mg/10ml solution	PDL Preferred	
metoclopramide hcl 5 mg tab	PDL Preferred	
METOCLOPRAMIDE HCL 5 MG TAB DISP *metoclopramide hcl*	PDL Non-Preferred	ST
metoclopramide hcl 5 mg/5ml solution	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
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
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY (PELLETS) 200 MCG CAP SPRINK *odevixibat*	PDL Non-Preferred	ST
BYLVAY (PELLETS) 600 MCG CAP SPRINK *odevixibat*	PDL Non-Preferred	ST
BYLVAY 1200 MCG CAP *odevixibat*	PDL Non-Preferred	ST
BYLVAY 400 MCG CAP *odevixibat*	PDL Non-Preferred	ST
LIVMARLI 9.5 MG/ML SOLUTION *maralixibat chloride*	PDL Non-Preferred	ST
INFLAMMATORY BOWEL AGENTS		
APRISO 0.375 GM CAP ER 24H *mesalamine*	PDL Preferred	
ASACOL HD 800 MG TAB DR *mesalamine*	PDL Non-Preferred	ST
AVSOLA 100 MG RECON SOLN *infliximab-axxq*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
AZULFIDINE 500 MG TAB *sulfasalazine*	PDL Non-Preferred	ST
AZULFIDINE EN-TABS 500 MG TAB DR *sulfasalazine*	PDL Non-Preferred	ST
balsalazide disodium 750 mg cap	PDL Preferred	
CANASA 1000 MG SUPPOS *mesalamine*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
CIMZIA 2 X 200 MG KIT *certolizumab pegol*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
CIMZIA 2 X 200 MG/ML PREF SY KT *certolizumab pegol*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
CIMZIA STARTER KIT 6 X 200 MG/ML PREF SY KT *certolizumab pegol*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
COLAZAL 750 MG CAP *balsalazide disodium*	PDL Non-Preferred	ST
DELZICOL 400 MG CAP DR *mesalamine*	PDL Non-Preferred	ST
DIPENTUM 250 MG CAP *olsalazine sodium*	PDL Non-Preferred	ST
ENTYVIO 300 MG RECON SOLN *vedolizumab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
INFLECTRA 100 MG RECON SOLN *infliximab-dyyb*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
INFLIXIMAB 100 MG RECON SOLN *infliximab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
LIALDA 1.2 GM TAB DR *mesalamine*	PDL Preferred	
mesalamine 1.2 gm tab dr	PDL Non-Preferred	ST
mesalamine 1000 mg suppos	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required

DRUG NAME	TIER	DRUG EDITS
mesalamine 4 gm enema	PDL Preferred	
mesalamine 400 mg cap dr	PDL Non-Preferred	ST
mesalamine 800 mg tab dr	PDL Non-Preferred	ST
mesalamine er 0.375 gm cap er 24h	PDL Non-Preferred	ST
mesalamine er 500 mg cap er	PDL Non-Preferred	ST
mesalamine-cleanser 4 gm kit	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
PENTASA 250 MG CAP ER *mesalamine*	PDL Non-Preferred	ST
PENTASA 500 MG CAP ER *mesalamine*	PDL Non-Preferred	ST
REMICADE 100 MG RECON SOLN *infliximab*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
RENFLEXIS 100 MG RECON SOLN *infliximab-abda*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
ROWASA 4 GM KIT *mesalamine w/ cleanser*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
SFROWASA 4 GM/60ML ENEMA *mesalamine*	PDL Non-Preferred	ST NOTE Trial and failure of only one preferred drug is required
SKYRIZI 180 MG/1.2ML SOLN CART *risankizumab-rzaa (crohn's)*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required

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DRUG NAME	TIER	DRUG EDITS
SKYRIZI 360 MG/2.4ML SOLN CART *risankizumab-rzaa (crohn's)*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
SKYRIZI 600 MG/10ML SOLUTION *risankizumab-rzaa (crohn's)*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
STELARA 130 MG/26ML SOLUTION *ustekinumab (iv)*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
sulfasalazine 500 mg tab	PDL Preferred	
sulfasalazine 500 mg tab dr	PDL Preferred	
INTESTINAL ACIDIFIERS		
enulose 10 gm/15ml solution	Covered	
generlac 10 gm/15ml solution	Covered	
lactulose encephalopathy 10 gm/15ml solution	Covered	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl 0.5 mg tab	PDL Non-Preferred	ST
alosetron hcl 1 mg tab	PDL Non-Preferred	ST
IBSRELA 50 MG TAB *tenapanor hcl*	PDL Non-Preferred	ST
LINZESS 145 MCG CAP *linaclotide*	PDL Preferred	
LINZESS 290 MCG CAP *linaclotide*	PDL Preferred	
LINZESS 72 MCG CAP *linaclotide*	PDL Preferred	
LOTRONEX 0.5 MG TAB *alosetron hcl*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
LOTRONEX 1 MG TAB *alosetron hcl*	PDL Non-Preferred	ST
VIBERZI 100 MG TAB *eluxadoline*	PDL Non-Preferred	ST
VIBERZI 75 MG TAB *eluxadoline*	PDL Non-Preferred	ST
ZELNORM 6 MG TAB *tegaserod maleate*	PDL Non-Preferred	ST
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan 12 mg cap	Covered	
MOVANTIK 12.5 MG TAB *naloxegol oxalate*	PDL Preferred	
MOVANTIK 25 MG TAB *naloxegol oxalate*	PDL Preferred	
RELISTOR 12 MG/0.6ML SOLUTION *methylnaltrexone bromide*	PDL Non-Preferred	PA
RELISTOR 150 MG TAB *methylnaltrexone bromide*	PDL Non-Preferred	PA
RELISTOR 8 MG/0.4ML SOLUTION *methylnaltrexone bromide*	PDL Non-Preferred	PA
SYMPROIC 0.2 MG TAB *naldemedine tosylate*	PDL Non-Preferred	ST
PHOSPHATE BINDER AGENTS		
AURYXIA 1 GM 210 MG(FE) TAB *ferric citrate*	PDL Non-Preferred	ST
calcium acetate (phos binder) 667 mg cap	PDL Preferred	
calcium acetate (phos binder) 667 mg tab	PDL Preferred	
calcium acetate 667 mg tab	PDL Preferred	
FOSRENOL 1000 MG CHEW TAB *lanthanum carbonate*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
FOSRENOL 1000 MG PACKET *lanthanum carbonate*	PDL Non-Preferred	ST
FOSRENOL 500 MG CHEW TAB *lanthanum carbonate*	PDL Non-Preferred	ST
FOSRENOL 750 MG CHEW TAB *lanthanum carbonate*	PDL Non-Preferred	ST
FOSRENOL 750 MG PACKET *lanthanum carbonate*	PDL Non-Preferred	ST
lanthanum carbonate 1000 mg chew tab	PDL Non-Preferred	ST
lanthanum carbonate 500 mg chew tab	PDL Non-Preferred	ST
lanthanum carbonate 750 mg chew tab	PDL Non-Preferred	ST
PHOSLYRA 667 MG/5ML SOLUTION *calcium acetate (phosphate binder)*	PDL Non-Preferred	ST
RENAGEL 800 MG TAB *sevelamer hcl*	PDL Non-Preferred	ST
RENVELA 0.8 GM PACKET *sevelamer carbonate*	PDL Non-Preferred	ST
RENVELA 2.4 GM PACKET *sevelamer carbonate*	PDL Non-Preferred	ST
RENVELA 800 MG TAB *sevelamer carbonate*	PDL Preferred	
sevelamer carbonate 0.8 gm packet	PDL Preferred	
sevelamer carbonate 2.4 gm packet	PDL Preferred	
sevelamer carbonate 800 mg tab	PDL Non-Preferred	ST
SEVELAMER HCL 400 MG TAB *sevelamer hcl*	PDL Non-Preferred	ST
sevelamer hcl 800 mg tab	PDL Non-Preferred	ST

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DRUG NAME	TIER	DRUG EDITS
VELPHORO 500 MG CHEW TAB *sucroferric oxyhydroxide*	PDL Non-Preferred	ST
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX 5 MG KIT *teduglutide (rdna)*	Covered	PA
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	
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	

DRUG NAME	TIER	DRUG EDITS
propofol 500 mg/50ml emulsion	Covered	
BARBITURATE ANESTHETICS		
BREVITAL SODIUM 2.5 GM RECON SOLN *methohexital sodium*	Covered	
BREVITAL SODIUM 500 MG RECON SOLN *methohexital sodium*	Covered	
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	
pot & sod cit-cit ac 550-500-334 mg/5ml solution	Covered	
potassium citrate er 10 meq (1080 mg) tab er	Covered	
potassium citrate er 15 meq (1620 mg) tab er	Covered	
potassium citrate er 5 meq (540 mg) tab er	Covered	
potassium citrate-citric acid 1100-334 mg/5ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
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	
UROCIT-K 15 15 MEQ (1620 MG) TAB ER *potassium citrate (alkalinizer)*	Covered	
UROCIT-K 5 5 MEQ (540 MG) TAB ER *potassium citrate (alkalinizer)*	Covered	
CYSTINOSIS AGENTS		
CYSTAGON 150 MG CAP *cysteamine bitartrate*	Covered	
CYSTAGON 50 MG CAP *cysteamine bitartrate*	Covered	
PROCYSBI 25 MG CAP DR *cysteamine bitartrate*	Covered	
PROCYSBI 300 MG PACKET *cysteamine bitartrate*	Covered	
PROCYSBI 75 MG CAP DR *cysteamine bitartrate*	Covered	
PROCYSBI 75 MG PACKET *cysteamine bitartrate*	Covered	
GENITOURINARY IRRIGANTS		
acetic acid 0.25 % solution	Covered	
aminoacetic acid 1.5 % 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	

DRUG NAME	TIER	DRUG EDITS
SORBITOL 3.3 % 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	
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	
AVODART 0.5 MG CAP *dutasteride*	PDL Non-Preferred	ST
CARDURA XL 4 MG TAB ER 24H *doxazosin mesylate (bph)*	PDL Non-Preferred	ST
CARDURA XL 8 MG TAB ER 24H *doxazosin mesylate (bph)*	PDL Non-Preferred	ST
dutasteride 0.5 mg cap	PDL Preferred	
dutasteride-tamsulosin hcl 0.5-0.4 mg cap	PDL Non-Preferred	ST
ENTADFI 5-5 MG CAP *finasteride-tadalafil*	PDL Non-Preferred	ST
finasteride 5 mg tab	PDL Preferred	
FLOMAX 0.4 MG CAP *tamsulosin hcl*	PDL Non-Preferred	ST
JALYN 0.5-0.4 MG CAP *dutasteride-tamsulosin hcl*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
PROSCAR 5 MG TAB *finasteride*	PDL Non-Preferred	ST
RAPAFLO 4 MG CAP *silodosin*	PDL Non-Preferred	ST
RAPAFLO 8 MG CAP *silodosin*	PDL Non-Preferred	ST
silodosin 4 mg cap	PDL Non-Preferred	ST
silodosin 8 mg cap	PDL Non-Preferred	ST
tamsulosin hcl 0.4 mg cap	PDL Preferred	
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	
THIOLA EC 100 MG TAB DR *tiopronin*	Covered	
THIOLA EC 300 MG TAB DR *tiopronin*	Covered	
tiopronin 100 mg tab	Covered	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine-probenecid 0.5-500 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
allopurinol 100 mg tab	PDL Preferred	
ALLOPURINOL 200 MG TAB *allopurinol*	PDL Non-Preferred	ST
allopurinol 300 mg tab	PDL Preferred	
allopurinol sodium 500 mg recon soln	Covered	
ALOPRIM 500 MG RECON SOLN *allopurinol sodium*	Covered	
COLCHICINE 0.6 MG CAP *colchicine*	PDL Non-Preferred	ST
colchicine 0.6 mg tab	PDL Preferred	
COLCRYS 0.6 MG TAB *colchicine*	PDL Non-Preferred	ST
febuxostat 40 mg tab	PDL Non-Preferred	ST
febuxostat 80 mg tab	PDL Non-Preferred	ST
GLOPERBA 0.6 MG/5ML SOLUTION *colchicine*	Covered	
KRYSTEXXA 8 MG/ML SOLUTION *pegloticase*	PDL Non-Preferred	ST
MITIGARE 0.6 MG CAP *colchicine*	PDL Non-Preferred	ST
ULORIC 40 MG TAB *febuxostat*	PDL Non-Preferred	ST
ULORIC 80 MG TAB *febuxostat*	PDL Non-Preferred	ST
ZYLOPRIM 100 MG TAB *allopurinol*	PDL Non-Preferred	ST
ZYLOPRIM 300 MG TAB *allopurinol*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
URICOSURICS		
probenecid 500 mg tab	PDL Preferred	
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI 189 MG/ML SOLUTION *givosiran sodium*	Covered	
ANTIHEMOPHILIC PRODUCTS		
ADVATE 1000 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	
ADVATE 1500 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	
ADVATE 2000 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	
ADVATE 250 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	
ADVATE 3000 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	
ADVATE 4000 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	
ADVATE 500 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	
ADYNOVATE 1000 UNIT RECON SOLN *antihemophilic factor (recombinant) pegylated*	Covered	
ADYNOVATE 1500 UNIT RECON SOLN *antihemophilic factor (recombinant) pegylated*	Covered	

DRUG NAME	TIER	DRUG EDITS
ADYNOVATE 2000 UNIT RECON SOLN *antihemophilic factor (recombinant) pegylated*	Covered	
ADYNOVATE 250 UNIT RECON SOLN *antihemophilic factor (recombinant) pegylated*	Covered	
ADYNOVATE 3000 UNIT RECON SOLN *antihemophilic factor (recombinant) pegylated*	Covered	
ADYNOVATE 500 UNIT RECON SOLN *antihemophilic factor (recombinant) pegylated*	Covered	
ADYNOVATE 750 UNIT RECON SOLN *antihemophilic factor (recombinant) pegylated*	Covered	
AFSTYLA 1000 UNIT KIT *antihemophilic factor (recombinant) single chain*	Covered	
AFSTYLA 1500 UNIT KIT *antihemophilic factor (recombinant) single chain*	Covered	
AFSTYLA 2000 UNIT KIT *antihemophilic factor (recombinant) single chain*	Covered	
AFSTYLA 250 UNIT KIT *antihemophilic factor (recombinant) single chain*	Covered	
AFSTYLA 2500 UNIT KIT *antihemophilic factor (recombinant) single chain*	Covered	
AFSTYLA 3000 UNIT KIT *antihemophilic factor (recombinant) single chain*	Covered	
AFSTYLA 500 UNIT KIT *antihemophilic factor (recombinant) single chain*	Covered	
ALPHANATE 1000 UNIT RECON SOLN *antihemophilic factor/von willebrand factor complex (human)*	Covered	

DRUG NAME	TIER	DRUG EDITS
ALPHANATE 1500 UNIT RECON SOLN *antihemophilic factor/von willebrand factor complex (human)*	Covered	
ALPHANATE 2000 UNIT RECON SOLN *antihemophilic factor/von willebrand factor complex (human)*	Covered	
ALPHANATE 250 UNIT RECON SOLN *antihemophilic factor/von willebrand factor complex (human)*	Covered	
ALPHANATE 500 UNIT RECON SOLN *antihemophilic factor/von willebrand factor complex (human)*	Covered	
ALPHANINE SD 1000 UNIT RECON SOLN *coagulation factor ix*	Covered	
ALPHANINE SD 1500 UNIT RECON SOLN *coagulation factor ix*	Covered	
ALPHANINE SD 500 UNIT RECON SOLN *coagulation factor ix*	Covered	
ALPROLIX 1000 UNIT RECON SOLN *coagulation factor ix (recomb) fc fusion protein (rfixfc)*	Covered	
ALPROLIX 2000 UNIT RECON SOLN *coagulation factor ix (recomb) fc fusion protein (rfixfc)*	Covered	
ALPROLIX 250 UNIT RECON SOLN *coagulation factor ix (recomb) fc fusion protein (rfixfc)*	Covered	
ALPROLIX 3000 UNIT RECON SOLN *coagulation factor ix (recomb) fc fusion protein (rfixfc)*	Covered	
ALPROLIX 4000 UNIT RECON SOLN *coagulation factor ix (recomb) fc fusion protein (rfixfc)*	Covered	
ALPROLIX 500 UNIT RECON SOLN *coagulation factor ix (recomb) fc fusion protein (rfixfc)*	Covered	
BENEFIX 1000 UNIT KIT *coagulation factor ix (recombinant)*	Covered	

DRUG NAME	TIER	DRUG EDITS
BENEFIX 2000 UNIT KIT *coagulation factor ix (recombinant)*	Covered	
BENEFIX 250 UNIT KIT *coagulation factor ix (recombinant)*	Covered	
BENEFIX 3000 UNIT KIT *coagulation factor ix (recombinant)*	Covered	
BENEFIX 500 UNIT KIT *coagulation factor ix (recombinant)*	Covered	
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	
ELOCTATE 1000 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	
ELOCTATE 1500 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	
ELOCTATE 2000 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	
ELOCTATE 250 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	
ELOCTATE 3000 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	
ELOCTATE 4000 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	
ELOCTATE 500 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	
ELOCTATE 5000 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	

DRUG NAME	TIER	DRUG EDITS
ELOCTATE 6000 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	
ELOCTATE 750 UNIT RECON SOLN *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)*	Covered	
ESPEROCT 1000 UNIT RECON SOLN *antihemophilic factor (recombinant) glycopegylated-exei*	Covered	
ESPEROCT 1500 UNIT RECON SOLN *antihemophilic factor (recombinant) glycopegylated-exei*	Covered	
ESPEROCT 2000 UNIT RECON SOLN *antihemophilic factor (recombinant) glycopegylated-exei*	Covered	
ESPEROCT 3000 UNIT RECON SOLN *antihemophilic factor (recombinant) glycopegylated-exei*	Covered	
ESPEROCT 500 UNIT RECON SOLN *antihemophilic factor (recombinant) glycopegylated-exei*	Covered	
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	
HEMLIBRA 150 MG/ML SOLUTION *emicizumab-kxwh*	Covered	
HEMLIBRA 30 MG/ML SOLUTION *emicizumab-kxwh*	Covered	
HEMLIBRA 60 MG/0.4ML SOLUTION *emicizumab-kxwh*	Covered	

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

DRUG NAME	TIER	DRUG EDITS
IXINITY 3000 UNIT RECON SOLN *coagulation factor ix (recombinant)*	Covered	
IXINITY 500 UNIT RECON SOLN *coagulation factor ix (recombinant)*	Covered	
JIVI 1000 UNIT RECON SOLN *antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)*	Covered	
JIVI 2000 UNIT RECON SOLN *antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)*	Covered	
JIVI 3000 UNIT RECON SOLN *antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)*	Covered	
JIVI 500 UNIT RECON SOLN *antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)*	Covered	
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	
KOATE 250 UNIT RECON SOLN *antihemophilic factor (human)*	Covered	
KOATE 500 UNIT RECON SOLN *antihemophilic factor (human)*	Covered	
KOGENATE FS 1000 UNIT KIT *antihemophilic factor (recombinant)*	Covered	
KOGENATE FS 2000 UNIT KIT *antihemophilic factor (recombinant)*	Covered	
KOGENATE FS 250 UNIT KIT *antihemophilic factor (recombinant)*	Covered	
KOGENATE FS 3000 UNIT KIT *antihemophilic factor (recombinant)*	Covered	
KOGENATE FS 500 UNIT KIT *antihemophilic factor (recombinant)*	Covered	

DRUG NAME	TIER	DRUG EDITS
KOVALTRY 1000 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	
KOVALTRY 2000 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	
KOVALTRY 250 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	
KOVALTRY 3000 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	
KOVALTRY 500 UNIT RECON SOLN *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)*	Covered	
MONONINE 1000 UNIT RECON SOLN *coagulation factor ix*	Covered	
NOVOEIGHT 1000 UNIT RECON SOLN *antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)*	Covered	
NOVOEIGHT 1500 UNIT RECON SOLN *antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)*	Covered	
NOVOEIGHT 2000 UNIT RECON SOLN *antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)*	Covered	
NOVOEIGHT 250 UNIT RECON SOLN *antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)*	Covered	
NOVOEIGHT 3000 UNIT RECON SOLN *antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)*	Covered	
NOVOEIGHT 500 UNIT RECON SOLN *antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)*	Covered	
NOVOSEVEN RT 1 MG RECON SOLN *coagulation factor viia (recombinant)*	Covered	

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

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 500 UNIT RECON SOLN *coagulation factor ix (recombinant) glycopegylated*	Covered	
RECOMBINATE 1241-1800 UNIT RECON SOLN *antihemophilic factor (recombinant)*	Covered	
RECOMBINATE 1801-2400 UNIT RECON SOLN *antihemophilic factor (recombinant)*	Covered	
RECOMBINATE 220-400 UNIT RECON SOLN *antihemophilic factor (recombinant)*	Covered	
RECOMBINATE 401-800 UNIT RECON SOLN *antihemophilic factor (recombinant)*	Covered	
RECOMBINATE 801-1240 UNIT RECON SOLN *antihemophilic factor (recombinant)*	Covered	
RIASTAP RECON SOLN *fibrinogen concentrate (human)*	Covered	
RIXUBIS 1000 UNIT RECON SOLN *coagulation factor ix (recombinant)*	Covered	
RIXUBIS 2000 UNIT RECON SOLN *coagulation factor ix (recombinant)*	Covered	
RIXUBIS 250 UNIT RECON SOLN *coagulation factor ix (recombinant)*	Covered	
RIXUBIS 3000 UNIT RECON SOLN *coagulation factor ix (recombinant)*	Covered	
RIXUBIS 500 UNIT RECON SOLN *coagulation factor ix (recombinant)*	Covered	

DRUG NAME	TIER	DRUG EDITS
SEVENFACT 1 MG RECON SOLN *coagulation factor viia (recombinant)-jncw*	Covered	
SEVENFACT 5 MG RECON SOLN *coagulation factor viia (recombinant)-jncw*	Covered	
TRETTEN 2000-3125 UNIT RECON SOLN *coagulation factor xiii a-subunit (recombinant)*	Covered	
VONVENDI 1300 UNIT RECON SOLN *von willebrand factor (recombinant)*	Covered	
VONVENDI 650 UNIT RECON SOLN *von willebrand factor (recombinant)*	Covered	
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	
XYNTHA 2000 UNIT KIT *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	Covered	
XYNTHA 250 UNIT KIT *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	Covered	
XYNTHA 500 UNIT KIT *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	Covered	
XYNTHA SOLOFUSE 1000 UNIT KIT *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	Covered	
XYNTHA SOLOFUSE 2000 UNIT KIT *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	Covered	
XYNTHA SOLOFUSE 250 UNIT KIT *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	Covered	

DRUG NAME	TIER	DRUG EDITS
XYNTHA SOLOFUSE 3000 UNIT KIT *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	Covered	
XYNTHA SOLOFUSE 500 UNIT KIT *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)*	Covered	
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR 30 MG/3ML SOLN PRSYR *icatibant acetate*	Covered	
icatibant acetate 30 mg/3ml soln prsyr	Covered	
COMPLEMENT INHIBITORS		
BERINERT 500 UNIT KIT c1 esterase inhibitor (human)	Covered	
CINRYZE 500 UNIT RECON SOLN c1 esterase inhibitor (human)	Covered	
EMPAVELI 1080 MG/20ML SOLUTION *pegcetacoplan*	Covered	
HAEGARDA 2000 UNIT RECON SOLN c1 esterase inhibitor (human)	Covered	
HAEGARDA 3000 UNIT RECON SOLN c1 esterase inhibitor (human)	Covered	
RUCONEST 2100 UNIT RECON SOLN c1 esterase inhibitor (recombinant)	Covered	
SOLIRIS 300 MG/30ML SOLUTION *eculizumab*	Covered	
TAVNEOS 10 MG CAP *avacopan*	PDL Preferred	
ULTOMIRIS 1100 MG/11ML SOLUTION *ravulizumab-cwvz*	Covered	
ULTOMIRIS 300 MG/30ML SOLUTION *ravulizumab-cwvz*	PDL Non-Preferred	PA
ULTOMIRIS 300 MG/3ML SOLUTION *ravulizumab-cwvz*	Covered	

