



2023 California SignatureValue 4-Tier HMO Formulary

Please note: This Formulary is accurate as of August 1, 2023 and is subject to change after this date. All previous versions of this Formulary are no longer in effect. Your estimated coverage and copay/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

This Formulary can also be accessed online at myuhc.com > **Popular Forms** > **Pharmacy Benefits** > **Prescription Drug Lists** > **California plans** > **SignatureValue HMO plans**. Plan-specific coverage documents may be accessed online at uhc.com/statedruglists > **Small Group Plans** > **California**.

If you are a UnitedHealthcare member, please register or log on to myuhc.com, or call the toll-free number on your health plan ID card to find pharmacy information specific to your benefit plan.

This Formulary is applicable to the following health insurance products offered by UnitedHealthcare:

- SignatureValue
- SignatureValue Advantage
- SignatureValue Alliance
- SignatureValue Flex
- SignatureValue Focus
- SignatureValue Harmony
- SignatureValue Performance

Updated 6/1/2023

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At UnitedHealthcare, we want to help you better understand your medication options