DRUG NAME	TIER	DRUG EDITS
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE 100 MG TAB *fostamatinib disodium*	PDL Non-Preferred	ST
TAVALISSE 150 MG TAB *fostamatinib disodium*	PDL Non-Preferred	ST
HEMATORHEOLOGIC AGENTS		
pentoxifylline er 400 mg tab er	Covered	
HEMIN		
PANHEMATIN 350 MG RECON SOLN *hemin*	Covered	
HUMAN PROTEIN C		
CEPROTIN 1000 UNIT RECON SOLN *protein c concentrate (human)*	Covered	
CEPROTIN 500 UNIT RECON SOLN *protein c concentrate (human)*	Covered	
PLASMA EXPANDERS		
HESPAN 6-0.9 % SOLUTION *hetastarch in sodium chloride*	Covered	
hetastarch-nacl 6-0.9 % solution	Covered	
HEXTEND 6 % SOLUTION *hetastarch in lactated electrolyte*	Covered	
LMD IN D5W 10-5 % SOLUTION *dextran 40 in d5w*	Covered	
LMD IN NACL 10-0.9 % SOLUTION *dextran 40 in saline*	Covered	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR 10 MG/ML SOLUTION *ecallantide*	Covered	
ORLADEYO 110 MG CAP *berotralstat hcl*	Covered	
ORLADEYO 150 MG CAP *berotralstat hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
TAKHZYRO 300 MG/2ML SOLUTION *lanadelumab-flyo*	Covered	
PLASMA PROTEINS		
ALBUKED 25 25 % SOLUTION *albumin, human*	Covered	
ALBUKED 5 5 % SOLUTION *albumin, human*	Covered	
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	
HUMAN ALBUMIN GRIFOLS 25 % 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	

DRUG NAME	TIER	DRUG EDITS
OCTAPLAS BLOOD GROUP B SOLUTION *plasma, human*	Covered	
OCTAPLAS BLOOD GROUP O SOLUTION *plasma, human*	Covered	
PLASBUMIN-25 25 % SOLUTION *albumin, human*	Covered	
PLASBUMIN-5 5 % SOLUTION *albumin, human*	Covered	
PLASMANATE 5 % SOLUTION *plasma protein fraction*	Covered	
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	
AGRYLIN 0.5 MG CAP *anagrelide hcl*	Covered	
anagrelide hcl 0.5 mg cap	Covered	
anagrelide hcl 1 mg cap	Covered	
aspirin-dipyridamole er 25-200 mg cap er 12h	PDL Non-Preferred	ST
BRILINTA 60 MG TAB *ticagrelor*	PDL Preferred	
BRILINTA 90 MG TAB *ticagrelor*	PDL Preferred	
CABLIVI 11 MG KIT *caplacizumab-yhdp*	Covered	
cilostazol 100 mg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
cilostazol 50 mg tab	Covered	
clopidogrel bisulfate 300 mg tab	PDL Preferred	
clopidogrel bisulfate 75 mg tab	PDL Preferred	
dipyridamole 25 mg tab	PDL Preferred	
dipyridamole 50 mg tab	PDL Preferred	
dipyridamole 75 mg tab	PDL Preferred	
EFFIENT 10 MG TAB *prasugrel hcl*	PDL Non-Preferred	ST
EFFIENT 5 MG TAB *prasugrel hcl*	PDL Non-Preferred	ST
eptifibatide 20 mg/10ml solution	Covered	
eptifibatide 200 mg/100ml solution	Covered	
eptifibatide 75 mg/100ml solution	Covered	
INTEGRILIN 20 MG/10ML SOLUTION *eptifibatide*	Covered	
INTEGRILIN 75 MG/100ML SOLUTION *eptifibatide*	Covered	
KENGREAL 50 MG RECON SOLN *cangrelor tetrasodium*	Covered	
PLAVIX 75 MG TAB *clopidogrel bisulfate*	PDL Non-Preferred	ST
prasugrel hcl 10 mg tab	PDL Preferred	
prasugrel hcl 5 mg tab	PDL Preferred	
ZONTIVITY 2.08 MG TAB *vorapaxar sulfate*	Covered	

DRUG NAME	TIER	DRUG EDITS
PROTAMINE		
PROTAMINE SULFATE 10 MG/ML SOLUTION *protamine 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	
RETAVASE HALF-KIT 1 X 10 UNIT KIT *reteplase*	Covered	
TNKASE 50 MG KIT *tenecteplase*	Covered	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA 84 MG CAP *eliglustat tartrate*	Covered	
CEREZYME 400 UNIT RECON SOLN *imiglucerase*	Covered	
ELELYSO 200 UNIT RECON SOLN *taliglucerase alfa*	Covered	
miglustat 100 mg cap	Covered	
VPRIV 400 UNIT RECON SOLN *velaglucerase alfa*	Covered	
ZAVESCA 100 MG CAP *miglustat*	Covered	

DRUG NAME	TIER	DRUG EDITS
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO 100 MG/10ML SOLUTION *crizanlizumab-tmca*	Covered	
DROXIA 200 MG CAP *hydroxyurea (sickle cell disease)*	Covered	
DROXIA 300 MG CAP *hydroxyurea (sickle cell disease)*	Covered	
DROXIA 400 MG CAP *hydroxyurea (sickle cell disease)*	Covered	
ENDARI 5 GM PACKET *glutamine (sickle cell)*	Covered	
OXBRYTA 500 MG TAB *voxelotor*	Covered	
SIKLOS 100 MG TAB *hydroxyurea (sickle cell anemia)*	Covered	
SIKLOS 1000 MG TAB *hydroxyurea (sickle cell anemia)*	Covered	
COBALAMINS		
cyanocobalamin 1000 mcg/ml solution	Covered	
NASCOBAL 500 MCG/0.1ML SOLUTION *cyanocobalamin*	Covered	
FOLIC ACID/FOLATES		
folic acid 1 mg tab	Covered	
folic acid 5 mg/ml solution	Covered	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR *darbepoetin alfa*	PDL Preferred	PA
ARANESP (ALBUMIN FREE) 100 MCG/0.5ML SOLN PRSYR *darbepoetin alfa*	PDL Preferred	PA
ARANESP (ALBUMIN FREE) 100 MCG/ML SOLUTION *darbepoetin alfa*	PDL Preferred	PA

DRUG NAME	TIER	DRUG EDITS
ARANESP (ALBUMIN FREE) 150 MCG/0.3ML SOLN PRSYR *darbepoetin alfa*	PDL Preferred	PA
ARANESP (ALBUMIN FREE) 200 MCG/0.4ML SOLN PRSYR *darbepoetin alfa*	PDL Preferred	PA
ARANESP (ALBUMIN FREE) 200 MCG/ML SOLUTION *darbepoetin alfa*	PDL Preferred	PA
ARANESP (ALBUMIN FREE) 25 MCG/0.42ML SOLN PRSYR *darbepoetin alfa*	PDL Preferred	PA
ARANESP (ALBUMIN FREE) 25 MCG/ML SOLUTION *darbepoetin alfa*	PDL Preferred	PA
ARANESP (ALBUMIN FREE) 300 MCG/0.6ML SOLN PRSYR *darbepoetin alfa*	PDL Preferred	PA
ARANESP (ALBUMIN FREE) 40 MCG/0.4ML SOLN PRSYR *darbepoetin alfa*	PDL Preferred	PA
ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION *darbepoetin alfa*	PDL Preferred	PA
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR *darbepoetin alfa*	PDL Preferred	PA
ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR *darbepoetin alfa*	PDL Preferred	PA
ARANESP (ALBUMIN FREE) 60 MCG/ML SOLUTION *darbepoetin alfa*	PDL Preferred	PA
DOPTELET 20 MG TAB *avatrombopag maleate*	Covered	
EPOGEN 10000 UNIT/ML SOLUTION *epoetin alfa*	PDL Non-Preferred	PA

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DRUG NAME	TIER	DRUG EDITS
EPOGEN 2000 UNIT/ML SOLUTION *epoetin alfa*	PDL Non-Preferred	PA
EPOGEN 20000 UNIT/ML SOLUTION *epoetin alfa*	PDL Non-Preferred	PA
EPOGEN 3000 UNIT/ML SOLUTION *epoetin alfa*	PDL Non-Preferred	PA
EPOGEN 4000 UNIT/ML SOLUTION *epoetin alfa*	PDL Non-Preferred	PA
FULPHILA 6 MG/0.6ML SOLN PRSYR *pegfilgrastim-jmdb*	PDL Non-Preferred	ST
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
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	PA
MIRCERA 150 MCG/0.3ML SOLN PRSYR *methoxy polyethylene glycol-epoetin beta*	PDL Non-Preferred	PA
MIRCERA 200 MCG/0.3ML SOLN PRSYR *methoxy polyethylene glycol-epoetin beta*	PDL Non-Preferred	PA
MIRCERA 30 MCG/0.3ML SOLN PRSYR *methoxy polyethylene glycol-epoetin beta*	PDL Non-Preferred	PA
MIRCERA 50 MCG/0.3ML SOLN PRSYR *methoxy polyethylene glycol-epoetin beta*	PDL Non-Preferred	PA
MIRCERA 75 MCG/0.3ML SOLN PRSYR *methoxy polyethylene glycol-epoetin beta*	PDL Non-Preferred	PA

DRUG NAME	TIER	DRUG EDITS
MULPLETA 3 MG TAB *lusutrombopag*	Covered	
NEULASTA 6 MG/0.6ML SOLN PRSYR *pegfilgrastim*	PDL Non-Preferred	ST
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 Preferred	
NIVESTYM 300 MCG/ML SOLUTION *filgrastim-aafi*	PDL Non-Preferred	ST
NIVESTYM 480 MCG/0.8ML SOLN PRSYR *filgrastim-aafi*	PDL Preferred	
NIVESTYM 480 MCG/1.6ML SOLUTION *filgrastim-aafi*	PDL Non-Preferred	ST
NPLATE 125 MCG RECON SOLN *romiplostim*	PDL Preferred	
NPLATE 250 MCG RECON SOLN *romiplostim*	PDL Preferred	
NPLATE 500 MCG RECON SOLN *romiplostim*	PDL Preferred	
NYVEPRIA 6 MG/0.6ML SOLN PRSYR *pegfilgrastim-apgf*	PDL Preferred	
PROCRIT 10000 UNIT/ML SOLUTION *epoetin alfa*	PDL Preferred	PA
PROCRIT 2000 UNIT/ML SOLUTION *epoetin alfa*	PDL Preferred	PA

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DRUG NAME	TIER	DRUG EDITS
PROCRIT 20000 UNIT/ML SOLUTION *epoetin alfa*	PDL Preferred	PA
PROCRIT 3000 UNIT/ML SOLUTION *epoetin alfa*	PDL Preferred	PA
PROCRIT 4000 UNIT/ML SOLUTION *epoetin alfa*	PDL Preferred	PA
PROCRIT 40000 UNIT/ML SOLUTION *epoetin alfa*	PDL Preferred	PA
PROMACTA 12.5 MG PACKET *eltrombopag olamine*	PDL Preferred	
PROMACTA 12.5 MG TAB *eltrombopag olamine*	PDL Preferred	
PROMACTA 25 MG PACKET *eltrombopag olamine*	PDL Preferred	
PROMACTA 25 MG TAB *eltrombopag olamine*	PDL Preferred	
PROMACTA 50 MG TAB *eltrombopag olamine*	PDL Preferred	
PROMACTA 75 MG TAB *eltrombopag olamine*	PDL Preferred	
REBLOZYL 25 MG RECON SOLN *luspatercept-aamt*	PDL Non- Preferred	PA
REBLOZYL 75 MG RECON SOLN *luspatercept-aamt*	PDL Non- Preferred	PA
RELEUKO 300 MCG/0.5ML SOLN PRSYR *filgrastim-ayow*	PDL Non- Preferred	ST
RELEUKO 300 MCG/ML SOLUTION *filgrastim-ayow*	PDL Non- Preferred	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 Non- Preferred	PA

DRUG NAME	TIER	DRUG EDITS
RETACRIT 2000 UNIT/ML SOLUTION *epoetin alfa-epbx*	PDL Non-Preferred	PA
RETACRIT 20000 UNIT/ML SOLUTION *epoetin alfa-epbx*	PDL Non-Preferred	PA
RETACRIT 3000 UNIT/ML SOLUTION *epoetin alfa-epbx*	PDL Non-Preferred	PA
RETACRIT 4000 UNIT/ML SOLUTION *epoetin alfa-epbx*	PDL Non-Preferred	PA
RETACRIT 40000 UNIT/ML SOLUTION *epoetin alfa-epbx*	PDL Non-Preferred	PA
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 PRSYR *pegfilgrastim-cbqv*	PDL Preferred	
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	
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	

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DRUG NAME	TIER	DRUG EDITS
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	
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	
FOLTRATE 500-1 MCG-MG TAB *cobalamin combinations*	Covered	
hematogen cap	Covered	
HEMATOGEN FA 200-250-0.01-1 MG CAP *fe fumarate-vitamin c-vitamin b12-folic acid*	Covered	
hematogen forte 460-60-0.01-1 mg cap	Covered	
iferex 150 forte 150-25-1 mg-mcg-mg cap	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	
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	

DRUG NAME	TIER	DRUG EDITS
TARON FORTE CAP *fe bisglycinate-fe polysaccharide-vit c-vit b12-folic acid*	Covered	
tl-hem 150 150-1 mg tab	Covered	
tricon cap	Covered	
trigels-f forte 460-60-0.01-1 mg cap	Covered	
westab mini 2.2-25-1 mg tab	Covered	
IRON		
FERAHEME 510 MG/17ML SOLUTION *ferumoxytol*	Covered	
FERRLECIT 12.5 MG/ML SOLUTION *sodium ferric gluconate complex in sucrose*	Covered	
INFED 50 MG/ML SOLUTION *iron dextran*	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	
TRIFERIC 27.2 MG/5ML SOLUTION *ferric pyrophosphate citrate*	Covered	
TRIFERIC 272 MG PACKET *ferric pyrophosphate citrate*	Covered	
VENOFER 20 MG/ML SOLUTION *iron sucrose*	Covered	
STEM CELL MOBILIZERS		
MOZOBIL 24 MG/1.2ML SOLUTION *plerixafor*	Covered	
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
AMICAR 0.25 GM/ML SOLUTION *aminocaproic acid*	Covered	

DRUG NAME	TIER	DRUG EDITS
AMICAR 1000 MG TAB *aminocaproic acid*	Covered	
AMICAR 500 MG TAB *aminocaproic acid*	Covered	
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	
LYSTEDA 650 MG TAB *tranexamic acid*	Covered	
tranexamic acid 1000 mg/10ml solution	Covered	
tranexamic acid 650 mg tab	Covered	
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% SOLUTION *tranexamic acid-sodium chloride*	Covered	
HEMOSTATICS - TOPICAL		
ARTISS SOLUTION *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	

DRUG NAME	TIER	DRUG EDITS
THROMBIN-JMI 20000 UNIT RECON SOLN *thrombin*	Covered	
THROMBIN-JMI 5000 UNIT KIT *thrombin*	Covered	
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		
AMYTAL SODIUM 500 MG RECON SOLN *amobarbital sodium*	Covered	
NEMBUTAL 50 MG/ML SOLUTION *pentobarbital sodium*	Covered	
pentobarbital sodium 50 mg/ml solution	Covered	
phenobarbital 100 mg tab	PDL Preferred	
phenobarbital 15 mg tab	PDL Preferred	
phenobarbital 16.2 mg tab	PDL Preferred	
phenobarbital 20 mg/5ml elixir	PDL Preferred	
phenobarbital 30 mg tab	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
phenobarbital 32.4 mg tab	PDL Preferred	
phenobarbital 60 mg tab	PDL Preferred	
phenobarbital 64.8 mg tab	PDL Preferred	
phenobarbital 97.2 mg tab	PDL Preferred	
phenobarbital sodium 130 mg/ml solution	Covered	
phenobarbital sodium 65 mg/ml solution	Covered	
SECONAL 100 MG CAP *secobarbital sodium*	PDL Non-Preferred	ST
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl 3 mg tab	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
doxepin hcl 6 mg tab	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
SILENOR 3 MG TAB *doxepin hcl (sleep)*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
SILENOR 6 MG TAB *doxepin hcl (sleep)*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
NON-BARBITURATE HYPNOTICS		
AMBIEN 10 MG TAB *zolpidem tartrate*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
AMBIEN 5 MG TAB *zolpidem tartrate*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
AMBIEN CR 12.5 MG TAB ER *zolpidem tartrate*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST

DRUG NAME	TIER	DRUG EDITS
AMBIEN CR 6.25 MG TAB ER *zolpidem tartrate*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
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	
dexmedetomidine hcl in nacl 200 mcg/50ml solution	Covered	
dexmedetomidine hcl in nacl 200-0.9 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	ST
EDLUAR 10 MG SL TAB *zolpidem tartrate*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
EDLUAR 5 MG SL TAB *zolpidem tartrate*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
estazolam 1 mg tab	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST

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DRUG NAME	TIER	DRUG EDITS
estazolam 2 mg tab	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
eszopiclone 1 mg tab	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
eszopiclone 2 mg tab	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
eszopiclone 3 mg tab	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
FLURAZEPAM HCL 15 MG CAP *flurazepam hcl*	Covered	
FLURAZEPAM HCL 30 MG CAP *flurazepam hcl*	Covered	
HALCION 0.25 MG TAB *triazolam*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
LUNESTA 1 MG TAB *eszopiclone*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
LUNESTA 2 MG TAB *eszopiclone*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
LUNESTA 3 MG TAB *eszopiclone*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
midazolam hcl (pf) 10 mg/2ml solution	Covered	
midazolam hcl (pf) 2 mg/2ml solution	Covered	
MIDAZOLAM HCL (PF) 5 MG/5ML SOLUTION *midazolam hcl*	Covered	
midazolam hcl (pf) 5 mg/ml solution	Covered	
midazolam hcl 10 mg/10ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
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	
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	ST
RESTORIL 15 MG CAP *temazepam*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
RESTORIL 22.5 MG CAP *temazepam*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
RESTORIL 30 MG CAP *temazepam*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
RESTORIL 7.5 MG CAP *temazepam*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
temazepam 15 mg cap	PDL Preferred	QL 15 UNITS / 30 DAYS
temazepam 22.5 mg cap	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST

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

DRUG NAME	TIER	DRUG EDITS
zolpidem tartrate er 6.25 mg tab er	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA 10 MG TAB *suvorexant*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
BELSOMRA 15 MG TAB *suvorexant*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
BELSOMRA 20 MG TAB *suvorexant*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
BELSOMRA 5 MG TAB *suvorexant*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
DAYVIGO 10 MG TAB *lemborexant*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
DAYVIGO 5 MG TAB *lemborexant*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
QUVIVIQ 25 MG TAB *daridorexant hcl*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
QUVIVIQ 50 MG TAB *daridorexant hcl*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ 20 MG CAP *tasimelteon*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS PA
HETLIOZ LQ 4 MG/ML SUSPENSION *tasimelteon*	PDL Non-Preferred	QL 158 UNITS / 30 DAYS PA

DRUG NAME	TIER	DRUG EDITS
ramelteon 8 mg tab	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
ROZEREM 8 MG TAB *ramelteon*	PDL Non-Preferred	QL 15 UNITS / 30 DAYS ST
tasimelteon 20 mg cap	PDL Non-Preferred	QL 15 UNITS / 30 DAYS PA
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/160ML SOLUTION *sodium picosulfate-magnesium oxide-anhydrous citric acid*	Covered	
COLYTE WITH FLAVOR PACKS 240 GM RECON SOLN *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*	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-h 5-210 mg-gm kit	Covered	
gavilyte-n with flavor pack 420 gm recon soln	Covered	
GOLYTELY 227.1 GM RECON SOLN *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*	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	

DRUG NAME	TIER	DRUG EDITS
NULYTELY LEMON-LIME 420 GM RECON SOLN *peg 3350-potassium chloride-sod bicarbonate-sod chloride*	Covered	
NULYTELY WITH FLAVOR PACKS 420 GM RECON SOLN *peg 3350-potassium chloride-sod bicarbonate-sod chloride*	Covered	
peg 3350-kcl-na bicarb-nacl 420 gm recon soln	Covered	
peg 3350/electrolytes 240 gm recon soln	Covered	
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	
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	
trilyte 420 gm recon soln	Covered	
LAXATIVES - MISCELLANEOUS		
constulose 10 gm/15ml solution	Covered	
KRISTALOSE 10 GM PACKET *lactulose*	Covered	
KRISTALOSE 20 GM PACKET *lactulose*	Covered	
lactulose 10 gm/15ml solution	Covered	
lactulose 20 gm/30ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
SALINE LAXATIVES		
OSMOPREP 1.102-0.398 GM TAB *sodium phosphate monobasic-sodium phosphate dibasic*	Covered	
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
bupivacaine-epinephrine (pf) 0.25% - 1:200000 solution	Covered	
bupivacaine-epinephrine (pf) 0.5% -1:200000 solution	Covered	
bupivacaine-epinephrine 0.25% -1:200000 solution	Covered	
bupivacaine-epinephrine 0.5% -1:200000 solution	Covered	
lidocaine-epinephrine 0.5 %-1:200000 solution	Covered	
lidocaine-epinephrine 1 %-1:100000 solution	Covered	
lidocaine-epinephrine 1.5 %-1:200000 solution	Covered	
lidocaine-epinephrine 2 %-1:100000 solution	Covered	
lidocaine-epinephrine 2 %-1:200000 solution	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 0.5% - 1:200000 SOLUTION *bupivacaine w/ epinephrine*	Covered	
sensorcaine-mpf/epinephrine 0.25% - 1:200000 solution	Covered	

DRUG NAME	TIER	DRUG EDITS
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	
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 (pf) 0.25 % solution	Covered	

DRUG NAME	TIER	DRUG EDITS
bupivacaine hcl (pf) 0.5 % solution	Covered	
bupivacaine hcl (pf) 0.75 % solution	Covered	
bupivacaine hcl 0.25 % solution	Covered	
bupivacaine hcl 0.5 % solution	Covered	
bupivacaine in dextrose 0.75-8.25 % solution	Covered	
bupivacaine spinal 0.75-8.25 % solution	Covered	
CARBOCAINE 1 % SOLUTION *mepivacaine hcl*	Covered	
CARBOCAINE PRESERVATIVE-FREE 1 % SOLUTION *mepivacaine hcl*	Covered	
CARBOCAINE PRESERVATIVE-FREE 1.5 % SOLUTION *mepivacaine hcl*	Covered	
CARBOCAINE PRESERVATIVE-FREE 2 % SOLUTION *mepivacaine hcl*	Covered	
lidocaine hcl (pf) 0.5 % solution	Covered	
lidocaine hcl (pf) 1 % solution	Covered	
lidocaine hcl (pf) 1.5 % solution	Covered	
lidocaine hcl (pf) 2 % solution	Covered	
LIDOCAINE HCL (PF) 4 % SOLUTION *lidocaine hcl (local anesth.)*	Covered	
lidocaine hcl 0.5 % solution	Covered	
lidocaine hcl 1 % solution	Covered	
lidocaine hcl 2 % solution	Covered	
LIDOCAINE IN DEXTROSE 5-7.5 % SOLUTION *lidocaine in dextrose*	Covered	
MARCAINE 0.25 % SOLUTION *bupivacaine hcl*	Covered	
MARCAINE 0.5 % SOLUTION *bupivacaine hcl*	Covered	

DRUG NAME	TIER	DRUG EDITS
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	
ropivacaine hcl 7.5 mg/ml solution	Covered	
sensorcaine 0.25 % solution	Covered	

DRUG NAME	TIER	DRUG EDITS
sensorcaine 0.5 % solution	Covered	
sensorcaine-mpf 0.25 % solution	Covered	
sensorcaine-mpf 0.5 % solution	Covered	
sensorcaine-mpf 0.75 % solution	Covered	
XYLOCAINE 0.5 % SOLUTION *lidocaine hcl (local anesth.)*	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	

DRUG NAME	TIER	DRUG EDITS
MACROLIDES		
AZITHROMYCIN		
AZITHROMYCIN 1 GM PACKET *azithromycin*	PDL Preferred	
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	PA
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	
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	

DRUG NAME	TIER	DRUG EDITS
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 *erythromycin ethylsuccinate*	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
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 Preferred	
ERYPED 400 400 MG/5ML RECON SUSP *erythromycin ethylsuccinate*	PDL Preferred	
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	
erythrocin stearate 250 mg tab	Covered	
erythromycin 250 mg tab dr	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
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 cp dr part	Covered	
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 Non-Preferred	ST
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB *erythromycin ethylsuccinate*	PDL Preferred	
erythromycin ethylsuccinate 400 mg/5ml recon susp	PDL Non-Preferred	ST
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		
DIABETIC SUPPLIES		
DEXCOM G5 MOB/G4 PLAT SENSOR MISC *continuous blood glucose system sensor*	PDL Preferred	PA
DEXCOM G6 RECEIVER DEVICE *continuous blood glucose system receiver*	PDL Preferred	PA
DEXCOM G6 SENSOR MISC *continuous blood glucose system sensor*	PDL Preferred	PA
DEXCOM G6 TRANSMITTER MISC *continuous blood glucose system transmitter*	PDL Preferred	PA
FREESTYLE LIBRE 14 DAY READER DEVICE *continuous blood glucose system receiver*	PDL Non-Preferred	PA
FREESTYLE LIBRE 14 DAY SENSOR MISC *continuous blood glucose system sensor*	PDL Non-Preferred	PA
FREESTYLE LIBRE 2 READER DEVICE *continuous blood glucose system receiver*	PDL Preferred	PA
FREESTYLE LIBRE 2 SENSOR MISC *continuous blood glucose system sensor*	PDL Preferred	PA
FREESTYLE LIBRE 3 SENSOR MISC *continuous blood glucose system sensor*	PDL Preferred	PA
OMNIPOD 5 G6 INTRO (GEN 5) KIT *insulin infusion disposable pump*	PDL Preferred	
OMNIPOD 5 G6 POD (GEN 5) MISC *insulin infusion disposable pump*	PDL Preferred	
OMNIPOD DASH INTRO (GEN 4) KIT *insulin infusion disposable pump*	PDL Preferred	
OMNIPOD DASH PODS (GEN 4) MISC *insulin infusion disposable pump*	PDL Preferred	
PARENTERAL THERAPY SUPPLIES		
AQ 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
AQ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
AQINJECT PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
AQINJECT PEN NEEDLE 32G X 4 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
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS

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

DRUG NAME	TIER	DRUG EDITS
MARATHON MEDICAL PENTIPS 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
MARATHON MEDICAL PENTIPS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
MARATHON MEDICAL PENTIPS 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
MARATHON MEDICAL PENTIPS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS

DRUG NAME	TIER	DRUG EDITS
MONOJECT INSULIN SYRINGE U-100 1 ML MISC *insulin syringes (disposable)*	Covered	QL 200 UNITS / 30 DAYS
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
PENTIPS 29G X 12MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
PENTIPS 31G X 5 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
PENTIPS 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
PENTIPS 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
PRO COMFORT PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
PRO COMFORT PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
PRO COMFORT PEN NEEDLES 32G X 5 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
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS

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

DRUG NAME	TIER	DRUG EDITS
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
SURE COMFORT PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
SURE COMFORT PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	Covered	QL 200 UNITS / 30 DAYS
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Covered	QL 200 UNITS / 30 DAYS
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 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
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG 140 MG/ML SOLN A-INJ *erenumab-aooe*	PDL Preferred	PA
AIMOVIG 70 MG/ML SOLN A-INJ *erenumab-aooe*	PDL Preferred	PA
AJOVY 225 MG/1.5ML SOLN A-INJ *fremanezumab-vfrm*	PDL Non-Preferred	PA
AJOVY 225 MG/1.5ML SOLN PRSYR *fremanezumab-vfrm*	PDL Non-Preferred	PA
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR *galcanezumab-gnlm*	PDL Preferred	PA
EMGALITY 120 MG/ML SOLN A-INJ *galcanezumab-gnlm*	PDL Preferred	PA
EMGALITY 120 MG/ML SOLN PRSYR *galcanezumab-gnlm*	PDL Preferred	PA

DRUG NAME	TIER	DRUG EDITS
NURTEC 75 MG TAB DISP *rimegepant sulfate*	PDL Non-Preferred	PA
QULIPTA 10 MG TAB *atogepant*	PDL Non-Preferred	PA
QULIPTA 30 MG TAB *atogepant*	PDL Non-Preferred	PA
QULIPTA 60 MG TAB *atogepant*	PDL Non-Preferred	PA
UBRELVY 100 MG TAB *ubrogepant*	PDL Preferred	PA
UBRELVY 50 MG TAB *ubrogepant*	PDL Preferred	PA
VYEPTI 100 MG/ML SOLUTION *eptinezumab-jjmr*	PDL Non-Preferred	PA
MIGRAINE COMBINATIONS		
CAFERGOT 1-100 MG TAB *ergotamine w/ caffeine*	PDL Non-Preferred	ST
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
TREXIMET 85-500 MG TAB *sumatriptan-naproxen sodium*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
D.H.E. 45 1 MG/ML SOLUTION *dihydroergotamine mesylate*	Covered	
dihydroergotamine mesylate 1 mg/ml solution	Covered	
dihydroergotamine mesylate 4 mg/ml solution	Covered	
ERGOMAR 2 MG SL TAB *ergotamine tartrate*	Covered	
MIGRANAL 4 MG/ML SOLUTION *dihydroergotamine mesylate*	Covered	

DRUG NAME	TIER	DRUG EDITS
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA 50 MG PACKET *diclofenac potassium (migraine)*	Covered	
diclofenac potassium(migraine) 50 mg packet	PDL Non-Preferred	ST
ELYXYB 120 MG/4.8ML SOLUTION *celecoxib (migraine)*	PDL Non-Preferred	PA NOTE Trial and failure of 2 preferred NSAIDs, in addition to trial and failure of 2 preferred triptans required for coverage
SEROTONIN AGONISTS		
almotriptan malate 12.5 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
almotriptan malate 6.25 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
AMERGE 1 MG TAB *naratriptan hcl*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
AMERGE 2.5 MG TAB *naratriptan hcl*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
eletriptan hydrobromide 20 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
eletriptan hydrobromide 40 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
FROVA 2.5 MG TAB *frovatriptan succinate*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
frovatriptan succinate 2.5 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST

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DRUG NAME	TIER	DRUG EDITS
IMITREX 100 MG TAB *sumatriptan succinate*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
IMITREX 20 MG/ACT SOLUTION *sumatriptan*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
IMITREX 25 MG TAB *sumatriptan succinate*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
IMITREX 5 MG/ACT SOLUTION *sumatriptan*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
IMITREX 50 MG TAB *sumatriptan succinate*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
IMITREX 6 MG/0.5ML SOLUTION *sumatriptan succinate*	PDL Non-Preferred	ST
IMITREX STATDOSE REFILL 4 MG/0.5ML SOLN CART *sumatriptan succinate*	PDL Non-Preferred	QL 6 UNITS / 30 DAYS ST
IMITREX STATDOSE REFILL 6 MG/0.5ML SOLN CART *sumatriptan succinate*	PDL Non-Preferred	QL 6 UNITS / 30 DAYS ST
IMITREX STATDOSE SYSTEM 4 MG/0.5ML SOLN A-INJ *sumatriptan succinate*	PDL Non-Preferred	QL 6 UNITS / 30 DAYS ST
IMITREX STATDOSE SYSTEM 6 MG/0.5ML SOLN A-INJ *sumatriptan succinate*	PDL Non-Preferred	QL 6 UNITS / 30 DAYS ST
MAXALT 10 MG TAB *rizatriptan benzoate*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
MAXALT-MLT 10 MG TAB DISP *rizatriptan benzoate*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
naratriptan hcl 1 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST

Last updated 05/12/2023

DRUG NAME	TIER	DRUG EDITS
naratriptan hcl 2.5 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
ONZETRA XSAIL 11 MG/NOSEPC EXHP *sumatriptan succinate*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
RELPAX 20 MG TAB *eletriptan hydrobromide*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
RELPAX 40 MG TAB *eletriptan hydrobromide*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
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
rizatriptan benzoate 10 mg tab disp	PDL Preferred	QL 12 UNITS / 30 DAYS
rizatriptan benzoate 5 mg tab	PDL Preferred	QL 12 UNITS / 30 DAYS
rizatriptan benzoate 5 mg tab disp	PDL Preferred	QL 12 UNITS / 30 DAYS
sumatriptan 20 mg/act solution	PDL Preferred	QL 12 UNITS / 30 DAYS
sumatriptan 5 mg/act solution	PDL Preferred	QL 12 UNITS / 30 DAYS
sumatriptan succinate 100 mg tab	PDL Preferred	QL 12 UNITS / 30 DAYS
sumatriptan succinate 25 mg tab	PDL Preferred	QL 12 UNITS / 30 DAYS
sumatriptan succinate 4 mg/0.5ml soln a-inj	PDL Non-Preferred	QL 6 UNITS / 30 DAYS ST

DRUG NAME	TIER	DRUG EDITS
sumatriptan succinate 50 mg tab	PDL Preferred	QL 12 UNITS / 30 DAYS
sumatriptan succinate 6 mg/0.5ml soln a-inj	PDL Non-Preferred	QL 6 UNITS / 30 DAYS ST
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR *sumatriptan succinate*	PDL Non-Preferred	ST
sumatriptan succinate 6 mg/0.5ml solution	PDL Preferred	QL 6 UNITS / 30 DAYS
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART *sumatriptan succinate*	PDL Non-Preferred	QL 6 UNITS / 30 DAYS ST
sumatriptan succinate refill 4 mg/0.5ml soln cart	PDL Non-Preferred	ST
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART *sumatriptan succinate*	PDL Non-Preferred	QL 6 UNITS / 30 DAYS ST
sumatriptan succinate refill 6 mg/0.5ml soln cart	PDL Non-Preferred	ST
TOSYMRA 10 MG/ACT SOLUTION *sumatriptan*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
ZEMBRACE SYMTOUCH 3 MG/0.5ML SOLN A-INJ *sumatriptan succinate*	PDL Non-Preferred	QL 6 UNITS / 30 DAYS ST
ZOLMITRIPTAN 2.5 MG SOLUTION *zolmitriptan*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
zolmitriptan 2.5 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
zolmitriptan 2.5 mg tab disp	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
zolmitriptan 5 mg solution	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST

Last updated 05/12/2023

DRUG NAME	TIER	DRUG EDITS
zolmitriptan 5 mg tab	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
zolmitriptan 5 mg tab disp	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
ZOMIG 2.5 MG SOLUTION *zolmitriptan*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
ZOMIG 2.5 MG TAB *zolmitriptan*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
ZOMIG 5 MG SOLUTION *zolmitriptan*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
ZOMIG 5 MG TAB *zolmitriptan*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
ZOMIG ZMT 2.5 MG TAB DISP *zolmitriptan*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
ZOMIG ZMT 5 MG TAB DISP *zolmitriptan*	PDL Non-Preferred	QL 12 UNITS / 30 DAYS ST
MINERALS ELECTROLYTES		
BICARBONATES		
SODIUM ACETATE 2 MEQ/ML SOLUTION *sodium acetate*	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	

DRUG NAME	TIER	DRUG EDITS
CALCIUM		
calcium chloride 10 % solution	Covered	
CALCIUM GLUCONATE 10 % SOLUTION *calcium gluconate*	Covered	
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% SOLUTION *calcium gluconate-sodium chloride*	Covered	
CALCIUM GLUCONATE-NACL 2-0.675 GM/100ML-% SOLUTION *calcium gluconate-sodium chloride*	Covered	
CALCIUM-FOLIC ACID PLUS D 1342-1 MG WAFER *calcium carbonate-folic acid-vit d-b6-b12-boron-magnesium*	Covered	
ELECTROLYTE MIXTURES		
DEXTROSE 5%/ELECTROLYTE #48 SOLUTION *electrolyte-48 in dextrose*	Covered	
dextrose in lactated ringers 5 % solution	Covered	
DEXTROSE-NACL 10-0.2 % SOLUTION *dextrose w/ sodium chloride*	Covered	
DEXTROSE-NACL 10-0.45 % SOLUTION *dextrose w/ sodium chloride*	Covered	
DEXTROSE-NACL 2.5-0.45 % SOLUTION *dextrose w/ sodium chloride*	Covered	
dextrose-nacl 5-0.2 % solution	Covered	
dextrose-nacl 5-0.33 % solution	Covered	
dextrose-nacl 5-0.45 % solution	Covered	
dextrose-nacl 5-0.9 % solution	Covered	
DEXTROSE-SODIUM CHLORIDE 5-0.225 % SOLUTION *dextrose w/ sodium chloride*	Covered	
dextrose-sodium chloride 5-0.225 % solution	Covered	

DRUG NAME	TIER	DRUG EDITS
DEXTROSE-SODIUM CHLORIDE 5-0.3 % SOLUTION *dextrose w/ sodium chloride*	Covered	
dextrose-sodium chloride 5-0.3 % solution	Covered	
dextrose-sodium chloride 5-0.45 % solution	Covered	
dextrose-sodium chloride 5-0.9 % solution	Covered	
HYPERLYTE-CR CONC *parenteral electrolytes*	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 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 20-5-0.45 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	

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	
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 148 SOLUTION *electrolyte-148*	Covered	
PLASMA-LYTE A SOLUTION *electrolyte-a*	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	

DRUG NAME	TIER	DRUG EDITS
ringers solution	Covered	
TPN ELECTROLYTES CONC *parenteral electrolytes*	Covered	
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	
sodium fluoride 1.1 (0.5 f) mg chew tab	Covered	
sodium fluoride 1.1 (0.5 f) mg/ml solution	Covered	
sodium fluoride 2.2 (1 f) mg chew tab	Covered	
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	

DRUG NAME	TIER	DRUG EDITS
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	
MANGANESE SULFATE 0.1 MG/ML SOLUTION *manganese sulfate*	Covered	
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 150 MMOLE/50ML SOLUTION *potassium phosphates*	Covered	
potassium phosphates 45 mmole/15ml solution	Covered	
potassium phosphates(66 meq k) 45 mmole/15ml solution	Covered	
POTASSIUM PHOSPHATES(71 MEQ K) 45 MMOLE/15ML SOLUTION *potassium phosphates*	Covered	

DRUG NAME	TIER	DRUG EDITS
SODIUM PHOSPHATES 15 MMOLE/5ML SOLUTION *sodium phosphates (sodium phosphate dibasic & monobasic)*	Covered	
sodium phosphates 45 mmole/15ml solution	Covered	
virt-phos 250 neutral 155-852-130 mg tab	Covered	
POTASSIUM		
EFFER-K 10 MEQ EFFER TAB *potassium bicarbonate-citric acid*	Covered	
EFFER-K 20 MEQ EFFER TAB *potassium bicarbonate-citric acid*	Covered	
effer-k 25 meq effer tab	Covered	
K-TAB 10 MEQ TAB ER *potassium chloride*	Covered	
K-TAB 20 MEQ TAB ER *potassium chloride*	Covered	
K-TAB 8 MEQ TAB ER *potassium chloride*	Covered	
klor-con 10 10 meq tab er	Covered	
klor-con 20 meq packet	Covered	
klor-con 8 meq tab er	Covered	
klor-con m10 10 meq tab er	Covered	
klor-con m15 15 meq tab er	Covered	
klor-con m20 20 meq tab er	Covered	
klor-con/ef 25 meq effer tab	Covered	
potassium acetate 2 meq/ml solution	Covered	
potassium chloride 10 % solution	Covered	
POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION *potassium chloride*	Covered	
POTASSIUM CHLORIDE 10 MEQ/50ML SOLUTION *potassium chloride*	Covered	

DRUG NAME	TIER	DRUG EDITS
potassium chloride 2 meq/ml solution	Covered	
potassium chloride 20 meq packet	Covered	
POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION *potassium chloride*	Covered	
potassium chloride 20 meq/15ml (10%) solution	Covered	
POTASSIUM CHLORIDE 20 MEQ/50ML SOLUTION *potassium chloride*	Covered	
POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION *potassium chloride*	Covered	
potassium chloride 40 meq/15ml (20%) solution	Covered	
potassium chloride crys er 10 meq tab er	Covered	
potassium chloride crys er 20 meq tab er	Covered	
potassium chloride er 10 meq cap er	Covered	
potassium chloride er 10 meq tab er	Covered	
potassium chloride er 20 meq tab er	Covered	
potassium chloride er 8 meq cap er	Covered	
POTASSIUM CHLORIDE ER 8 MEQ TAB ER *potassium chloride*	Covered	
potassium chloride er 8 meq tab er	Covered	
SODIUM		
sodium chloride (pf) 0.9 % solution	Covered	
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	

DRUG NAME	TIER	DRUG EDITS
sodium chloride 5 % solution	Covered	
TRACE MINERALS		
CHROMIC CHLORIDE 40 MCG/10ML SOLUTION *chromic chloride*	Covered	
CUPRIC CHLORIDE 0.4 MG/ML SOLUTION *cupric chloride*	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	
ZINC CHLORIDE 1 MG/ML SOLUTION *zinc chloride*	Covered	
ZINC SULFATE 1 MG/ML SOLUTION *zinc sulfate*	Covered	
ZINC SULFATE 3 MG/ML SOLUTION *zinc sulfate*	Covered	
ZINC SULFATE 5 MG/ML SOLUTION *zinc sulfate*	Covered	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
clovique 250 mg cap	Covered	
CUPRIMINE 250 MG CAP *penicillamine*	Covered	
DEPEN TITRATABS 250 MG TAB *penicillamine*	Covered	
penicillamine 250 mg cap	Covered	

DRUG NAME	TIER	DRUG EDITS
penicillamine 250 mg tab	Covered	
SYPRINE 250 MG CAP *trientine hcl*	Covered	
trientine hcl 250 mg cap	Covered	
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	
IMMUNOMODULATORS		
REVLIMID 10 MG CAP *lenalidomide*	Covered	
REVLIMID 15 MG CAP *lenalidomide*	Covered	
REVLIMID 2.5 MG CAP *lenalidomide*	Covered	
REVLIMID 20 MG CAP *lenalidomide*	Covered	
REVLIMID 25 MG CAP *lenalidomide*	Covered	
REVLIMID 5 MG CAP *lenalidomide*	Covered	
REZUROCK 200 MG TAB *belumosudil mesylate*	PDL Preferred	
THALOMID 100 MG CAP *thalidomide*	Covered	
THALOMID 150 MG CAP *thalidomide*	Covered	
THALOMID 200 MG CAP *thalidomide*	Covered	

DRUG NAME	TIER	DRUG EDITS
THALOMID 50 MG CAP *thalidomide*	Covered	
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL 0.5 MG CAP ER 24H *tacrolimus*	PDL Preferred	
ASTAGRAF XL 1 MG CAP ER 24H *tacrolimus*	PDL Preferred	
ASTAGRAF XL 5 MG CAP ER 24H *tacrolimus*	PDL Preferred	
ATGAM 50 MG/ML INJECTABLE *lymphocyte immune globulin,anti-thymocyte globulin (equine)*	Covered	
azasan 100 mg tab	PDL Preferred	
azasan 75 mg tab	PDL Preferred	
azathioprine 100 mg tab	PDL Preferred	
azathioprine 50 mg tab	PDL Preferred	
azathioprine 75 mg tab	PDL Preferred	
AZATHIOPRINE SODIUM 100 MG RECON SOLN *azathioprine sodium*	Covered	
CELLCEPT 200 MG/ML RECON SUSP *mycophenolate mofetil*	PDL Preferred	
CELLCEPT 250 MG CAP *mycophenolate mofetil*	PDL Preferred	
CELLCEPT 500 MG TAB *mycophenolate mofetil*	PDL Preferred	
CELLCEPT INTRAVENOUS 500 MG RECON SOLN *mycophenolate mofetil hcl*	Covered	
cyclosporine 100 mg cap	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
cyclosporine 25 mg cap	PDL Preferred	
cyclosporine 50 mg/ml solution	Covered	PA
cyclosporine modified 100 mg cap	PDL Preferred	
cyclosporine modified 100 mg/ml solution	PDL Preferred	
cyclosporine modified 25 mg cap	PDL Preferred	
cyclosporine modified 50 mg cap	PDL Preferred	
ENSPRYNG 120 MG/ML SOLN PRSYR *satralizumab-mwge*	PDL Non-Preferred	PA NOTE Trial and failure of only one preferred drug is required
ENVARSUS XR 0.75 MG TAB ER 24H *tacrolimus*	PDL Preferred	
ENVARSUS XR 1 MG TAB ER 24H *tacrolimus*	PDL Preferred	
ENVARSUS XR 4 MG TAB ER 24H *tacrolimus*	PDL Preferred	
everolimus 0.25 mg tab	PDL Preferred	
everolimus 0.5 mg tab	PDL Preferred	
everolimus 0.75 mg tab	PDL Preferred	
everolimus 1 mg tab	PDL Preferred	
GAMIFANT 10 MG/2ML SOLUTION *emapalumab-lzsg*	Covered	
GAMIFANT 100 MG/20ML SOLUTION *emapalumab-lzsg*	Covered	
GAMIFANT 50 MG/10ML SOLUTION *emapalumab-lzsg*	Covered	

DRUG NAME	TIER	DRUG EDITS
gengraf 100 mg cap	PDL Preferred	
gengraf 100 mg/ml solution	PDL Preferred	
gengraf 25 mg cap	PDL Preferred	
IMURAN 50 MG TAB *azathioprine*	PDL Preferred	
LUPKYNIS 7.9 MG CAP *voclosporin*	Covered	
mycophenolate mofetil 200 mg/ml recon susp	PDL Preferred	
mycophenolate mofetil 250 mg cap	PDL Preferred	
mycophenolate mofetil 500 mg recon soln	Covered	
mycophenolate mofetil 500 mg tab	PDL Preferred	
mycophenolate mofetil hcl 500 mg recon soln	Covered	
mycophenolate sodium 180 mg tab dr	PDL Preferred	
mycophenolate sodium 360 mg tab dr	PDL Preferred	
MYFORTIC 180 MG TAB DR *mycophenolate sodium*	PDL Preferred	
MYFORTIC 360 MG TAB DR *mycophenolate sodium*	PDL Preferred	
NEORAL 100 MG CAP *cyclosporine modified (for microemulsion)*	PDL Preferred	
NEORAL 100 MG/ML SOLUTION *cyclosporine modified (for microemulsion)*	PDL Preferred	
NEORAL 25 MG CAP *cyclosporine modified (for microemulsion)*	PDL Preferred	
NULOJIX 250 MG RECON SOLN *belatacept*	Covered	

DRUG NAME	TIER	DRUG EDITS
PROGRAF 0.2 MG PACKET *tacrolimus*	PDL Preferred	
PROGRAF 0.5 MG CAP *tacrolimus*	PDL Preferred	
PROGRAF 1 MG CAP *tacrolimus*	PDL Preferred	
PROGRAF 1 MG PACKET *tacrolimus*	PDL Preferred	
PROGRAF 5 MG CAP *tacrolimus*	PDL Preferred	
PROGRAF 5 MG/ML SOLUTION *tacrolimus*	Covered	
RAPAMUNE 0.5 MG TAB *sirolimus*	PDL Preferred	
RAPAMUNE 1 MG TAB *sirolimus*	PDL Preferred	
RAPAMUNE 1 MG/ML SOLUTION *sirolimus*	PDL Preferred	
RAPAMUNE 2 MG TAB *sirolimus*	PDL Preferred	
SANDIMMUNE 100 MG CAP *cyclosporine*	PDL Preferred	
SANDIMMUNE 100 MG/ML SOLUTION *cyclosporine*	PDL Preferred	
SANDIMMUNE 25 MG CAP *cyclosporine*	PDL Preferred	
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	

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

DRUG NAME	TIER	DRUG EDITS
water for irrigation, sterile solution	Covered	
LYMPHATIC AGENTS		
SYLVANT 100 MG RECON SOLN *siltuximab*	Covered	
SYLVANT 400 MG RECON SOLN *siltuximab*	Covered	
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	
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	

DRUG NAME	TIER	DRUG EDITS
ULTRABAG/DIANEAL/1.5% DEXTROSE 344 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	
POTASSIUM REMOVING AGENTS		
LOKELMA 10 GM PACKET *sodium zirconium cyclosilicate*	Covered	
LOKELMA 5 GM PACKET *sodium zirconium cyclosilicate*	Covered	
sodium polystyrene sulfonate powder	Covered	
SPS 15 GM/60ML SUSPENSION *sodium polystyrene sulfonate*	Covered	
VELTASSA 16.8 GM PACKET *patiromer sorbitex calcium*	Covered	
VELTASSA 25.2 GM PACKET *patiromer sorbitex calcium*	Covered	
VELTASSA 8.4 GM PACKET *patiromer sorbitex calcium*	Covered	
PROGERIA TREATMENT AGENTS		
ZOKINVY 50 MG CAP *lonafarnib*	Covered	
ZOKINVY 75 MG CAP *lonafarnib*	Covered	
PROSTAGLANDINS		
alprostadil 500 mcg/ml solution	Covered	
PROSTIN VR 500 MCG/ML SOLUTION *alprostadil*	Covered	

DRUG NAME	TIER	DRUG EDITS
SCLEROSING AGENTS		
ASCLERA 0.5 % SOLUTION *polidocanol (laureth-9)*	Covered	
ASCLERA 1 % SOLUTION *polidocanol (laureth-9)*	Covered	
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	PA
BENLYSTA 200 MG/ML SOLN A-INJ *belimumab*	Covered	PA
BENLYSTA 200 MG/ML SOLN PRSYR *belimumab*	Covered	PA
BENLYSTA 400 MG RECON SOLN *belimumab*	Covered	PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION *lidocaine hcl (mouth-throat)*	Covered	
lidocaine viscous hcl 2 % solution	Covered	
ANTI-INFECTIVES - THROAT		
clotrimazole 10 mg troche	PDL Preferred	
nystatin 100000 unit/ml suspension	PDL Preferred	
ORAVIG 50 MG TAB *miconazole (mouth-throat)*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate 0.12 % solution	Covered	
DENTAL PRODUCTS		
denta 5000 plus 1.1 % cream	Covered	
dentagel 1.1 % gel	Covered	
sf 1.1 % gel	Covered	
sf 5000 plus 1.1 % cream	Covered	
sodium fluoride 0.2 % solution	Covered	
sodium fluoride 1.1 % gel	Covered	
sodium fluoride 5000 enamel 1.1-5 % gel	Covered	
sodium fluoride 5000 plus 1.1 % cream	Covered	
sodium fluoride 5000 ppm 1.1 % cream	Covered	
sodium fluoride 5000 ppm 1.1 % gel	Covered	
sodium fluoride 5000 ppm 1.1 % paste	Covered	
sodium fluoride 5000 sensitive 1.1-5 % gel	Covered	
STEROIDS - MOUTH/THROAT		
triamcinolone acetonide 0.1 % paste	Covered	
STEROIDS - MOUTH/THROAT/DENTAL		
oralone 0.1 % paste	Covered	
THROAT PRODUCTS - MISC.		
cevimeline hcl 30 mg cap	Covered	
EVOXAC 30 MG CAP *cevimeline hcl*	Covered	
pilocarpine hcl 5 mg tab	Covered	
pilocarpine hcl 7.5 mg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
NEPHPLEX RX TAB b-complex w/ c-zn & folic acid	Covered	
renal 1 mg cap	Covered	
IRON W/ VITAMINS		
vitafol tab	Covered	
MULTIPLE VITAMINS W/ MINERALS		
CORVITA TAB *multiple vitamins w/ minerals*	Covered	
INFUVITE ADULT INJECTABLE *multiple vitamin*	Covered	
PED MV W/ FLUORIDE		
adc/f (0.5mg/ml) 0.5 mg/ml solution	Covered	
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	
CITRANATAL 90 DHA 90-1 & 300 MG MISC *prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha*	Covered	
CITRANATAL ASSURE 35-1 & 300 MG MISC *prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha*	Covered	
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	

DRUG NAME	TIER	DRUG EDITS
CITRANATAL BLOOM 90-1 MG TAB *prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid*	Covered	
CITRANATAL BLOOM DHA 90-1 & 300 MG MISC *prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha*	Covered	
CITRANATAL DHA 27-1 & 250 MG MISC *prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha*	Covered	
CITRANATAL ESSENCE 35-1 & 300 MG THER PACK *prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa-dha*	Covered	
CITRANATAL HARMONY 27-1-260 MG CAP *prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha*	Covered	
CITRANATAL RX 27-1 MG TAB *prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa*	Covered	
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC *prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3*	Covered	
COMPLETENATE 29-1 MG CHEW TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	
ELITE-OB 50-1.25 MG TAB *prenatal vit w/ iron carbonyl-folic acid*	Covered	
ENBRACE HR CAP *prenatal vit w/ fe glycine cysteinate-fa-omega 3 fatty acids*	Covered	
FOLIVANE-OB 85-1 MG CAP *prenatal without a vit w/ fe fum-iron polysacch complex -fa*	Covered	
M-NATAL PLUS 27-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	
NESTABS 32-1 MG TAB *prenatal vit without vit a w/ fe bisglycinate-folic acid*	Covered	

DRUG NAME	TIER	DRUG EDITS
NESTABS DHA 32-1 MG MISC *prenatal vit without vit a w/ fe bisglycinate-fa-omeg 3*	Covered	
NESTABS ONE 38-1-225 MG CAP *prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha*	Covered	
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	
OB COMPLETE ONE 50-1-476 MG CAP *prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil*	Covered	
OB COMPLETE PETITE 35-5-1-200 MG CAP *prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3*	Covered	
OB COMPLETE PREMIER 30-20-1 MG TAB *prenatal vit w/ iron carbonyl-fe aspart glycinate-fa*	Covered	
OB COMPLETE/DHA 30-10-1-200 MG CAP *prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid*	Covered	
PNV OB+DHA 27-1 & 250 MG MISC *prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha*	Covered	
PNV TABS 29-1 29-1 MG TAB *prenatal vit w/ iron carbonyl-folic acid*	Covered	
PNV-DHA 27-0.6-0.4-300 MG CAP *prenatal without a w/ fe fumarate-l methylfolate-fa-dha*	Covered	
PNV-DHA+DOCUSATE 27-1.25-300 MG CAP *prenatal w/o vit a w/ fe fumarate-dss-fa-dha*	Covered	
PNV-OMEGA 28-0.6-0.4-340 MG CAP *prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*	Covered	

DRUG NAME	TIER	DRUG EDITS
PNV-SELECT 27-0.6-0.4 MG TAB *prenatal vit w/ ferrous fumarate-l methylfolate-folic acid*	Covered	
PRENAISSANCE 29-1.25-325 MG CAP *prenatal w/o vit a w/ fe fumarate-dss-fa-dha*	Covered	
PRENAISSANCE PLUS 28-1-250 MG CAP *prenatal w/o vit a w/ fe carbonyl-dss-fa-dha*	Covered	
PRENATAL 27-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	
PRENATAL VITAMIN PLUS LOW IRON 27-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	
PRENATE 0.6-0.4 MG CHEW TAB *prenatal multivitamins & minerals w/ l-methylfolate-fa*	Covered	
PRENATE AM 1 MG TAB *prenatal w/ calcium-vit b6-vit b12-folic acid-ginger*	Covered	
PRENATE DHA 18-0.6-0.4-300 MG CAP *prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*	Covered	
PRENATE ELITE 20-0.6-0.4 MG TAB *prenatal w/ fe asparto glycinate-l methylfolate-folic acid*	Covered	
PRENATE ENHANCE 28-0.6-0.4-400 MG CAP *prenatal without a w/ fe fumarate-l methylfolate-fa-dha*	Covered	
PRENATE ESSENTIAL 18-0.6-0.4-300 MG CAP *prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*	Covered	
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	
PRENATE PIXIE 10-0.6-0.4-200 MG CAP *prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*	Covered	

DRUG NAME	TIER	DRUG EDITS
PRENATE RESTORE 27-0.6-0.4-400 MG CAP *prenatal without a w/ fe fumarate-l methylfolate-fa-dha*	Covered	
PREPLUS 27-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	
PRETAB 29-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	
PRIMACARE 30-1-470 MG CAP *prenatal without a w/ fe asp glyc-l methylfolate-fa-omega 3*	Covered	
PUREFE OB PLUS 162-115.2-1 MG CAP *prenatal without a vit w/ fe fum-iron polysacch complex -fa*	Covered	
SE-NATAL 19 29-1 MG CHEW TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	
SE-NATAL 19 29-1 MG TAB *prenatal vit w/ docusate-fe fumarate-folic acid*	Covered	
SELECT-OB 29-0.6-0.4 MG CHEW TAB *prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa*	Covered	
SELECT-OB 29-1 MG CHEW TAB *prenatal vit w/ iron polysaccharide complex-folic acid*	Covered	
SELECT-OB+DHA 29-1 & 250 MG MISC *prenatal mv & min w/fe polysaccharide complex-fa-dha*	Covered	
TARON-C DHA 35-1 MG CAP *prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*	Covered	
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	
TRICARE TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	

DRUG NAME	TIER	DRUG EDITS
TRINATAL RX 1 60-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	
TRISTART DHA 31-0.6-0.4-200 MG CAP *prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*	Covered	
TRISTART ONE 35-1-215 MG CAP *prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*	Covered	
TRIVEEN-DUO DHA 29-1-200 & 300 MG MISC *prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3*	Covered	
VIRT-C DHA 53.5-38-1 MG CAP *prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*	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	
VIRT-PN PLUS 28-0.6-0.4-340 MG CAP *prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*	Covered	
VITAFOL FE+ 90-0.6-0.4-200 MG CAP *prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha*	Covered	
VITAFOL FE+ 90-1-200 & 50 MG CAP THPK *prenatal vit w/ fe polysacch complex-l methylfol-fa-dha-dss*	Covered	
VITAFOL GUMMIES 3.33-0.333-34.8 MG CHEW TAB *prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids*	Covered	
VITAFOL STRIPS 1 MG FILM *prenatal w/ vit b6-b12-cholecalciferol-folic acid*	Covered	

DRUG NAME	TIER	DRUG EDITS
VITAFOL ULTRA 29-0.6-0.4-200 MG CAP *prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha*	Covered	
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	
VITAFOL-OB+DHA 65-1 & 250 MG MISC *prenatal mv & min w/fe fumarate-fa-dha*	Covered	
VITAFOL-ONE 29-1-200 MG CAP *prenatal mv & min w/fe polysaccharide complex-fa-dha*	Covered	
VP-PNV-DHA 28-1-215.8 MG CAP *prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*	Covered	
WESTAB PLUS 27-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Covered	
WESTGEL DHA 31-0.6-0.4-200 MG CAP *prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*	Covered	
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	
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	

DRUG NAME	TIER	DRUG EDITS
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	
baclofen 10 mg/20ml solution	Covered	
baclofen 20 mg tab	PDL Preferred	
baclofen 20000 mcg/20ml solution	Covered	
baclofen 40 mg/20ml solution	Covered	
baclofen 5 mg tab	PDL Preferred	
BACLOFEN 5 MG/5ML SOLUTION *baclofen*	PDL Non-Preferred	ST
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	

DRUG NAME	TIER	DRUG EDITS
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
GABLOFEN 10000 MCG/20ML SOLN PRSYR *baclofen*	Covered	
GABLOFEN 10000 MCG/20ML SOLUTION *baclofen*	Covered	
GABLOFEN 20000 MCG/20ML SOLN PRSYR *baclofen*	Covered	
GABLOFEN 20000 MCG/20ML SOLUTION *baclofen*	Covered	
GABLOFEN 40000 MCG/20ML SOLN PRSYR *baclofen*	Covered	
GABLOFEN 40000 MCG/20ML SOLUTION *baclofen*	Covered	
GABLOFEN 50 MCG/ML SOLN PRSYR *baclofen*	Covered	
LIORESAL 0.05 MG/ML SOLUTION *baclofen*	Covered	
LIORESAL 10 MG/20ML SOLUTION *baclofen*	Covered	
LIORESAL 10 MG/5ML SOLUTION *baclofen*	Covered	
LIORESAL 40 MG/20ML SOLUTION *baclofen*	Covered	

DRUG NAME	TIER	DRUG EDITS
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
LYVISPAH 20 MG PACKET *baclofen*	PDL Non-Preferred	ST
LYVISPAH 5 MG PACKET *baclofen*	PDL Non-Preferred	ST
metaxall 800 mg tab	PDL Non-Preferred	PA
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 Non-Preferred	ST
methocarbamol 750 mg tab	PDL Preferred	
ORPHENADRINE CITRATE 30 MG/ML SOLUTION *orphenadrine citrate*	PDL Non-Preferred	ST
orphenadrine citrate 30 mg/ml solution	PDL Non-Preferred	ST
orphenadrine citrate er 100 mg tab er 12h	PDL Non-Preferred	ST
ROBAXIN 1000 MG/10ML SOLUTION *methocarbamol*	PDL Non-Preferred	ST
SKELAXIN 800 MG TAB *metaxalone*	Covered	
SOMA 250 MG TAB *carisoprodol*	PDL Non-Preferred	ST

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DRUG NAME	TIER	DRUG EDITS
SOMA 350 MG TAB *carisoprodol*	PDL Non-Preferred	ST
tizanidine hcl 2 mg cap	PDL Non-Preferred	ST
tizanidine hcl 2 mg tab	PDL Preferred	
tizanidine hcl 4 mg cap	PDL Non-Preferred	ST
tizanidine hcl 4 mg tab	PDL Preferred	
tizanidine hcl 6 mg cap	PDL Non-Preferred	ST
ZANAFLEX 2 MG CAP *tizanidine hcl*	PDL Non-Preferred	ST
ZANAFLEX 4 MG CAP *tizanidine hcl*	PDL Non-Preferred	ST
ZANAFLEX 4 MG TAB *tizanidine hcl*	PDL Non-Preferred	ST
ZANAFLEX 6 MG CAP *tizanidine hcl*	PDL Non-Preferred	ST
DIRECT MUSCLE RELAXANTS		
DANTRIUM 20 MG RECON SOLN *dantrolene sodium*	PDL Non-Preferred	ST
DANTRIUM 25 MG CAP *dantrolene sodium*	PDL Non-Preferred	ST
DANTRIUM 50 MG CAP *dantrolene sodium*	PDL Non-Preferred	ST
dantrolene sodium 100 mg cap	PDL Non-Preferred	ST
dantrolene sodium 20 mg recon soln	Covered	
dantrolene sodium 25 mg cap	PDL Non-Preferred	ST
dantrolene sodium 50 mg cap	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
revonto 20 mg recon soln	Covered	
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL-ASPIRIN 200-325 MG TAB *carisoprodol w/ aspirin*	PDL Non-Preferred	ST
CARISOPRODOL-ASPIRIN-CODEINE 200-325-16 MG TAB *carisoprodol w/ aspirin & codeine*	PDL Non-Preferred	PA
norgesic 25-385-30 mg tab	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	PDL Non-Preferred	ST
orphengesic forte 50-770-60 mg tab	PDL Non-Preferred	ST
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine-fluticasone 137-50 mcg/act suspension	PDL Non-Preferred	ST AL Up to 4 yrs old NOTE Exemption for children less than 4 years of age.
DYMISTA 137-50 MCG/ACT SUSPENSION *azelastine hcl-fluticasone propionate*	PDL Non-Preferred	ST AL Up to 4 yrs old NOTE Exemption for children less than 4 years of age.
RYALTRIS 665-25 MCG/ACT SUSPENSION *olopatadine hcl-mometasone furoate*	PDL Non-Preferred	ST
NASAL ANESTHETICS		
COCAINE HCL 40 MG/ML SOLUTION *cocaine hcl (nasal anesthetic)*	Covered	
NUMBRINO 40 MG/ML SOLUTION *cocaine hcl (nasal anesthetic)*	Covered	

DRUG NAME	TIER	DRUG EDITS
NASAL ANTIALLERGY		
azelastine hcl 0.1 % solution	PDL Preferred	
azelastine hcl 0.15 % solution	PDL Non-Preferred	ST AL Up to 4 yrs old NOTE Exemption for children less than 4 years of age.
azelastine hcl 137 mcg/spray solution	PDL Preferred	
olopatadine hcl 0.6 % solution	PDL Preferred	
PATANASE 0.6 % SOLUTION *olopatadine hcl (nasal)*	PDL Non-Preferred	ST AL Up to 4 yrs old NOTE Exemption for children less than 4 years of age.
NASAL ANTICHOLINERGICS		
ipratropium bromide 0.03 % solution	PDL Preferred	
ipratropium bromide 0.06 % solution	PDL Preferred	
NASAL STEROIDS		
BECONASE AQ 42 MCG/SPRAY SUSPENSION *beclomethasone diprop monohyd*	PDL Non-Preferred	ST AL Up to 4 yrs old NOTE Exemption for children less than 4 years of age.
flunisolide 25 mcg/act (0.025%) solution	PDL Non-Preferred	ST AL Up to 4 yrs old NOTE Exemption for children less than 4 years of age.
fluticasone propionate 50 mcg/act suspension	PDL Preferred	

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DRUG NAME	TIER	DRUG EDITS
mometasone furoate 50 mcg/act suspension	PDL Non-Preferred	ST AL Up to 4 yrs old NOTE Exemption for children less than 4 years of age.
NASONEX 50 MCG/ACT SUSPENSION *mometasone furoate (nasal)*	PDL Non-Preferred	ST NOTE Exemption for children less than 4 years of age.
OMNARIS 50 MCG/ACT SUSPENSION *ciclesonide (nasal)*	PDL Non-Preferred	ST AL Up to 4 yrs old NOTE Exemption for children less than 4 years of age.
QNASL 80 MCG/ACT AERO SOLN *beclomethasone dipropionate (nasal)*	PDL Non-Preferred	ST AL Up to 4 yrs old NOTE Exemption for children less than 4 years of age.
QNASL CHILDRENS 40 MCG/ACT AERO SOLN *beclomethasone dipropionate (nasal)*	PDL Non-Preferred	ST AL Up to 4 yrs old NOTE Exemption for children less than 4 years of age.
SINUVA 1350 MCG IMPLANT *mometasone furoate (nasal)*	PDL Non-Preferred	ST AL Up to 4 yrs old NOTE Exemption for children less than 4 years of age.
XHANCE 93 MCG/ACT EXHU *fluticasone propionate (nasal)*	PDL Non-Preferred	ST AL Up to 4 yrs old NOTE Exemption for children less than 4 years of age.
ZETONNA 37 MCG/ACT AERO SOLN *ciclesonide (nasal)*	PDL Non-Preferred	ST AL Up to 4 yrs old NOTE Exemption for children less than 4 years of age.

DRUG NAME	TIER	DRUG EDITS
NEUROMUSCULAR AGENTS		
ALS AGENTS		
EXSERVAN 50 MG FILM *riluzole*	Covered	
RADICAVA 30 MG/100ML SOLUTION *edaravone*	Covered	
RILUTEK 50 MG TAB *riluzole*	Covered	
riluzole 50 mg tab	Covered	
TIGLUTIK 50 MG/10ML SUSPENSION *riluzole*	Covered	
DEPOLARIZING MUSCLE RELAXANTS		
ANECTINE 20 MG/ML SOLUTION *succinylcholine chloride*	Covered	
QUELICIN 20 MG/ML SOLUTION *succinylcholine chloride*	Covered	
succinylcholine chloride 20 mg/ml solution	Covered	
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45 100 MG/2ML SOLUTION *casimersen*	Covered	PA
EXONDYS 51 100 MG/2ML SOLUTION *eteplirsen*	Covered	PA
EXONDYS 51 500 MG/10ML SOLUTION *eteplirsen*	Covered	PA
VILTEPSO 250 MG/5ML SOLUTION *viltolarsen*	Covered	PA
VYONDYS 53 100 MG/2ML SOLUTION *golodirsen*	Covered	PA
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX 100 UNIT RECON SOLN *onabotulinumtoxina*	Covered	QL 6 UNITS / 90 DAYS PA

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BOTOX 200 UNIT RECON SOLN *onabotulinumtoxina*	Covered	QL 3 UNITS / 90 DAYS PA
DYSPORT 300 UNIT RECON SOLN *abobotulinumtoxina*	Covered	QL 1500 UNITS / 84 DAYS PA
DYSPORT 500 UNIT RECON SOLN *abobotulinumtoxina*	Covered	QL 1500 UNITS / 84 DAYS PA
MYOBLOC 10000 UNIT/2ML SOLUTION *rimabotulinumtoxinb*	Covered	QL 2 UNITS / 84 DAYS PA
MYOBLOC 2500 UNIT/0.5ML SOLUTION *rimabotulinumtoxinb*	Covered	QL 2 UNITS / 84 DAYS PA
MYOBLOC 5000 UNIT/ML SOLUTION *rimabotulinumtoxinb*	Covered	QL 2 UNITS / 84 DAYS PA
XEOMIN 100 UNIT RECON SOLN *incobotulinumtoxina*	Covered	QL 500 UNITS / 84 DAYS PA
XEOMIN 200 UNIT RECON SOLN *incobotulinumtoxina*	Covered	QL 500 UNITS / 84 DAYS PA
XEOMIN 50 UNIT RECON SOLN *incobotulinumtoxina*	Covered	QL 500 UNITS / 84 DAYS PA
NONDEPOLARIZING MUSCLE RELAXANTS		
atracurium besylate 100 mg/10ml solution	Covered	
atracurium besylate 50 mg/5ml solution	Covered	
cisatracurium besylate (pf) 10 mg/5ml solution	Covered	
cisatracurium besylate (pf) 200 mg/20ml solution	Covered	
cisatracurium besylate 20 mg/10ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
NIMBEX 10 MG/5ML SOLUTION *cisatracurium besylate*	Covered	
NIMBEX 20 MG/10ML SOLUTION *cisatracurium besylate*	Covered	
NIMBEX 200 MG/20ML SOLUTION *cisatracurium besylate*	Covered	
PANCURONIUM BROMIDE 1 MG/ML SOLUTION *pancuronium bromide*	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	
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75 MG/ML RECON SOLN *risdiplam*	Covered	PA
ZOLGENSMA 10.1-10.5 KG 7X8.3 ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 10.6-11.0 KG 2X5.5ML & 6X8.3ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 11.1-11.5 KG 1X5.5ML & 7X8.3ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 11.6-12.0 KG 8X8.3 ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 12.1-12.5 KG 2X5.5ML & 7X8.3ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 12.6-13.0 KG 1X5.5ML & 8X8.3ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 13.1-13.5 KG 9X8.3 ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA

DRUG NAME	TIER	DRUG EDITS
ZOLGENSMA 2.6-3.0 KG 2X8.3 ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 3.1-3.5 KG 2X5.5ML & 1X8.3ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 3.6-4.0 KG 1X5.5ML & 2X8.3ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 4.1-4.5 KG 3X8.3 ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 4.6-5.0 KG 2X5.5ML & 2X8.3ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 5.1-5.5 KG 1X5.5ML & 3X8.3ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 5.6-6.0 KG 4X8.3 ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 6.1-6.5 KG 2X5.5ML & 3X8.3ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 6.6-7.0 KG 1X5.5ML & 4X8.3ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 7.1-7.5 KG 5X8.3 ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 7.6-8.0 KG 2X5.5ML & 4X8.3ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 8.1-8.5 KG 1X5.5ML & 5X8.3ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 8.6-9.0 KG 6X8.3 ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
ZOLGENSMA 9.1-9.5 KG 2X5.5ML & 5X8.3ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA

DRUG NAME	TIER	DRUG EDITS
ZOLGENSMA 9.6-10.0 KG 1X5.5ML & 6X8.3ML KIT *onasemnogene abeparvovec-xioi*	Covered	PA
NUTRIENTS		
CARBOHYDRATES		
alcohol 98 % solution	Covered	
dextrose 10 % solution	Covered	
DEXTROSE 20 % SOLUTION *dextrose*	Covered	
DEXTROSE 250 MG/ML SOLUTION *dextrose*	Covered	
DEXTROSE 40 % SOLUTION *dextrose*	Covered	
dextrose 5 % solution	Covered	
dextrose 50 % solution	Covered	
dextrose 70 % solution	Covered	
LIPIDS		
CLINOLIPID 20 % EMULSION *fat emulsion plant based (soy/olive)*	Covered	
DOJOLVI 100 % LIQUID *triheptanoin*	Covered	
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	

DRUG NAME	TIER	DRUG EDITS
PROTEIN-CARBOHYDRATE-LIPID COMBINATIONS		
KABIVEN 3.3-9.8-3.9-0.7 % 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	
PROTEINS		
AMINOSYN II 10 % SOLUTION *amino acid infusion*	Covered	
AMINOSYN II 15 % SOLUTION *amino acid infusion*	Covered	
AMINOSYN-PF 10 % 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	

DRUG NAME	TIER	DRUG EDITS
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	
plenamine 15 % solution	Covered	
PREMASOL 10 % SOLUTION *amino acid infusion*	Covered	
PROCALAMINE 3 % SOLUTION *amino acid electrolyte infusion*	Covered	
PROSOL 20 % SOLUTION *amino acid infusion*	Covered	
TRAVASOL 10 % SOLUTION *amino acid infusion*	Covered	

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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
betaxolol hcl 0.5 % solution	PDL Non-Preferred	ST
BETIMOL 0.25 % SOLUTION *timolol*	PDL Non-Preferred	ST
BETIMOL 0.5 % SOLUTION *timolol*	PDL Non-Preferred	ST
BETOPTIC-S 0.25 % SUSPENSION *betaxolol hcl (ophth)*	PDL Non-Preferred	ST
brimonidine tartrate-timolol 0.2-0.5 % solution	PDL Non-Preferred	ST
CARTEOLOL HCL 1 % SOLUTION *carteolol hcl (ophth)*	PDL Non-Preferred	ST
COMBIGAN 0.2-0.5 % SOLUTION *brimonidine tartrate-timolol maleate*	PDL Preferred	
COSOPT 22.3-6.8 MG/ML SOLUTION *dorzolamide hcl-timolol maleate*	PDL Non-Preferred	ST
COSOPT PF 2-0.5 % SOLUTION *dorzolamide hcl-timolol maleate*	PDL Non-Preferred	ST
dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution	PDL Preferred	
dorzolamide hcl-timolol mal pf 2-0.5 % solution	PDL Non-Preferred	ST
ISTALOL 0.5 % SOLUTION *timolol maleate (ophth)*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
LEVOBUNOLOL HCL 0.5 % SOLUTION *levobunolol hcl*	PDL Non-Preferred	ST
levobunolol hcl 0.5 % solution	PDL Non-Preferred	ST
timolol maleate 0.25 % gel f soln	PDL Preferred	
timolol maleate 0.25 % solution	PDL Preferred	
timolol maleate 0.5 % (daily) solution	PDL Non-Preferred	ST
timolol maleate 0.5 % gel f soln	PDL Preferred	
timolol maleate 0.5 % solution	PDL Preferred	
timolol maleate ocudose 0.5 % solution	PDL Non-Preferred	ST
timolol maleate pf 0.25 % solution	PDL Non-Preferred	ST
timolol maleate pf 0.5 % solution	PDL Non-Preferred	ST
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
TIMOPTIC OCUDOSE 0.5 % SOLUTION *timolol maleate (ophth)*	PDL Non-Preferred	ST
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
CHOLINERGIC AGONISTS		
TYRVAYA 0.03 MG/ACT SOLUTION *varenicline tartrate (cholinergic agonist)*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
CYCLOPLEGIC MYDRIATICS		
atropine sulfate 1 % ointment	Covered	
ATROPINE SULFATE 1 % SOLUTION *atropine sulfate (ophthalmic)*	Covered	
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 0.5 % solution	Covered	
cyclopentolate hcl 1 % solution	Covered	
cyclopentolate hcl 2 % solution	Covered	
ISOPTO ATROPINE 1 % SOLUTION *atropine sulfate (ophthalmic)*	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		
ISOPTO CARPINE 1 % SOLUTION *pilocarpine hcl*	Covered	
ISOPTO CARPINE 2 % SOLUTION *pilocarpine hcl*	Covered	
ISOPTO CARPINE 4 % SOLUTION *pilocarpine hcl*	Covered	
MIOCHOL-E 20 MG RECON SOLN *acetylcholine chloride*	Covered	

DRUG NAME	TIER	DRUG EDITS
MIOSTAT 0.01 % SOLUTION *carbachol (ophth)*	Covered	
PHOSPHOLINE IODIDE 0.125 % RECON SOLN *echothiophate iodide*	Covered	
pilocarpine hcl 1 % solution	Covered	
pilocarpine hcl 2 % solution	Covered	
pilocarpine hcl 4 % solution	Covered	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU 6 MG/0.05ML SOLUTION *brolucizumab-dbll*	Covered	
CIMERLI 0.3 MG/0.05ML SOLUTION *ranibizumab-eqrn*	Covered	
CIMERLI 0.5 MG/0.05ML SOLUTION *ranibizumab-eqrn*	Covered	
EYLEA 2 MG/0.05ML SOLN PRSYR *aflibercept*	Covered	
EYLEA 2 MG/0.05ML SOLUTION *aflibercept*	Covered	
LUCENTIS 0.3 MG/0.05ML SOLN PRSYR *ranibizumab*	Covered	
LUCENTIS 0.3 MG/0.05ML SOLUTION *ranibizumab*	Covered	
LUCENTIS 0.5 MG/0.05ML SOLN PRSYR *ranibizumab*	Covered	
LUCENTIS 0.5 MG/0.05ML SOLUTION *ranibizumab*	Covered	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P 0.1 % SOLUTION *brimonidine tartrate*	PDL Preferred	
ALPHAGAN P 0.15 % SOLUTION *brimonidine tartrate*	PDL Preferred	
APRACLONIDINE HCL 0.5 % SOLUTION *apraclonidine hcl*	PDL Non-Preferred	ST

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apraclonidine hcl 0.5 % solution	PDL Non-Preferred	ST
brimonidine tartrate 0.15 % solution	PDL Non-Preferred	ST
brimonidine tartrate 0.2 % solution	PDL Preferred	
IOPIDINE 1 % SOLUTION *apraclonidine hcl*	PDL Non-Preferred	ST
SIMBRINZA 1-0.2 % SUSPENSION *brinzolamide-brimonidine tartrate*	PDL Preferred	
OPHTHALMIC ANTI-INFECTIVES		
ak-poly-bac 500-10000 unit/gm ointment	PDL Preferred	
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	
BLEPH-10 10 % SOLUTION *sulfacetamide sodium (ophth)*	PDL Non-Preferred	ST
CILOXAN 0.3 % OINTMENT *ciprofloxacin hcl (ophth)*	PDL Non-Preferred	ST
CILOXAN 0.3 % SOLUTION *ciprofloxacin hcl (ophth)*	PDL Non-Preferred	ST
ciprofloxacin hcl 0.3 % solution	PDL Preferred	
erythromycin 5 mg/gm ointment	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
gatifloxacin 0.5 % solution	PDL Non-Preferred	ST
GENTAK 0.3 % OINTMENT *gentamicin sulfate (ophth)*	PDL Preferred	
gentamicin sulfate 0.3 % solution	PDL Preferred	
levofloxacin 0.5 % solution	PDL Non-Preferred	ST
MOXEZA 0.5 % SOLUTION *moxifloxacin hcl (ophth)*	PDL Non-Preferred	ST
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION *moxifloxacin hcl (ophth)*	PDL Non-Preferred	ST
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
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	
POLYTRIM 10000-0.1 UNIT/ML-% SOLUTION *polymyxin b-trimethoprim*	PDL Non-Preferred	ST

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DRUG NAME	TIER	DRUG EDITS
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
TOBREX 0.3 % SOLUTION *tobramycin (ophth)*	PDL Non-Preferred	ST
TRIFLURIDINE 1 % SOLUTION *trifluridine*	Covered	
VIGAMOX 0.5 % SOLUTION *moxifloxacin hcl (ophth)*	PDL Non-Preferred	ST
ZIRGAN 0.15 % GEL *ganciclovir ophthalmic*	Covered	
ZYMAXID 0.5 % SOLUTION *gatifloxacin (ophth)*	PDL Non-Preferred	ST
OPHTHALMIC IMMUNOMODULATORS		
CEQUA 0.09 % SOLUTION *cyclosporine (ophth)*	PDL Non-Preferred	ST
cyclosporine 0.05 % emulsion	PDL Non-Preferred	ST
RESTASIS 0.05 % EMULSION *cyclosporine (ophth)*	PDL Preferred	
RESTASIS MULTIDOSE 0.05 % EMULSION *cyclosporine (ophth)*	PDL Preferred	
VERKAZIA 0.1 % EMULSION *cyclosporine (ophth)*	PDL Non-Preferred	ST
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA 5 % SOLUTION *lifitegrast*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA 0.02 % SOLUTION *netarsudil dimesylate*	PDL Preferred	
ROCKLATAN 0.02-0.005 % SOLUTION *netarsudil dimesylate-latanoprost*	PDL Preferred	
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN 3.5 % GEL *lidocaine hcl (ophth)*	Covered	
ALCAINE 0.5 % SOLUTION *proparacaine hcl*	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 STEROIDS		
ALREX 0.2 % SUSPENSION *loteprednol etabonate*	PDL Non-Preferred	ST
bacitra-neomycin-polymyxin-hc 1 % ointment	PDL Non-Preferred	ST
BLEPHAMIDE 10-0.2 % SUSPENSION *sulfacetamide sod-prednisolone*	PDL Non-Preferred	ST
BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT *sulfacetamide sod-prednisolone*	Covered	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION *dexamethasone sodium phosphate (ophth)*	PDL Preferred	
DEXTENZA 0.4 MG INSERT *dexamethasone (ophth)*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
DEXYCU 9 % SUSPENSION *dexamethasone (ophth)*	PDL Non-Preferred	ST
difluprednate 0.05 % emulsion	PDL Non-Preferred	ST
DUREZOL 0.05 % EMULSION *difluprednate*	PDL Preferred	
EYSUVIS 0.25 % SUSPENSION *loteprednol etabonate*	PDL Preferred	
FLAREX 0.1 % SUSPENSION *fluorometholone acetate*	PDL Preferred	
fluorometholone 0.1 % suspension	PDL Preferred	
FML 0.1 % OINTMENT *fluorometholone (ophth)*	Covered	
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
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 0.5 % GEL *loteprednol etabonate*	PDL Non-Preferred	ST
loteprednol etabonate 0.5 % gel	PDL Non-Preferred	ST

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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
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	
PRED-G 0.3-1 % SUSPENSION *gentamicin-prednisolone acetate*	Covered	
PRED-G S.O.P. 0.3-0.6 % OINTMENT *gentamicin-prednisolone acetate*	Covered	
PREDNISOLONE ACETATE 1 % SUSPENSION *prednisolone acetate (ophth)*	PDL Preferred	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION *prednisolone sodium phosphate (ophth)*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
RETISERT 0.59 MG IMPLANT *fluocinolone acetonide (ophth)*	PDL Non-Preferred	ST
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*	PDL Preferred	
TOBRADEX ST 0.3-0.05 % SUSPENSION *tobramycin-dexamethasone*	PDL Non-Preferred	ST
tobramycin-dexamethasone 0.3-0.1 % suspension	PDL Non-Preferred	ST
TRIESENCE 40 MG/ML SUSPENSION *triamcinolone acetonide (ophth)*	PDL Non-Preferred	ST
XIPERE 40 MG/ML SUSPENSION *triamcinolone acetonide (ophth)*	PDL Non-Preferred	ST
YUTIQ 0.18 MG IMPLANT *fluocinolone acetonide (ophth)*	PDL Non-Preferred	ST
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
ak-fluor 10 % solution	Covered	
AK-FLUOR 25 % SOLUTION *fluorescein sodium injection*	Covered	

DRUG NAME	TIER	DRUG EDITS
ALOCRIL 2 % SOLUTION *nedocromil sodium (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
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
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	
BSS PLUS SOLUTION *ophthalmic irrigation solution - intraocular*	Covered	
CROMOLYN SODIUM 4 % SOLUTION *cromolyn sodium (ophth)*	PDL Preferred	
cromolyn sodium 4 % solution	PDL Preferred	
CYSTADROPS 0.37 % SOLUTION *cysteamine hcl*	Covered	
CYSTARAN 0.44 % SOLUTION *cysteamine hcl*	PDL Non-Preferred	PA
diclofenac sodium 0.1 % solution	PDL Preferred	
dorzolamide hcl 2 % solution	PDL Preferred	

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DRUG NAME	TIER	DRUG EDITS
epinastine hcl 0.05 % solution	PDL Non-Preferred	ST
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	
ILEVRO 0.3 % SUSPENSION *nepafenac*	PDL Preferred	
ketorolac tromethamine 0.4 % solution	PDL Preferred	
ketorolac tromethamine 0.5 % solution	PDL Preferred	
LASTACAFT 0.25 % SOLUTION *alcaftadine*	Covered	
NEVANAC 0.1 % SUSPENSION *nepafenac*	PDL Non-Preferred	ST
olopatadine hcl 0.1 % solution	PDL Non-Preferred	ST
olopatadine hcl 0.2 % solution	PDL Preferred	
PAREMYD 1-0.25 % SOLUTION *hydroxyamphetamine-tropicamide*	Covered	
PATADAY 0.2 % SOLUTION *olopatadine hcl*	PDL Non-Preferred	ST
PAZEO 0.7 % SOLUTION *olopatadine hcl*	PDL Non-Preferred	ST
PROLENSA 0.07 % SOLUTION *bromfenac sodium (ophth)*	PDL Non-Preferred	ST
TRUSOPT 2 % SOLUTION *dorzolamide hcl*	PDL Non-Preferred	ST
ZERVIATE 0.24 % SOLUTION *cetirizine hcl (ophth)*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost 0.03 % solution	PDL Non-Preferred	ST
DURYSTA 10 MCG IMPLANT *bimatoprost*	PDL Non-Preferred	
latanoprost 0.005 % solution	PDL Preferred	
LUMIGAN 0.01 % SOLUTION *bimatoprost*	PDL Non-Preferred	ST
tafluprost (pf) 0.0015 % solution	PDL Non-Preferred	ST
TRAVATAN Z 0.004 % SOLUTION *travoprost*	PDL Preferred	
travoprost (bak free) 0.004 % solution	PDL Non-Preferred	ST
VYZULTA 0.024 % SOLUTION *latanoprostene bunod*	PDL Non-Preferred	ST
XALATAN 0.005 % SOLUTION *latanoprost*	PDL Non-Preferred	ST
XELPROS 0.005 % EMULSION *latanoprost*	PDL Non-Preferred	ST
ZIOPTAN 0.0015 % SOLUTION *tafluprost*	PDL Non-Preferred	ST
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid 2 % solution	PDL Preferred	
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN HCL 0.2 % SOLUTION *ciprofloxacin hcl (otic)*	PDL Non-Preferred	ST
ofloxacin 0.3 % solution	PDL Preferred	
OTIPRIO 6 % SUSPENSION *ciprofloxacin (otic)*	Covered	

DRUG NAME	TIER	DRUG EDITS
OTIC COMBINATIONS		
CIPRO HC 0.2-1 % SUSPENSION *ciprofloxacin-hydrocortisone*	PDL Non-Preferred	ST
CIPRODEX 0.3-0.1 % SUSPENSION *ciprofloxacin-dexamethasone*	PDL Preferred	
ciprofloxacin-dexamethasone 0.3-0.1 % suspension	PDL Non-Preferred	ST
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	
OTOVEL 0.3-0.025 % SOLUTION *ciprofloxacin-fluocinolone acetonide*	PDL Non-Preferred	ST
OTIC STEROIDS		
DERMOTIC 0.01 % OIL *fluocinolone acetonide (otic)*	PDL Preferred	
flac 0.01 % oil	PDL Non-Preferred	ST
fluocinolone acetonide 0.01 % oil	PDL Non-Preferred	ST
HYDROCORTISONE-ACETIC ACID 1-2 % SOLUTION *hydrocortisone w/acetic acid*	PDL Non-Preferred	ST
hydrocortisone-acetic acid 1-2 % solution	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
carboprost tromethamine 250 mcg/ml solution	Covered	
CERVIDIL 10 MG INSERT *dinoprostone*	Covered	
HEMABATE 250 MCG/ML SOLUTION *carboprost tromethamine*	Covered	
PREPIDIL 0.5 MG/3GM GEL *dinoprostone*	Covered	
PROSTIN E2 20 MG SUPPOS *dinoprostone*	Covered	
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		
ANASCORP RECON SOLN *centruroides (scorpion) immune f(ab')2 (equine)*	Covered	
ANAVIP RECON SOLN *crotalidae immune f(ab')2 (equine)*	Covered	
ANTIVENIN LATRODECTUS MACTANS KIT *antivenin latrodectus mactans*	Covered	
ANTIVENIN MICRURUS FULVIUS RECON SOLN *antivenin micrurus fulvius*	Covered	

DRUG NAME	TIER	DRUG EDITS
IMMUNE SERUMS		
ASCENIV 5 GM/50ML SOLUTION *immune globulin (human)-slra*	Covered	
BIVIGAM 5 GM/50ML SOLUTION *immune globulin (human) iv*	Covered	
CARIMUNE NF 12 GM RECON SOLN *immune globulin (human) iv*	Covered	
CARIMUNE NF 6 GM RECON SOLN *immune globulin (human) iv*	Covered	
CUTAQUIG 1 GM/6ML SOLUTION *immune globulin (human)-hipp*	Covered	
CUTAQUIG 1.65 GM/10ML SOLUTION *immune globulin (human)-hipp*	Covered	
CUTAQUIG 2 GM/12ML SOLUTION *immune globulin (human)-hipp*	Covered	
CUTAQUIG 3.3 GM/20ML SOLUTION *immune globulin (human)-hipp*	Covered	
CUTAQUIG 4 GM/24ML SOLUTION *immune globulin (human)-hipp*	Covered	
CUTAQUIG 8 GM/48ML SOLUTION *immune globulin (human)-hipp*	Covered	
CUVITRU 1 GM/5ML SOLUTION *immune globulin (human) subcutaneous*	Covered	
CUVITRU 10 GM/50ML SOLUTION *immune globulin (human) subcutaneous*	Covered	
CUVITRU 2 GM/10ML SOLUTION *immune globulin (human) subcutaneous*	Covered	
CUVITRU 4 GM/20ML SOLUTION *immune globulin (human) subcutaneous*	Covered	
CUVITRU 8 GM/40ML SOLUTION *immune globulin (human) subcutaneous*	Covered	
CYTOGAM 50 MG/ML INJECTABLE *cytomegalovirus immune globulin (human)*	Covered	
FLEBOGAMMA DIF 0.5 GM/10ML SOLUTION *immune globulin (human) iv*	Covered	

DRUG NAME	TIER	DRUG EDITS
FLEBOGAMMA DIF 10 GM/100ML SOLUTION *immune globulin (human) iv*	Covered	
FLEBOGAMMA DIF 10 GM/200ML SOLUTION *immune globulin (human) iv*	Covered	
FLEBOGAMMA DIF 2.5 GM/50ML SOLUTION *immune globulin (human) iv*	Covered	
FLEBOGAMMA DIF 20 GM/200ML SOLUTION *immune globulin (human) iv*	Covered	
FLEBOGAMMA DIF 20 GM/400ML SOLUTION *immune globulin (human) iv*	Covered	
FLEBOGAMMA DIF 5 GM/100ML SOLUTION *immune globulin (human) iv*	Covered	
FLEBOGAMMA DIF 5 GM/50ML SOLUTION *immune globulin (human) iv*	Covered	
GAMASTAN INJECTABLE *immune globulin (human) im*	Covered	
GAMMAGARD 1 GM/10ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	
GAMMAGARD 10 GM/100ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	
GAMMAGARD 2.5 GM/25ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	
GAMMAGARD 20 GM/200ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	
GAMMAGARD 30 GM/300ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	
GAMMAGARD 5 GM/50ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	
GAMMAGARD S/D LESS IGA 10 GM RECON SOLN *immune globulin (human) iv*	Covered	

DRUG NAME	TIER	DRUG EDITS
GAMMAGARD S/D LESS IGA 5 GM RECON SOLN *immune globulin (human) iv*	Covered	
GAMMAKED 1 GM/10ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	
GAMMAKED 10 GM/100ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	
GAMMAKED 20 GM/200ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	
GAMMAKED 5 GM/50ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	
GAMMAPLEX 10 GM/100ML SOLUTION *immune globulin (human) iv*	Covered	
GAMMAPLEX 10 GM/200ML SOLUTION *immune globulin (human) iv*	Covered	
GAMMAPLEX 20 GM/200ML SOLUTION *immune globulin (human) iv*	Covered	
GAMMAPLEX 20 GM/400ML SOLUTION *immune globulin (human) iv*	Covered	
GAMMAPLEX 5 GM/100ML SOLUTION *immune globulin (human) iv*	Covered	
GAMMAPLEX 5 GM/50ML SOLUTION *immune globulin (human) iv*	Covered	
GAMUNEX-C 1 GM/10ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	
GAMUNEX-C 10 GM/100ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	
GAMUNEX-C 2.5 GM/25ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	
GAMUNEX-C 20 GM/200ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	
GAMUNEX-C 40 GM/400ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	
GAMUNEX-C 5 GM/50ML SOLUTION *immune globulin (human) iv or subcutaneous*	Covered	

DRUG NAME	TIER	DRUG EDITS
HEPAGAM B 312 UNIT/ML SOLUTION *hepatitis b immune globulin (human)*	Covered	
HIZENTRA 1 GM/5ML SOLN PRSYR *immune globulin (human) subcutaneous*	Covered	
HIZENTRA 1 GM/5ML SOLUTION *immune globulin (human) subcutaneous*	Covered	
HIZENTRA 10 GM/50ML SOLUTION *immune globulin (human) subcutaneous*	Covered	
HIZENTRA 2 GM/10ML SOLN PRSYR *immune globulin (human) subcutaneous*	Covered	
HIZENTRA 2 GM/10ML SOLUTION *immune globulin (human) subcutaneous*	Covered	
HIZENTRA 4 GM/20ML SOLN PRSYR *immune globulin (human) subcutaneous*	Covered	
HIZENTRA 4 GM/20ML SOLUTION *immune globulin (human) subcutaneous*	Covered	
HYPERHEP B 110 UNIT/0.5ML SOLN PRSYR *hepatitis b immune globulin (human)*	Covered	
HYPERHEP B 220 UNIT/ML 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	

DRUG NAME	TIER	DRUG EDITS
KEDRAB 1500 UNIT/10ML SOLUTION *rabies immune globulin (human)*	Covered	
KEDRAB 300 UNIT/2ML SOLUTION *rabies immune globulin (human)*	Covered	
MICRHOGAM ULTRA-FILTERED PLUS 250 UNIT SOLN PRSYR *rho d 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	
OCTAGAM 10 GM/100ML SOLUTION *immune globulin (human) iv*	Covered	
OCTAGAM 10 GM/200ML SOLUTION *immune globulin (human) iv*	Covered	
OCTAGAM 2 GM/20ML SOLUTION *immune globulin (human) iv*	Covered	
OCTAGAM 2.5 GM/50ML SOLUTION *immune globulin (human) iv*	Covered	
OCTAGAM 20 GM/200ML SOLUTION *immune globulin (human) iv*	Covered	
OCTAGAM 25 GM/500ML SOLUTION *immune globulin (human) iv*	Covered	
OCTAGAM 30 GM/300ML SOLUTION *immune globulin (human) iv*	Covered	
OCTAGAM 5 GM/100ML SOLUTION *immune globulin (human) iv*	Covered	
OCTAGAM 5 GM/50ML SOLUTION *immune globulin (human) iv*	Covered	
PANZYGA 10 GM/100ML SOLUTION *immune globulin (human)-ifas*	Covered	
PANZYGA 2.5 GM/25ML SOLUTION *immune globulin (human)-ifas*	Covered	
PANZYGA 20 GM/200ML SOLUTION *immune globulin (human)-ifas*	Covered	

DRUG NAME	TIER	DRUG EDITS
PANZYGA 30 GM/300ML SOLUTION *immune globulin (human)-ifas*	Covered	
PANZYGA 5 GM/50ML SOLUTION *immune globulin (human)-ifas*	Covered	
PRIVIGEN 10 GM/100ML SOLUTION *immune globulin (human) iv*	Covered	
PRIVIGEN 20 GM/200ML SOLUTION *immune globulin (human) iv*	Covered	
PRIVIGEN 40 GM/400ML SOLUTION *immune globulin (human) iv*	Covered	
PRIVIGEN 5 GM/50ML SOLUTION *immune globulin (human) iv*	Covered	
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	
WINRHO SDF 5000 UNIT/4.4ML SOLUTION *rho d immune globulin (human)*	Covered	
XEMBIFY 1 GM/5ML SOLUTION *immune globulin (human)-klhw*	Covered	
XEMBIFY 10 GM/50ML SOLUTION *immune globulin (human)-klhw*	Covered	
XEMBIFY 2 GM/10ML SOLUTION *immune globulin (human)-klhw*	Covered	

DRUG NAME	TIER	DRUG EDITS
XEMBIFY 4 GM/20ML SOLUTION *immune globulin (human)-klhw*	Covered	
MONOCLONAL ANTIBODIES		
SYNAGIS 100 MG/ML SOLUTION *palivizumab*	Covered	QL 2 UNITS / 25 DAYS PA
SYNAGIS 50 MG/0.5ML SOLUTION *palivizumab*	Covered	QL 5 UNITS / 25 DAYS PA
ZINPLAVA 1000 MG/40ML SOLUTION *bezlotoxumab*	Covered	
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA 10 GM/100ML KIT *immune globulin (human)-hyaluronidase (human recombinant)*	Covered	
HYQVIA 2.5 GM/25ML KIT *immune globulin (human)-hyaluronidase (human recombinant)*	Covered	
HYQVIA 20 GM/200ML KIT *immune globulin (human)-hyaluronidase (human recombinant)*	Covered	
HYQVIA 30 GM/300ML KIT *immune globulin (human)-hyaluronidase (human recombinant)*	Covered	
HYQVIA 5 GM/50ML KIT *immune globulin (human)-hyaluronidase (human recombinant)*	Covered	
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	PDL Preferred	
amoxicillin 500 mg cap	PDL Preferred	
amoxicillin 500 mg tab	PDL Preferred	
amoxicillin 875 mg tab	PDL Preferred	
AMPICILLIN 500 MG CAP *ampicillin*	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	

DRUG NAME	TIER	DRUG EDITS
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 20000 UNIT/ML SOLUTION *penicillin g pot in dextrose*	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	
penicillin g potassium 5000000 unit recon soln	PDL Preferred	
PENICILLIN G PROCAINE 600000 UNIT/ML SUSPENSION *penicillin g procaine*	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	

DRUG NAME	TIER	DRUG EDITS
penicillin v potassium 500 mg tab	PDL Preferred	
PFIZERPEN 20000000 UNIT RECON SOLN *penicillin g potassium*	PDL Preferred	
PFIZERPEN 5000000 UNIT RECON SOLN *penicillin g potassium*	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
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	

DRUG NAME	TIER	DRUG EDITS
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	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium 250 mg cap	PDL Preferred	
dicloxacillin sodium 500 mg cap	PDL Preferred	
NAFCILLIN SODIUM 1 GM RECON SOLN *nafcillin sodium*	PDL Preferred	
nafcillin sodium 1 gm recon soln	PDL Preferred	
nafcillin sodium 10 gm recon soln	PDL Preferred	
NAFCILLIN SODIUM 2 GM RECON SOLN *nafcillin sodium*	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	

DRUG NAME	TIER	DRUG EDITS
OXACILLIN SODIUM IN DEXTROSE 1 GM/50ML SOLUTION *oxacillin sodium in dextrose*	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 LEFAMULIN 0.9 % SOLUTION *citrate buffered sodium chloride*	Covered	
DILUENT FOR TREPROSTINIL SOLUTION *glycine diluent*	Covered	
saline bacteriostatic 0.9 % solution	Covered	
sodium chloride bacteriostatic 0.9 % solution	Covered	
sterile diluent/epoprostenol solution	Covered	
sterile water for injection solution	Covered	
PROGESTINS		
AYGESTIN 5 MG TAB *norethindrone acetate*	Covered	
hydroxyprogesterone caproate 250 mg/ml oil	PDL Preferred	ST
MAKENA 250 MG/ML OIL *hydroxyprogesterone caproate*	Covered	
MAKENA 275 MG/1.1ML SOLN A-INJ *hydroxyprogesterone caproate*	PDL Preferred	
medroxyprogesterone acetate 10 mg tab	Covered	
medroxyprogesterone acetate 2.5 mg tab	Covered	PA
medroxyprogesterone acetate 5 mg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
megestrol acetate 625 mg/5ml suspension	PDL Non-Preferred	ST
norethindrone acetate 5 mg tab	Covered	
progesterone 100 mg cap	Covered	
progesterone 200 mg cap	Covered	
progesterone 50 mg/ml oil	Covered	
PROMETRIUM 100 MG CAP *progesterone*	Covered	
PROMETRIUM 200 MG CAP *progesterone*	Covered	
PROVERA 10 MG TAB *medroxyprogesterone acetate*	Covered	
PROVERA 2.5 MG TAB *medroxyprogesterone acetate*	Covered	
PROVERA 5 MG TAB *medroxyprogesterone acetate*	Covered	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium 333 mg tab dr	Covered	
ANTABUSE 250 MG TAB *disulfiram*	PDL Non-Preferred	ST
ANTABUSE 500 MG TAB *disulfiram*	PDL Non-Preferred	ST
disulfiram 250 mg tab	Covered	
disulfiram 500 mg tab	Covered	
LUCEMYRA 0.18 MG TAB *lofexidine hcl*	PDL Non-Preferred	PA NOTE Trial and failure of suboxone SL film or buprenorphine-naloxone SL tab required
ANTI-CATAPLECTIC AGENTS		
XYREM 500 MG/ML SOLUTION *sodium oxybate*	Covered	QL 675 UNITS / 30 DAYS PA

Last updated 05/12/2023

DRUG NAME	TIER	DRUG EDITS
XYWAV 500 MG/ML SOLUTION *calcium, magnesium, potassium, & sodium oxybates*	Covered	PA
ANTIDEMENTIA AGENTS		
ADLARITY 10 MG/DAY PATCH WK *donepezil hydrochloride*	PDL Non-Preferred	ST
ADLARITY 5 MG/DAY PATCH WK *donepezil hydrochloride*	PDL Non-Preferred	ST
ADUHELM 170 MG/1.7ML SOLUTION *aducanumab-avwa*	PDL Non-Preferred	PA
ADUHELM 300 MG/3ML SOLUTION *aducanumab-avwa*	PDL Non-Preferred	PA
ARICEPT 10 MG TAB *donepezil hydrochloride*	PDL Non-Preferred	ST
ARICEPT 23 MG TAB *donepezil hydrochloride*	PDL Non-Preferred	ST
ARICEPT 5 MG TAB *donepezil hydrochloride*	PDL Non-Preferred	ST
donepezil hcl 10 mg tab	PDL Preferred	
donepezil hcl 10 mg tab disp	PDL Preferred	
donepezil hcl 23 mg tab	PDL Non-Preferred	ST
donepezil hcl 5 mg tab	PDL Preferred	
donepezil hcl 5 mg tab disp	PDL Preferred	
EXELON 13.3 MG/24HR PATCH 24HR *rivastigmine*	PDL Preferred	
EXELON 4.6 MG/24HR PATCH 24HR *rivastigmine*	PDL Preferred	
EXELON 9.5 MG/24HR PATCH 24HR *rivastigmine*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
galantamine hydrobromide 12 mg tab	PDL Non-Preferred	ST
galantamine hydrobromide 4 mg tab	PDL Non-Preferred	ST
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION *galantamine hydrobromide*	PDL Non-Preferred	ST
galantamine hydrobromide 8 mg tab	PDL Non-Preferred	ST
galantamine hydrobromide er 16 mg cap er 24h	PDL Non-Preferred	ST
galantamine hydrobromide er 24 mg cap er 24h	PDL Non-Preferred	ST
galantamine hydrobromide er 8 mg cap er 24h	PDL Non-Preferred	ST
LEQEMBI 200 MG/2ML SOLUTION *lecanemab-irmb*	PDL Non-Preferred	ST
LEQEMBI 500 MG/5ML SOLUTION *lecanemab-irmb*	PDL Non-Preferred	ST
memantine hcl 10 mg tab	PDL Preferred	
memantine hcl 10 mg/5ml solution	PDL Non-Preferred	ST
memantine hcl 2 mg/ml solution	PDL Non-Preferred	ST
memantine hcl 28 x 5 mg & 21 x 10 mg tab	PDL Preferred	
memantine hcl 5 mg tab	PDL Preferred	
memantine hcl er 14 mg cap er 24h	PDL Non-Preferred	ST
memantine hcl er 21 mg cap er 24h	PDL Non-Preferred	ST
memantine hcl er 28 mg cap er 24h	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
memantine hcl er 7 mg cap er 24h	PDL Non-Preferred	ST
NAMENDA 10 MG TAB *memantine hcl*	PDL Non-Preferred	ST
NAMENDA 5 MG TAB *memantine hcl*	PDL Non-Preferred	ST
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
NAMENDA XR 21 MG CAP ER 24H *memantine hcl*	PDL Non-Preferred	ST
NAMENDA XR 28 MG CAP ER 24H *memantine hcl*	PDL Non-Preferred	ST
NAMENDA XR 7 MG CAP ER 24H *memantine hcl*	PDL Non-Preferred	ST
NAMENDA XR TITRATION PACK 7 & 14 & 21 &28 MG CAP ER 24H *memantine hcl*	PDL Non-Preferred	ST
NAMZARIC 14-10 MG CAP ER 24H *memantine hcl-donepezil hcl*	PDL Non-Preferred	ST
NAMZARIC 21-10 MG CAP ER 24H *memantine hcl-donepezil hcl*	PDL Non-Preferred	ST
NAMZARIC 28-10 MG CAP ER 24H *memantine hcl-donepezil hcl*	PDL Non-Preferred	ST
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
RAZADYNE ER 16 MG CAP ER 24H *galantamine hydrobromide*	PDL Non-Preferred	ST
RAZADYNE ER 24 MG CAP ER 24H *galantamine hydrobromide*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
RAZADYNE ER 8 MG CAP ER 24H *galantamine hydrobromide*	PDL Non-Preferred	ST
rivastigmine 13.3 mg/24hr patch 24hr	PDL Non-Preferred	ST
rivastigmine 4.6 mg/24hr patch 24hr	PDL Non-Preferred	ST
rivastigmine 9.5 mg/24hr patch 24hr	PDL Non-Preferred	ST
rivastigmine tartrate 1.5 mg cap	PDL Preferred	
rivastigmine tartrate 3 mg cap	PDL Preferred	
rivastigmine tartrate 4.5 mg cap	PDL Preferred	
rivastigmine tartrate 6 mg cap	PDL Preferred	
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TAB *chlordiazepoxide-amitriptyline*	Covered	
CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB *chlordiazepoxide-amitriptyline*	Covered	
LYBALVI 10-10 MG TAB *olanzapine-samidorphan l-malate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
LYBALVI 15-10 MG TAB *olanzapine-samidorphan l-malate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
LYBALVI 20-10 MG TAB *olanzapine-samidorphan l-malate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.

DRUG NAME	TIER	DRUG EDITS
LYBALVI 5-10 MG TAB *olanzapine-samidorphan l-malate*	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
olanzapine-fluoxetine hcl 12-25 mg cap	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
olanzapine-fluoxetine hcl 12-50 mg cap	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
olanzapine-fluoxetine hcl 3-25 mg cap	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
olanzapine-fluoxetine hcl 6-25 mg cap	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
olanzapine-fluoxetine hcl 6-50 mg cap	PDL Non-Preferred	QL 1 UNITS / 1 DAYS PA NOTE Trial and failure of only one preferred drug is required.
PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB *perphenazine-amitriptyline*	Covered	
PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB *perphenazine-amitriptyline*	Covered	
PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB *perphenazine-amitriptyline*	Covered	

DRUG NAME	TIER	DRUG EDITS
PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB *perphenazine-amitriptyline*	Covered	
PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB *perphenazine-amitriptyline*	Covered	
SYMBYAX 3-25 MG CAP *olanzapine-fluoxetine hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
SYMBYAX 6-25 MG CAP *olanzapine-fluoxetine hcl*	PDL Preferred	QL 1 UNITS / 1 DAYS PA
FIBROMYALGIA AGENTS		
SAVELLA 100 MG TAB *milnacipran hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
SAVELLA 12.5 MG TAB *milnacipran hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
SAVELLA 25 MG TAB *milnacipran hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
SAVELLA 50 MG TAB *milnacipran hcl*	PDL Non-Preferred	QL 2 UNITS / 1 DAYS ST
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	PA
AUSTEDO 6 MG TAB *deutetrabenazine*	PDL Preferred	PA
AUSTEDO 9 MG TAB *deutetrabenazine*	PDL Preferred	PA
INGREZZA 40 & 80 MG CAP THPK *valbenazine tosylate*	PDL Preferred	PA
INGREZZA 40 MG CAP *valbenazine tosylate*	PDL Preferred	PA

DRUG NAME	TIER	DRUG EDITS
INGREZZA 60 MG CAP *valbenazine tosylate*	PDL Preferred	PA
INGREZZA 80 MG CAP *valbenazine tosylate*	PDL Preferred	PA
tetrabenazine 12.5 mg tab	PDL Preferred	PA
tetrabenazine 25 mg tab	PDL Preferred	PA
XENAZINE 12.5 MG TAB *tetrabenazine*	PDL Non- Preferred	PA
XENAZINE 25 MG TAB *tetrabenazine*	PDL Non- Preferred	PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA 10 MG TAB ER 12H *dalfampridine*	PDL Non- Preferred	ST
AUBAGIO 14 MG TAB *teriflunomide*	PDL Non- Preferred	ST
AUBAGIO 7 MG TAB *teriflunomide*	PDL Non- Preferred	ST
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT *interferon beta-1a*	PDL Preferred	
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT *interferon beta-1a*	PDL Preferred	
BAFIERTAM 95 MG CAP DR *monomethyl fumarate*	PDL Non- Preferred	ST
BETASERON 0.3 MG KIT *interferon beta-1b*	PDL Preferred	
BRIUMVI 150 MG/6ML SOLUTION *ublituximab-xiiy*	PDL Non- Preferred	ST
COPAXONE 20 MG/ML SOLN PRSYR *glatiramer acetate*	PDL Preferred	
COPAXONE 40 MG/ML SOLN PRSYR *glatiramer acetate*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
dalfampridine er 10 mg tab er 12h	PDL Preferred	
dimethyl fumarate 120 mg cap dr	PDL Preferred	
dimethyl fumarate 240 mg cap dr	PDL Preferred	
dimethyl fumarate starter pack 120 & 240 mg misc	PDL Preferred	
EXTAVIA 0.3 MG KIT *interferon beta-1b*	PDL Non-Preferred	ST
fingolimod hcl 0.5 mg cap	PDL Non-Preferred	ST
GILENYA 0.25 MG CAP *fingolimod hcl*	PDL Preferred	
GILENYA 0.5 MG CAP *fingolimod hcl*	PDL Preferred	
glatiramer acetate 20 mg/ml soln prsyr	PDL Non-Preferred	ST
glatiramer acetate 40 mg/ml soln prsyr	PDL Non-Preferred	ST
glatopa 20 mg/ml soln prsyr	PDL Non-Preferred	ST
glatopa 40 mg/ml soln prsyr	PDL Non-Preferred	ST
KESIMPTA 20 MG/0.4ML SOLN A-INJ *ofatumumab (ms)*	PDL Non-Preferred	ST
LEMTRADA 12 MG/1.2ML SOLUTION *alemtuzumab (ms)*	PDL Non-Preferred	ST
MAVENCLAD (10 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	PDL Non-Preferred	ST
MAVENCLAD (4 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	PDL Non-Preferred	ST
MAVENCLAD (5 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
MAVENCLAD (6 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	PDL Non-Preferred	ST
MAVENCLAD (7 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	PDL Non-Preferred	ST
MAVENCLAD (8 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	PDL Non-Preferred	ST
MAVENCLAD (9 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	PDL Non-Preferred	ST
MAYZENT 0.25 MG TAB *siponimod fumarate*	PDL Non-Preferred	ST
MAYZENT 1 MG TAB *siponimod fumarate*	PDL Non-Preferred	ST
MAYZENT 2 MG TAB *siponimod fumarate*	PDL Non-Preferred	ST
MAYZENT STARTER PACK 0.25 MG TAB THPK *siponimod fumarate*	PDL Non-Preferred	ST
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
PLEGRIDY 125 MCG/0.5ML SOLN PEN *peginterferon beta-1a*	PDL Non-Preferred	ST
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR *peginterferon beta-1a*	PDL Non-Preferred	ST
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PEN *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
PONVORY STARTER PACK 2,3,4,5,6,7,8,9 & 10 MG TAB THPK *ponesimod*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
REBIF 22 MCG/0.5ML SOLN PRSYR *interferon beta-1a*	PDL Preferred	
REBIF 44 MCG/0.5ML SOLN PRSYR *interferon beta-1a*	PDL Preferred	
REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ *interferon beta-1a*	PDL Preferred	
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ *interferon beta-1a*	PDL Preferred	
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	
TASCENSO ODT 0.25 MG TAB DISP *fingolimod lauryl sulfate*	PDL Non-Preferred	ST
TASCENSO ODT 0.5 MG TAB DISP *fingolimod lauryl sulfate*	PDL Non-Preferred	ST
TECFIDERA 120 & 240 MG MISC *dimethyl fumarate*	PDL Non-Preferred	ST
TECFIDERA 120 MG CAP DR *dimethyl fumarate*	PDL Non-Preferred	ST
TECFIDERA 240 MG CAP DR *dimethyl fumarate*	PDL Non-Preferred	ST
teriflunomide 14 mg tab	PDL Non-Preferred	ST
teriflunomide 7 mg tab	PDL Non-Preferred	ST
TYSABRI 300 MG/15ML CONC *natalizumab*	PDL Non-Preferred	ST
VUMERITY (STARTER) 231 MG CAP DR *diroximel fumarate*	PDL Non-Preferred	ST
VUMERITY 231 MG CAP DR *diroximel fumarate*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
ZEPOSIA 0.92 MG CAP *ozanimod hcl*	PDL Non-Preferred	ST
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*	PDL Non-Preferred	ST
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE 300 (9) & 600(24) MG MISC *gabapentin (once-daily)*	PDL Non-Preferred	ST
GRALISE 300 MG TAB *gabapentin (once-daily)*	PDL Non-Preferred	ST
GRALISE 600 MG TAB *gabapentin (once-daily)*	PDL Non-Preferred	ST
LYRICA CR 165 MG TAB ER 24H *pregabalin (once-daily)*	PDL Non-Preferred	ST
LYRICA CR 330 MG TAB ER 24H *pregabalin (once-daily)*	PDL Non-Preferred	ST
LYRICA CR 82.5 MG TAB ER 24H *pregabalin (once-daily)*	PDL Non-Preferred	ST
pregabalin er 165 mg tab er 24h	PDL Non-Preferred	ST
pregabalin er 330 mg tab er 24h	PDL Non-Preferred	ST
pregabalin er 82.5 mg tab er 24h	PDL Non-Preferred	ST
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD) 10 MG TAB *fluoxetine hcl (pmdd)*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST
FLUOXETINE HCL (PMDD) 20 MG TAB *fluoxetine hcl (pmdd)*	PDL Non-Preferred	QL 3 UNITS / 1 DAYS ST
SARAFEM 10 MG TAB *fluoxetine hcl (pmdd)*	PDL Non-Preferred	QL 3 / 1 day(s) ST

DRUG NAME	TIER	DRUG EDITS
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA 20-10 MG CAP *dextromethorphan hbr-quinidine sulfate*	Covered	QL 2 UNITS / 1 DAYS
ERGOLOID MESYLATES 1 MG TAB *ergoloid mesylates*	Covered	
PIMOZIDE 1 MG TAB *pimozide*	Covered	
PIMOZIDE 2 MG TAB *pimozide*	Covered	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT 300 MG TAB ER *gabapentin enacarbil*	PDL Non-Preferred	ST
HORIZANT 600 MG TAB ER *gabapentin enacarbil*	PDL Non-Preferred	ST
SMOKING DETERRENTS		
bupropion hcl er (smoking det) 150 mg tab er 12h	PDL Preferred	
CHANTIX 0.5 MG TAB *varenicline tartrate*	PDL Preferred	QL 6 FILLS / 180 DAYS NOTE Quantity limited to 6 months supply per 12 months
CHANTIX 1 MG TAB *varenicline tartrate*	PDL Preferred	QL 6 FILLS / 365 DAYS NOTE Quantity limited to 6 months supply per 12 months
CHANTIX CONTINUING MONTH PAK 1 MG TAB *varenicline tartrate*	PDL Preferred	QL 6 FILLS / 365 DAYS NOTE Quantity limited to 6 months supply per 12 months
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 MG X 42 TAB THPK *varenicline tartrate*	PDL Preferred	QL 6 FILLS / 365 DAYS NOTE Quantity limited to 6 months supply per 12 months

DRUG NAME	TIER	DRUG EDITS
NICOTROL 10 MG INHALER *nicotine*	PDL Non-Preferred	ST
NICOTROL NS 10 MG/ML SOLUTION *nicotine*	PDL Non-Preferred	ST
varenicline tartrate 0.5 mg tab	PDL Preferred	QL 6 FILLS / 365 DAYS NOTE Quantity limited to 6 months supply per 12 months
VARENICLINE TARTRATE 0.5 MG X 11 & 1 MG X 42 TAB THPK *varenicline tartrate*	PDL Preferred	QL 6 FILLS / 365 DAYS NOTE Quantity limited to 6 months supply per 12 months
varenicline tartrate 1 mg tab	PDL Preferred	QL 6 FILLS / 365 DAYS NOTE Quantity limited to 6 months supply per 12 months
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
ONPATTRO 10 MG/5ML SOLUTION *patisiran sodium*	Covered	
TEGSEDI 284 MG/1.5ML SOLN PRSYR *inotersen sodium*	Covered	
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE 7.5 MG CAP *paroxetine mesylate (vasomotor)*	Covered	
paroxetine mesylate 7.5 mg cap	PDL Non-Preferred	QL 1 UNITS / 1 DAYS ST
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP 1000 MG RECON SOLN *alpha1-proteinase inhibitor (human)*	Covered	
ARALAST NP 500 MG RECON SOLN *alpha1-proteinase inhibitor (human)*	Covered	

DRUG NAME	TIER	DRUG EDITS
GLASSIA 1000 MG/50ML SOLUTION *alpha1-proteinase inhibitor (human)*	Covered	
PROLASTIN-C 1000 MG RECON SOLN *alpha1-proteinase inhibitor (human)*	Covered	
PROLASTIN-C 1000 MG/20ML SOLUTION *alpha1-proteinase inhibitor (human)*	Covered	
ZEMAIRA 1000 MG RECON SOLN *alpha1-proteinase inhibitor (human)*	Covered	
CYSTIC FIBROSIS AGENTS		
BRONCHITOL 40 MG CAP *mannitol (cystic fibrosis)*	Covered	
BRONCHITOL TOLERANCE TEST 40 MG CAP *mannitol (cystic fibrosis)*	Covered	
KALYDECO 150 MG TAB *ivacaftor*	Covered	PA
KALYDECO 25 MG PACKET *ivacaftor*	Covered	PA
KALYDECO 50 MG PACKET *ivacaftor*	Covered	PA
KALYDECO 75 MG PACKET *ivacaftor*	Covered	PA
ORKAMBI 100-125 MG PACKET *lumacaftor-ivacaftor*	Covered	PA
ORKAMBI 100-125 MG TAB *lumacaftor-ivacaftor*	Covered	PA
ORKAMBI 150-188 MG PACKET *lumacaftor-ivacaftor*	Covered	PA
ORKAMBI 200-125 MG TAB *lumacaftor-ivacaftor*	Covered	PA
PULMOZYME 2.5 MG/2.5ML SOLUTION *dornase alfa*	Covered	
SYMDEKO 100-150 & 150 MG TAB THPK *tezacaftor-ivacaftor*	Covered	PA

DRUG NAME	TIER	DRUG EDITS
SYMDEKO 50-75 & 75 MG TAB THPK *tezacaftor-ivacaftor*	Covered	PA
TRIKAFTA 100-50-75 & 150 MG TAB THPK *elexacaftor-tezacaftor-ivacaftor*	Covered	PA
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK *elexacaftor-tezacaftor-ivacaftor*	Covered	PA
PULMONARY FIBROSIS AGENTS		
ESBRIET 267 MG CAP *pirfenidone*	Covered	
ESBRIET 267 MG TAB *pirfenidone*	Covered	
ESBRIET 801 MG TAB *pirfenidone*	Covered	
OFEV 100 MG CAP *nintedanib esylate*	Covered	
OFEV 150 MG CAP *nintedanib esylate*	Covered	
pirfenidone 267 mg tab	Covered	
PIRFENIDONE 534 MG TAB *pirfenidone*	Covered	
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	
SULFONAMIDES		
sulfadiazine 500 mg tab	Covered	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA 100 MG RECON SOLN *omadacycline tosylate*	Covered	

DRUG NAME	TIER	DRUG EDITS
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	
demeclocycline hcl 150 mg tab	PDL Non-Preferred	ST
demeclocycline hcl 300 mg tab	PDL Non-Preferred	ST
DORYX 200 MG TAB DR *doxycycline hyclate*	PDL Non-Preferred	ST
DORYX 50 MG TAB DR *doxycycline hyclate*	PDL Non-Preferred	ST
DORYX 80 MG TAB DR *doxycycline hyclate*	PDL Non-Preferred	ST
DORYX MPC 120 MG TAB DR *doxycycline hyclate*	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	

DRUG NAME	TIER	DRUG EDITS
doxycycline hyclate 100 mg tab dr	PDL Non-Preferred	ST
doxycycline hyclate 150 mg tab	PDL Preferred	
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 AL 0 to 12 yrs old NOTE Exemption for patients less than 12 years of age

Last updated 05/12/2023

DRUG NAME	TIER	DRUG EDITS
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	
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.

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DRUG NAME	TIER	DRUG EDITS
MINOCYCLINE HCL ER 135 MG CAP ER 24H *minocycline hcl*	PDL Non-Preferred	ST
minocycline hcl er 135 mg tab er 24h	PDL Non-Preferred	ST
MINOCYCLINE HCL ER 45 MG CAP ER 24H *minocycline hcl*	PDL Non-Preferred	ST
minocycline hcl er 45 mg tab er 24h	PDL Non-Preferred	ST
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.
MINOCYCLINE HCL ER 90 MG CAP ER 24H *minocycline hcl*	PDL Non-Preferred	ST
minocycline hcl er 90 mg tab er 24h	PDL Non-Preferred	ST
MINOLIRA 105 MG TAB ER 24H *minocycline hcl*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
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 1 X 50 MG KIT *doxycycline hyclate w/ cleanser*	PDL Non-Preferred	ST
morgidox 100 mg cap	PDL Non-Preferred	ST
MORGIDOX 2 X 100 MG KIT *doxycycline hyclate w/ cleanser*	PDL Non-Preferred	ST
morgidox 50 mg cap	PDL Non-Preferred	ST
SOLODYN 105 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.
SOLODYN 115 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.
SOLODYN 55 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.
SOLODYN 65 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.

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DRUG NAME	TIER	DRUG EDITS
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.
targadox 50 mg tab	PDL Non-Preferred	ST
tetracycline hcl 250 mg cap	PDL Non-Preferred	ST
tetracycline hcl 500 mg cap	PDL Non-Preferred	ST
VIBRAMYCIN 100 MG CAP *doxycycline hyclate*	PDL Non-Preferred	ST
VIBRAMYCIN 25 MG/5ML RECON SUSP *doxycycline (monohydrate)*	PDL Non-Preferred	ST
VIBRAMYCIN 50 MG/5ML SYRUP *doxycycline calcium*	PDL Non-Preferred	ST
XIMINO 135 MG CAP ER 24H *minocycline hcl*	PDL Non-Preferred	ST
XIMINO 45 MG CAP ER 24H *minocycline hcl*	PDL Non-Preferred	ST
XIMINO 90 MG CAP ER 24H *minocycline hcl*	PDL Non-Preferred	ST
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole 10 mg tab	Covered	
methimazole 5 mg tab	Covered	
propylthiouracil 50 mg tab	Covered	
TAPAZOLE 10 MG TAB *methimazole*	Covered	
TAPAZOLE 5 MG TAB *methimazole*	Covered	

DRUG NAME	TIER	DRUG EDITS
THYROID HORMONES		
ARMOUR THYROID 120 MG TAB *thyroid*	Covered	
ARMOUR THYROID 15 MG TAB *thyroid*	Covered	
ARMOUR THYROID 180 MG TAB *thyroid*	Covered	
ARMOUR THYROID 240 MG TAB *thyroid*	Covered	
ARMOUR THYROID 30 MG TAB *thyroid*	Covered	
ARMOUR THYROID 300 MG TAB *thyroid*	Covered	
ARMOUR THYROID 60 MG TAB *thyroid*	Covered	
ARMOUR THYROID 90 MG TAB *thyroid*	Covered	
CYTOMEL 25 MCG TAB *liothyronine sodium*	Covered	
CYTOMEL 5 MCG TAB *liothyronine sodium*	Covered	
CYTOMEL 50 MCG TAB *liothyronine sodium*	Covered	
euthyrox 100 mcg tab	Covered	
euthyrox 112 mcg tab	Covered	
euthyrox 125 mcg tab	Covered	
euthyrox 137 mcg tab	Covered	
euthyrox 150 mcg tab	Covered	
euthyrox 175 mcg tab	Covered	
euthyrox 200 mcg tab	Covered	
euthyrox 25 mcg tab	Covered	
euthyrox 50 mcg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
euthyrox 75 mcg tab	Covered	
euthyrox 88 mcg tab	Covered	
levo-t 100 mcg tab	Covered	
levo-t 112 mcg tab	Covered	
levo-t 125 mcg tab	Covered	
levo-t 137 mcg tab	Covered	
levo-t 150 mcg tab	Covered	
levo-t 175 mcg tab	Covered	
levo-t 200 mcg tab	Covered	
levo-t 25 mcg tab	Covered	
levo-t 300 mcg tab	Covered	
levo-t 50 mcg tab	Covered	
levo-t 75 mcg tab	Covered	
levo-t 88 mcg tab	Covered	
LEVOTHYROXINE SODIUM 100 MCG CAP *levothyroxine sodium*	Covered	
LEVOTHYROXINE SODIUM 100 MCG RECON SOLN *levothyroxine sodium*	Covered	
levothyroxine sodium 100 mcg recon soln	Covered	
levothyroxine sodium 100 mcg tab	Covered	
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	
levothyroxine sodium 112 mcg tab	Covered	
LEVOTHYROXINE SODIUM 125 MCG CAP *levothyroxine sodium*	Covered	

DRUG NAME	TIER	DRUG EDITS
levothyroxine sodium 125 mcg tab	Covered	
LEVOTHYROXINE SODIUM 13 MCG CAP *levothyroxine sodium*	Covered	
LEVOTHYROXINE SODIUM 137 MCG CAP *levothyroxine sodium*	Covered	
levothyroxine sodium 137 mcg tab	Covered	
LEVOTHYROXINE SODIUM 150 MCG CAP *levothyroxine sodium*	Covered	
levothyroxine sodium 150 mcg tab	Covered	
LEVOTHYROXINE SODIUM 175 MCG CAP *levothyroxine sodium*	Covered	
levothyroxine sodium 175 mcg tab	Covered	
LEVOTHYROXINE SODIUM 200 MCG CAP *levothyroxine sodium*	Covered	
LEVOTHYROXINE SODIUM 200 MCG RECON SOLN *levothyroxine sodium*	Covered	
levothyroxine sodium 200 mcg recon soln	Covered	
levothyroxine sodium 200 mcg tab	Covered	
LEVOTHYROXINE SODIUM 200 MCG/5ML SOLUTION *levothyroxine sodium*	Covered	
LEVOTHYROXINE SODIUM 25 MCG CAP *levothyroxine sodium*	Covered	
levothyroxine sodium 25 mcg tab	Covered	
levothyroxine sodium 300 mcg tab	Covered	
LEVOTHYROXINE SODIUM 50 MCG CAP *levothyroxine sodium*	Covered	
levothyroxine sodium 50 mcg tab	Covered	
LEVOTHYROXINE SODIUM 500 MCG RECON SOLN *levothyroxine sodium*	Covered	
levothyroxine sodium 500 mcg recon soln	Covered	

DRUG NAME	TIER	DRUG EDITS
LEVOTHYROXINE SODIUM 500 MCG/5ML SOLUTION *levothyroxine sodium*	Covered	
LEVOTHYROXINE SODIUM 75 MCG CAP *levothyroxine sodium*	Covered	
levothyroxine sodium 75 mcg tab	Covered	
LEVOTHYROXINE SODIUM 88 MCG CAP *levothyroxine sodium*	Covered	
levothyroxine sodium 88 mcg tab	Covered	
levoxyl 100 mcg tab	Covered	
levoxyl 112 mcg tab	Covered	
levoxyl 125 mcg tab	Covered	
levoxyl 137 mcg tab	Covered	
levoxyl 150 mcg tab	Covered	
levoxyl 175 mcg tab	Covered	
levoxyl 200 mcg tab	Covered	
levoxyl 25 mcg tab	Covered	
levoxyl 50 mcg tab	Covered	
levoxyl 75 mcg tab	Covered	
levoxyl 88 mcg tab	Covered	
LIOTHYRONINE SODIUM 10 MCG/ML SOLUTION *liothyronine sodium*	Covered	
liothyronine sodium 25 mcg tab	Covered	
liothyronine sodium 5 mcg tab	Covered	
liothyronine sodium 50 mcg tab	Covered	
NP THYROID 120 MG TAB *thyroid*	Covered	
NP THYROID 15 MG TAB *thyroid*	Covered	
NP THYROID 30 MG TAB *thyroid*	Covered	

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

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

DRUG NAME	TIER	DRUG EDITS
TIROSINT-SOL 150 MCG/ML SOLUTION *levothyroxine sodium*	Covered	
TIROSINT-SOL 175 MCG/ML SOLUTION *levothyroxine sodium*	Covered	
TIROSINT-SOL 200 MCG/ML SOLUTION *levothyroxine sodium*	Covered	
TIROSINT-SOL 25 MCG/ML SOLUTION *levothyroxine sodium*	Covered	
TIROSINT-SOL 50 MCG/ML SOLUTION *levothyroxine sodium*	Covered	
TIROSINT-SOL 75 MCG/ML SOLUTION *levothyroxine sodium*	Covered	
TIROSINT-SOL 88 MCG/ML SOLUTION *levothyroxine sodium*	Covered	
TRIOSTAT 10 MCG/ML SOLUTION *liothyronine sodium*	Covered	
unithroid 100 mcg tab	Covered	
unithroid 112 mcg tab	Covered	
unithroid 125 mcg tab	Covered	
unithroid 137 mcg tab	Covered	
unithroid 150 mcg tab	Covered	
unithroid 175 mcg tab	Covered	
unithroid 200 mcg tab	Covered	
unithroid 25 mcg tab	Covered	
unithroid 300 mcg tab	Covered	
unithroid 50 mcg tab	Covered	
unithroid 75 mcg tab	Covered	
unithroid 88 mcg tab	Covered	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)*	Covered	AL At least 19 yrs old

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DRUG NAME	TIER	DRUG EDITS
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)*	Covered	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	AL At least 19 yrs old
DAPTACEL 23-15-5 SUSPENSION *diphtheria, acellular pertussis & tetanus toxoids*	Covered	AL At least 19 yrs old
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION *diphtheria-tetanus toxoids (dt)*	Covered	AL Up to 19 yrs old
INFANRIX 25-58-10 SUSPENSION *diphtheria, acellular pertussis & tetanus toxoids*	Covered	AL At least 19 yrs old
KINRIX SUSPENSION *diph-tetanus tox ad-acell pertussis & polio virus, ipv vac*	Covered	AL At least 19 yrs old
KINRIX 0.5 ML SUSP PRSYR *diph-tetanus tox ad-acell pertussis & polio virus, ipv vac*	Covered	AL At least 19 yrs old
PEDIARIX SUSP PRSYR *diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac*	Covered	AL At least 19 yrs old
PENTACEL RECON SUSP *diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac*	Covered	AL At least 19 yrs old
QUADRACEL SUSPENSION *diph-tetanus tox ad-acell pertussis & polio virus, ipv vac*	Covered	AL At least 19 yrs old
QUADRACEL 0.5 ML SUSP PRSYR *diph-tetanus tox ad-acell pertussis & polio virus, ipv vac*	Covered	AL At least 19 yrs old
TDVAX 2-2 LF/0.5ML SUSPENSION *tetanus-diphtheria toxoids (td)*	Covered	AL At least 19 yrs old

DRUG NAME	TIER	DRUG EDITS
TENIVAC 5-2 LFU INJECTABLE *tetanus-diphtheria toxoids (td)*	Covered	AL At least 19 yrs old
TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION *tetanus-diphtheria toxoids (td)*	Covered	AL At least 19 yrs old
VAXELIS SUSP PRSYR *diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recomb*	Covered	AL At least 19 yrs old
VAXELIS SUSPENSION *diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recomb*	Covered	AL At least 19 yrs old
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ANASPAZ 0.125 MG TAB DISP *hyoscyamine sulfate*	Covered	
ATROPINE SULFATE 0.25 MG/5ML SOLN PRSYR *atropine sulfate*	Covered	
ATROPINE SULFATE 0.4 MG/ML SOLUTION *atropine sulfate*	Covered	
ATROPINE SULFATE 0.5 MG/5ML SOLN PRSYR *atropine sulfate*	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 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	

DRUG NAME	TIER	DRUG EDITS
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	
dicyclomine hcl 10 mg cap	Covered	
dicyclomine hcl 10 mg/5ml solution	Covered	
dicyclomine hcl 10 mg/ml solution	Covered	
dicyclomine hcl 20 mg tab	Covered	
ed-spaz 0.125 mg tab disp	Covered	
GLYCATE 1.5 MG TAB *glycopyrrolate*	Covered	
glycopyrrolate 0.2 mg/ml solution	Covered	
glycopyrrolate 0.4 mg/2ml solution	Covered	
glycopyrrolate 1 mg tab	Covered	
glycopyrrolate 1 mg/5ml solution	Covered	
glycopyrrolate 2 mg tab	Covered	
glycopyrrolate 4 mg/20ml solution	Covered	
GLYCOPYRROLATE PF 0.2 MG/ML SOLN PRSYR *glycopyrrolate*	Covered	
GLYCOPYRROLATE PF 0.4 MG/2ML SOLN PRSYR *glycopyrrolate*	Covered	
GLYRX-PF 0.2 MG/ML SOLUTION *glycopyrrolate*	Covered	
GLYRX-PF 0.4 MG/2ML SOLUTION *glycopyrrolate*	Covered	
GLYRX-PF 1 MG/5ML SOLN PRSYR *glycopyrrolate*	Covered	

DRUG NAME	TIER	DRUG EDITS
hyoscyamine sulfate 0.125 mg sl tab	Covered	
hyoscyamine sulfate 0.125 mg tab	Covered	
hyoscyamine sulfate 0.125 mg tab disp	Covered	
hyoscyamine sulfate 0.125 mg/5ml elixir	Covered	
hyoscyamine sulfate 0.125 mg/ml solution	Covered	
hyosyne 0.125 mg/5ml elixir	Covered	
hyosyne 0.125 mg/ml solution	Covered	
LEVSIN 0.125 MG TAB *hyoscyamine sulfate*	Covered	
LEVSIN 0.5 MG/ML SOLUTION *hyoscyamine sulfate*	Covered	
LEVSIN/SL 0.125 MG SL TAB *hyoscyamine sulfate*	Covered	
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	
oscimin 0.125 mg sl tab	Covered	
oscimin 0.125 mg tab	Covered	
oscimin 0.125 mg tab disp	Covered	
oscimin sr 0.375 mg tab er 12h	Covered	
pb-hyoscy-atropine-scopolamine 16.2 mg tab	Covered	
pb-hyoscy-atropine-scopolamine 16.2 mg/5ml elixir	Covered	
phenohytro 16.2 mg tab	Covered	
phenohytro 16.2 mg/5ml elixir	Covered	
PROPANTHELINE BROMIDE 15 MG TAB *propantheline bromide*	Covered	
symax-sl 0.125 mg sl tab	Covered	

DRUG NAME	TIER	DRUG EDITS
H-2 ANTAGONISTS		
cimetidine 200 mg tab	PDL Non-Preferred	ST
cimetidine 300 mg tab	PDL Non-Preferred	ST
cimetidine 400 mg tab	PDL Non-Preferred	ST
cimetidine 800 mg tab	PDL Non-Preferred	ST
CIMETIDINE HCL 300 MG/5ML SOLUTION *cimetidine hcl*	PDL Non-Preferred	ST
cimetidine hcl 300 mg/5ml solution	PDL Non-Preferred	ST
cimetidine hcl 400 mg/6.67ml solution	PDL Non-Preferred	ST
famotidine (pf) 20 mg/2ml solution	Covered	
famotidine 20 mg tab	PDL Preferred	
famotidine 200 mg/20ml solution	Covered	
famotidine 40 mg tab	PDL Preferred	
famotidine 40 mg/4ml solution	Covered	
famotidine 40 mg/5ml recon susp	PDL Preferred	
FAMOTIDINE PREMIXED 20-0.9 MG/50ML-% SOLUTION *famotidine in nacl*	Covered	
NIZATIDINE 15 MG/ML SOLUTION *nizatidine*	Covered	ST
NIZATIDINE 150 MG CAP *nizatidine*	PDL Non-Preferred	ST
nizatidine 150 mg cap	PDL Non-Preferred	ST
NIZATIDINE 300 MG CAP *nizatidine*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
nizatidine 300 mg cap	PDL Non-Preferred	ST
PEPCID 20 MG TAB *famotidine*	PDL Non-Preferred	ST
PEPCID 40 MG TAB *famotidine*	PDL Non-Preferred	ST
ranitidine hcl 15 mg/ml syrup	PDL Preferred	
ranitidine hcl 150 mg cap	Covered	
ranitidine hcl 150 mg tab	PDL Preferred	
ranitidine hcl 150 mg/10ml syrup	PDL Preferred	
ranitidine hcl 150 mg/6ml solution	PDL Non-Preferred	ST
ranitidine hcl 300 mg cap	Covered	
ranitidine hcl 300 mg tab	PDL Preferred	ST
ranitidine hcl 50 mg/2ml solution	PDL Non-Preferred	ST
ranitidine hcl 75 mg/5ml syrup	PDL Preferred	
MISC. ANTI-ULCER		
CARAFATE 1 GM TAB *sucralfate*	Covered	
CARAFATE 1 GM/10ML SUSPENSION *sucralfate*	Covered	
sucralfate 1 gm tab	Covered	
sucralfate 1 gm/10ml suspension	Covered	
PROTON PUMP INHIBITORS		
ACIPHEX 20 MG TAB DR *rabeprazole sodium*	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.

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DRUG NAME	TIER	DRUG EDITS
ACIPHEX SPRINKLE 10 MG CAP SPRINK *rabeprazole sodium*	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
ACIPHEX SPRINKLE 5 MG CAP SPRINK *rabeprazole sodium*	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
DEXILANT 30 MG CAP DR *dexlansoprazole*	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
DEXILANT 60 MG CAP DR *dexlansoprazole*	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
dexlansoprazole 30 mg cap dr	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
dexlansoprazole 60 mg cap dr	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
esomeprazole magnesium 10 mg packet	PDL Non-Preferred	ST AL 0 to 12 yrs old
esomeprazole magnesium 20 mg cap dr	PDL Preferred	
esomeprazole magnesium 20 mg packet	PDL Non-Preferred	ST AL 0 to 12 yrs old
esomeprazole magnesium 40 mg cap dr	PDL Preferred	

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DRUG NAME	TIER	DRUG EDITS
esomeprazole magnesium 40 mg packet	PDL Non-Preferred	ST AL 0 to 12 yrs old
ESOMEPRAZOLE SODIUM 20 MG RECON SOLN *esomeprazole sodium*	Covered	
esomeprazole sodium 40 mg recon soln	Covered	PA AL 0 to 12 yrs old
lansoprazole 15 mg cap dr	PDL Preferred	
lansoprazole 15 mg tab dr disp	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
lansoprazole 30 mg cap dr	PDL Preferred	
lansoprazole 30 mg tab dr disp	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
NEXIUM 10 MG PACKET *esomeprazole magnesium*	PDL Preferred	
NEXIUM 2.5 MG PACKET *esomeprazole magnesium*	PDL Preferred	
NEXIUM 20 MG CAP DR *esomeprazole magnesium*	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
NEXIUM 20 MG PACKET *esomeprazole magnesium*	PDL Preferred	
NEXIUM 40 MG CAP DR *esomeprazole magnesium*	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.

DRUG NAME	TIER	DRUG EDITS
NEXIUM 40 MG PACKET *esomeprazole magnesium*	PDL Preferred	
NEXIUM 5 MG PACKET *esomeprazole magnesium*	PDL Preferred	
NEXIUM I.V. 40 MG RECON SOLN *esomeprazole sodium*	Covered	
omeprazole 10 mg cap dr	PDL Preferred	
omeprazole 20 mg cap dr	PDL Preferred	
omeprazole 40 mg cap dr	PDL Preferred	
pantoprazole sodium 20 mg tab dr	PDL Preferred	
pantoprazole sodium 40 mg packet	PDL Non-Preferred	ST AL 0 to 12 yrs old
pantoprazole sodium 40 mg recon soln	Covered	NOTE Exemption for children less than 12 years of age.
pantoprazole sodium 40 mg tab dr	PDL Preferred	
PREVACID 15 MG CAP DR *lansoprazole*	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
PREVACID 30 MG CAP DR *lansoprazole*	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
PREVACID SOLUTAB 15 MG TAB DR DISP *lansoprazole*	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.

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DRUG NAME	TIER	DRUG EDITS
PREVACID SOLUTAB 30 MG TAB DR DISP *lansoprazole*	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
PRILOSEC 10 MG PACKET *omeprazole magnesium*	PDL Non-Preferred	ST AL 0 to 12 yrs old
PRILOSEC 2.5 MG PACKET *omeprazole magnesium*	PDL Non-Preferred	ST AL 0 to 12 yrs old
PROTONIX 20 MG TAB DR *pantoprazole sodium*	PDL Non-Preferred	ST AL 0 to 12 yrs old
PROTONIX 40 MG PACKET *pantoprazole sodium*	PDL Preferred	
PROTONIX 40 MG RECON SOLN *pantoprazole sodium*	Covered	
PROTONIX 40 MG TAB DR *pantoprazole sodium*	PDL Non-Preferred	ST AL 0 to 12 yrs old
rabeprazole sodium 20 mg tab dr	PDL Non-Preferred	ST AL 0 to 12 yrs old
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC 100 MCG TAB *misoprostol*	Covered	
CYTOTEC 200 MCG TAB *misoprostol*	Covered	
misoprostol 100 mcg tab	Covered	
misoprostol 200 mcg tab	Covered	
ULCER THERAPY COMBINATIONS		
AMOXICILL-CLARITHRO-LANSOPRAZ 500 & 500 & 30 MG THER PACK *amoxicillin-clarithromycin w/ lansoprazole*	PDL Non-Preferred	ST
amoxicill-clarithro-lansopraz 500 & 500 & 30 mg ther pack	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
bismuth/metronidaz/tetracyclin 140-125-125 mg cap	PDL Non-Preferred	ST
HELIDAC THERAPY MISC *metronidazole-tetracycline w/ bismuth subsalicylate*	PDL Non-Preferred	ST
OMECLAMOX-PAK 500-500-20 MG MISC *amoxicillin-clarithromycin w/ omeprazole*	PDL Non-Preferred	ST
omeprazole-sodium bicarbonate 20-1100 mg cap	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
omeprazole-sodium bicarbonate 20-1680 mg packet	PDL Non-Preferred	ST AL 0 to 12 yrs old
omeprazole-sodium bicarbonate 40-1100 mg cap	PDL Non-Preferred	ST AL 0 to 12 yrs old NOTE Exemption for children less than 12 years of age.
omeprazole-sodium bicarbonate 40-1680 mg packet	PDL Non-Preferred	ST AL 0 to 12 yrs old
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
ZEGERID 20-1100 MG CAP *omeprazole-sodium bicarbonate*	PDL Non-Preferred	ST AL 0 to 12 yrs old
ZEGERID 20-1680 MG PACKET *omeprazole-sodium bicarbonate*	PDL Non-Preferred	ST AL 0 to 12 yrs old
ZEGERID 40-1100 MG CAP *omeprazole-sodium bicarbonate*	PDL Non-Preferred	ST AL 0 to 12 yrs old
ZEGERID 40-1680 MG PACKET *omeprazole-sodium bicarbonate*	PDL Non-Preferred	ST AL 0 to 12 yrs old

DRUG NAME	TIER	DRUG EDITS
UNCATEGORIZED		
UNCLASSIFIED		
ATORVALIQ 20 MG/5ML SUSPENSION *atorvastatin calcium*	PDL Non-Preferred	ST
KONVOMEP 2-84 MG/ML RECON SUSP *omeprazole-sodium bicarbonate*	PDL Non-Preferred	ST
ORENITRAM MONTH 1 0.125 & 0.25 MG TBER THPK *treprostinil diolamine*	PDL Non-Preferred	ST
ORENITRAM MONTH 2 0.125 & 0.25 MG TBER THPK *treprostinil diolamine*	PDL Non-Preferred	ST
ORENITRAM MONTH 3 0.125 & 0.25 &1 MG TBER THPK *treprostinil diolamine*	PDL Non-Preferred	ST
PRADAXA 110 MG PACKET *dabigatran etexilate mesylate*	PDL Non-Preferred	ST
PRADAXA 150 MG PACKET *dabigatran etexilate mesylate*	PDL Non-Preferred	ST
PRADAXA 20 MG PACKET *dabigatran etexilate mesylate*	PDL Non-Preferred	ST
PRADAXA 30 MG PACKET *dabigatran etexilate mesylate*	PDL Non-Preferred	ST
PRADAXA 40 MG PACKET *dabigatran etexilate mesylate*	PDL Non-Preferred	ST
PRADAXA 50 MG PACKET *dabigatran etexilate mesylate*	PDL Non-Preferred	ST
REZVOGLAR KWIKPEN 100 UNIT/ML SOLN PEN *insulin glargine-aglr*	PDL Non-Preferred	ST
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide er 15 mg tab er 24h	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
darifenacin hydrobromide er 7.5 mg tab er 24h	PDL Non-Preferred	ST
DETROL 1 MG TAB *tolterodine tartrate*	PDL Non-Preferred	ST
DETROL 2 MG TAB *tolterodine tartrate*	PDL Non-Preferred	ST
DETROL LA 2 MG CAP ER 24H *tolterodine tartrate*	PDL Non-Preferred	ST
DETROL LA 4 MG CAP ER 24H *tolterodine tartrate*	PDL Non-Preferred	ST
DITROPAN XL 10 MG TAB ER 24H *oxybutynin chloride*	PDL Non-Preferred	ST
DITROPAN XL 5 MG TAB ER 24H *oxybutynin chloride*	PDL Non-Preferred	ST
ENABLEX 7.5 MG TAB ER 24H *darifenacin hydrobromide*	PDL Non-Preferred	ST
fesoterodine fumarate er 4 mg tab er 24h	PDL Non-Preferred	ST
fesoterodine fumarate er 8 mg tab er 24h	PDL Non-Preferred	ST
GELNIQUE 10 % GEL *oxybutynin chloride*	PDL Non-Preferred	ST
OXYBUTYNIN CHLORIDE 2.5 MG TAB *oxybutynin chloride*	PDL Non-Preferred	ST
oxybutynin chloride 5 mg tab	PDL Preferred	
OXYBUTYNIN CHLORIDE 5 MG/5ML SOLUTION *oxybutynin chloride*	PDL Preferred	
oxybutynin chloride 5 mg/5ml syrup	PDL Preferred	
oxybutynin chloride er 10 mg tab er 24h	PDL Preferred	
oxybutynin chloride er 15 mg tab er 24h	PDL Preferred	

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DRUG NAME	TIER	DRUG EDITS
oxybutynin chloride er 5 mg tab er 24h	PDL Preferred	
OXYTROL 3.9 MG/24HR PATCH TW *oxybutynin*	PDL Non-Preferred	ST
solifenacin succinate 10 mg tab	PDL Preferred	
solifenacin succinate 5 mg tab	PDL Preferred	
tolterodine tartrate 1 mg tab	PDL Non-Preferred	ST
tolterodine tartrate 2 mg tab	PDL Non-Preferred	ST
tolterodine tartrate er 2 mg cap er 24h	PDL Non-Preferred	ST
tolterodine tartrate er 4 mg cap er 24h	PDL Non-Preferred	ST
TOVIAZ 4 MG TAB ER 24H *fesoterodine fumarate*	PDL Preferred	
TOVIAZ 8 MG TAB ER 24H *fesoterodine fumarate*	PDL Preferred	
trospium chloride 20 mg tab	PDL Non-Preferred	ST
trospium chloride er 60 mg cap er 24h	PDL Non-Preferred	ST
VESICARE 10 MG TAB *solifenacin succinate*	PDL Non-Preferred	ST
VESICARE 5 MG TAB *solifenacin succinate*	PDL Non-Preferred	ST
VESICARE LS 5 MG/5ML SUSPENSION *solifenacin succinate*	PDL Non-Preferred	ST
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA 75 MG TAB *vibegron*	PDL Non-Preferred	ST
MYRBETRIQ 25 MG TAB ER 24H *mirabegron*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
MYRBETRIQ 50 MG TAB ER 24H *mirabegron*	PDL Non-Preferred	ST
MYRBETRIQ 8 MG/ML SRER *mirabegron*	PDL Non-Preferred	ST
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride 10 mg tab	Covered	
bethanechol chloride 25 mg tab	Covered	
bethanechol chloride 5 mg tab	Covered	
bethanechol chloride 50 mg tab	Covered	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl 100 mg tab	PDL Non-Preferred	ST
VACCINES		
BACTERIAL VACCINES		
ACTHIB RECON SOLN *haemophilus b polysac conj vac*	Covered	AL Up to 19 yrs old
BCG VACCINE 50 MG RECON SOLN *bcg vaccine*	Covered	AL Up to 19 yrs old
BEXSERO SUSP PRSYR *meningococcal vac group b (recombant omv adjuvanted)*	Covered	AL Up to 19 yrs old
HIBERIX 10 MCG RECON SOLN *haemophilus b polysac conj vac*	Covered	AL Up to 19 yrs old
MENACTRA SOLUTION *meningococcal (a,c,y&w-135) polysacch diphth conj vaccine*	Covered	AL At least 19 yrs old
MENQUADFI SOLUTION *meningococcal (a,c,y&w-135) polysacch tetanus conj vaccine*	Covered	AL At least 19 yrs old
MENVEO RECON SOLN *meningococcal (a,c,y&w-135) oligosaccharide conjugate vac*	Covered	AL At least 19 yrs old
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION *haemophilus b polysac conj vac*	Covered	AL At least 19 yrs old

DRUG NAME	TIER	DRUG EDITS
PNEUMOVAX 23 25 MCG/0.5ML INJECTABLE *pneumococcal vac polyvalent*	Covered	AL At least 19 yrs old
PREVNAR 13 SUSPENSION *pneumococcal 13-valent conjugate vaccine*	Covered	AL At least 19 yrs old
PREVNAR 20 0.5 ML SUSP PRSYR *pneumococcal 20-valent conjugate vaccine*	Covered	AL At least 19 yrs old
TRUMENBA SUSP PRSYR *meningococcal group b vaccine (recombinant)*	Covered	AL At least 19 yrs old
VAXNEUVANCE 0.5 ML SUSP PRSYR *pneumococcal 15-valent conjugate vaccine*	Covered	AL At least 19 yrs old
VIRAL VACCINES		
AFLURIA SUSPENSION *influenza virus vaccine split*	Covered	AL At least 19 yrs old
AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR *influenza virus vaccine split preservative free*	Covered	AL At least 19 yrs old
AFLURIA QUADRIVALENT SUSPENSION *influenza virus vaccine split quadrivalent*	Covered	AL At least 19 yrs old
AFLURIA QUADRIVALENT 0.25 ML SUSP PRSYR *influenza virus vaccine split quadrivalent*	Covered	AL At least 19 yrs old
AFLURIA QUADRIVALENT 0.5 ML SUSP PRSYR *influenza virus vaccine split quadrivalent*	Covered	AL At least 19 yrs old
ASTRAZENECA COVID-19 VACCINE 0.5 ML SUSPENSION *covid-19 (sars-cov-2) adenovirus vaccine*	Covered	
COMIRNATY 30 MCG/0.3ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	Covered	
ENGERIX-B 10 MCG/0.5ML SUSP PRSYR *hepatitis b vaccine (recomb)*	Covered	AL At least 19 yrs old
ENGERIX-B 20 MCG/ML SUSP PRSYR *hepatitis b vaccine (recomb)*	Covered	AL At least 19 yrs old

DRUG NAME	TIER	DRUG EDITS
ENGERIX-B 20 MCG/ML SUSPENSION *hepatitis b vaccine (recomb)*	Covered	AL At least 19 yrs old
FLUAD 0.5 ML SUSP PRSYR *influenza virus vaccine types a & b surface antigen adjuvant*	Covered	AL At least 19 yrs old
FLUAD QUADRIVALENT 0.5 ML PRSYR *influenza virus vacc types a & b surf antigen adjuvant quad*	Covered	AL At least 19 yrs old
FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR *influenza virus vaccine split quadrivalent*	Covered	AL At least 19 yrs old
FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR *influenza virus vac recomb hemagglutinin (ha) quadrivalent*	Covered	AL At least 19 yrs old
FLUCELVAX QUADRIVALENT SUSPENSION *influenza virus vaccine tissue-cultured subunit quadrivalent*	Covered	AL At least 19 yrs old
FLUCELVAX QUADRIVALENT 0.5 ML SUSP PRSYR *influenza virus vaccine tissue-cultured subunit quadrivalent*	Covered	AL At least 19 yrs old
FLULAVAL QUADRIVALENT SUSPENSION *influenza virus vaccine split quadrivalent*	Covered	AL At least 19 yrs old
FLULAVAL QUADRIVALENT 0.5 ML SUSP PRSYR *influenza virus vaccine split quadrivalent*	Covered	AL At least 19 yrs old
FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR *influenza virus vaccine split high-dose preservative free*	Covered	AL At least 19 yrs old
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR *influenza virus vac split high-dose quad preservative free*	Covered	AL At least 19 yrs old
FLUZONE QUADRIVALENT SUSPENSION *influenza virus vaccine split quadrivalent*	Covered	AL At least 19 yrs old

DRUG NAME	TIER	DRUG EDITS
FLUZONE QUADRIVALENT 0.25 ML SUSP PRSYR *influenza virus vaccine split quadrivalent*	Covered	AL At least 19 yrs old
FLUZONE QUADRIVALENT 0.5 ML SUSP PRSYR *influenza virus vaccine split quadrivalent*	Covered	AL At least 19 yrs old
FLUZONE QUADRIVALENT 0.5 ML SUSPENSION *influenza virus vaccine split quadrivalent*	Covered	AL At least 19 yrs old
GARDASIL 9 SUSP PRSYR *human papillomavirus (hpv) 9-valent recombinant vaccine*	Covered	AL At least 19 yrs old
GARDASIL 9 SUSPENSION *human papillomavirus (hpv) 9-valent recombinant vaccine*	Covered	AL At least 19 yrs old
HAVRIX 1440 EL U/ML SUSPENSION *hepatitis a vaccine*	Covered	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	AL At least 19 yrs old
HEPLISAV-B 20 MCG/0.5ML SOLUTION *hepatitis b vaccine recombinant adjuvanted*	Covered	AL At least 19 yrs old
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP *rabies virus vaccine, hdc*	Covered	AL At least 19 yrs old
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP *rabies virus vaccine, hdc*	Covered	AL At least 19 yrs old
IPOL INJECTABLE *poliovirus vaccine, ipv*	Covered	AL At least 19 yrs old
JANSSEN COVID-19 VACCINE 0.5 ML SUSPENSION *covid-19 (sars-cov-2) adenovirus vaccine*	Covered	
JYNNEOS 0.5 ML SUSPENSION *smallpox & monkeypox vaccine, live, non-replicating*	Covered	AL Up to 19 yrs old

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DRUG NAME	TIER	DRUG EDITS
M-M-R II RECON SOLN *measles, mumps & rubella virus vaccines*	Covered	AL At least 19 yrs old
MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION *covid-19 mrna bivalent virus vaccine (moderna)*	Covered	
MODERNA COVID-19 BIVAL BOOSTER 50 MCG/0.5ML SUSPENSION *covid-19 mrna bivalent virus vaccine (moderna)*	Covered	
MODERNA COVID-19 VAC (BOOSTER) 50 MCG/0.5ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	Covered	
MODERNA COVID-19 VACC 6-11Y 50 MCG/0.5ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	Covered	
MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	Covered	
MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	Covered	
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION *covid-19 (sars-cov-2) subunit (spike) protein virus vaccine*	Covered	
PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION *covid-19 mrna bivalent virus vaccine (pfizer)*	Covered	
PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION *covid-19 mrna bivalent virus vaccine (pfizer)*	PDL Preferred	
PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION *covid-19 mrna bivalent virus vaccine (pfizer)*	PDL Preferred	
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.2ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	PDL Preferred	

DRUG NAME	TIER	DRUG EDITS
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.2ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	PDL Preferred	
PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	PDL Preferred	
PFIZER-BIONTECH COVID-19 VACC 30 MCG/0.3ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	PDL Preferred	
PREHEVBRIO 10 MCG/ML SUSPENSION *hepatitis b vaccine 3-antigen recombinant*	Covered	AL At least 19 yrs old
PRIORIX RECON SUSP *measles, mumps & rubella virus vaccines*	Covered	AL Up to 19 yrs old
PROQUAD RECON SUSP *measles-mumps-rubella-varicella virus vaccines*	Covered	AL At least 19 yrs old
RABAVERT RECON SUSP *rabies vaccine, pcec*	Covered	AL Up to 19 yrs old
RECOMBIVAX HB 10 MCG/ML SUSP PRSYR *hepatitis b vaccine (recomb)*	Covered	AL At least 19 yrs old
RECOMBIVAX HB 10 MCG/ML SUSPENSION *hepatitis b vaccine (recomb)*	Covered	AL At least 19 yrs old
RECOMBIVAX HB 40 MCG/ML SUSPENSION *hepatitis b vaccine (recomb)*	Covered	AL At least 19 yrs old
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR *hepatitis b vaccine (recomb)*	Covered	AL At least 19 yrs old
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION *hepatitis b vaccine (recomb)*	Covered	AL At least 19 yrs old
ROTARIX RECON SUSP *rotavirus vaccine, live oral*	Covered	AL At least 19 yrs old
ROTATEQ SOLUTION *rotavirus vaccine, live oral pentavalent*	Covered	AL At least 19 yrs old

DRUG NAME	TIER	DRUG EDITS
SHINGRIX 50 MCG/0.5ML RECON SUSP *zoster vaccine recombinant adjuvanted*	Covered	AL At least 19 yrs old
SPIKEVAX COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	Covered	
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR *hepatitis a (inactivated)-hepatitis b (recombinant) vaccines*	Covered	AL At least 19 yrs old
VAQTA 25 UNIT/0.5ML SUSPENSION *hepatitis a vaccine*	Covered	AL At least 19 yrs old
VAQTA 50 UNIT/ML SUSPENSION *hepatitis a vaccine*	Covered	AL At least 19 yrs old
VARIVAX 1350 PFU/0.5ML INJECTABLE *varicella virus vaccine live*	Covered	AL At least 19 yrs old
ZOSTAVAX 19400 UNT/0.65ML RECON SUSP *zoster vaccine live*	Covered	AL At least 19 yrs old
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH 0.9-0.025 % GEL *acetic acid-oxyquinoline vaginal*	Covered	
TRIMO-SAN 0.025-0.01 % GEL *oxyquinoline sulfate-sodium lauryl sulfate*	Covered	
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	

DRUG NAME	TIER	DRUG EDITS
METROGEL-VAGINAL 0.75 % GEL *metronidazole vaginal*	PDL Non-Preferred	ST
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
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
estradiol 0.1 mg/gm cream	PDL Non-Preferred	ST
estradiol 10 mcg tab	PDL Non-Preferred	ST
ESTRING 2 MG RING *estradiol vaginal*	PDL Preferred	
FEMRING 0.05 MG/24HR RING *estradiol acetate vaginal*	PDL Non-Preferred	ST
FEMRING 0.1 MG/24HR RING *estradiol acetate vaginal*	PDL Non-Preferred	ST
IMVEXXY MAINTENANCE PACK 10 MCG INSERT *estradiol vaginal*	PDL Non-Preferred	ST

DRUG NAME	TIER	DRUG EDITS
IMVEXXY MAINTENANCE PACK 4 MCG INSERT *estradiol vaginal*	PDL Non-Preferred	ST
IMVEXXY STARTER PACK 10 MCG INSERT *estradiol vaginal*	PDL Non-Preferred	ST
IMVEXXY STARTER PACK 4 MCG INSERT *estradiol vaginal*	PDL Non-Preferred	ST
PREMARIN 0.625 MG/GM CREAM *estrogens, conjugated vaginal*	PDL Preferred	
VAGIFEM 10 MCG TAB *estradiol vaginal*	PDL Preferred	
yuvafem 10 mcg tab	PDL Non-Preferred	ST
VAGINAL PROGESTINS		
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 PA
AUVI-Q 0.15 MG/0.15ML SOLN A-INJ *epinephrine (anaphylaxis)*	PDL Non-Preferred	QL 6 UNITS / 180 DAYS PA
AUVI-Q 0.3 MG/0.3ML SOLN A-INJ *epinephrine (anaphylaxis)*	PDL Non-Preferred	QL 6 UNITS / 180 DAYS PA
epinephrine (anaphylaxis) 30 mg/30ml solution	Covered	

DRUG NAME	TIER	DRUG EDITS
EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ *epinephrine (anaphylaxis)*	PDL Non-Preferred	QL 6 UNITS / 180 DAYS PA
epinephrine 0.15 mg/0.3ml soln a-inj	PDL Non-Preferred	QL 6 UNITS / 180 DAYS PA
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ *epinephrine (anaphylaxis)*	PDL Non-Preferred	QL 6 UNITS / 180 DAYS PA
epinephrine 0.3 mg/0.3ml soln a-inj	PDL Non-Preferred	QL 6 UNITS / 180 DAYS PA
EPIPEN 2-PAK 0.3 MG/0.3ML SOLN A-INJ *epinephrine (anaphylaxis)*	PDL Preferred	QL 6 UNITS / 180 DAYS PA
EPIPEN JR 2-PAK 0.15 MG/0.3ML SOLN A-INJ *epinephrine (anaphylaxis)*	PDL Preferred	QL 6 UNITS / 180 DAYS PA
SYMJEPI 0.15 MG/0.3ML SOLN PRSYR *epinephrine (anaphylaxis)*	PDL Non-Preferred	QL 6 UNITS / 180 DAYS PA
SYMJEPI 0.3 MG/0.3ML SOLN PRSYR *epinephrine (anaphylaxis)*	PDL Non-Preferred	QL 6 UNITS / 180 DAYS PA
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa 100 mg cap	Covered	
droxidopa 200 mg cap	Covered	
droxidopa 300 mg cap	Covered	
NORTHERA 100 MG CAP *droxidopa*	Covered	
NORTHERA 200 MG CAP *droxidopa*	Covered	
NORTHERA 300 MG CAP *droxidopa*	Covered	
BIORPHEN 0.5 MG/5ML SOLUTION *phenylephrine hcl (pressors)*	Covered	

DRUG NAME	TIER	DRUG EDITS
EMERPHED 5 MG/ML SOLUTION *ephedrine sulfate (pressors)*	Covered	
EPHEDRINE SULFATE (PRESSORS) 50 MG/ML SOLUTION *ephedrine sulfate (pressors)*	Covered	
EPHEDRINE SULFATE 50 MG/ML SOLUTION *ephedrine sulfate (pressors)*	Covered	
ephedrine sulfate 50 mg/ml solution	Covered	
EPINEPHRINE 1 MG/10ML SOLN PRSYR *epinephrine*	Covered	
epinephrine 1 mg/10ml soln prsyr	Covered	
EPINEPHRINE PF 1 MG/ML SOLUTION *epinephrine*	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	
PHENYLEPHRINE HCL 10 MG/ML SOLUTION *phenylephrine hcl (pressors)*	Covered	
phenylephrine hcl 10 mg/ml solution	Covered	
VITAMINS		
OIL SOLUBLE VITAMINS		
DRISDOL 1.25 MG (50000 UT) CAP *ergocalciferol*	Covered	
ergocalciferol 1.25 mg (50000 ut) cap	Covered	
phytonadione 1 mg/0.5ml solution	Covered	
phytonadione 10 mg/ml solution	Covered	
phytonadione 5 mg tab	Covered	

DRUG NAME	TIER	DRUG EDITS
vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap	Covered	
WATER SOLUBLE VITAMINS		
PYRIDOXINE HCL 100 MG/ML SOLUTION *pyridoxine hcl*	Covered	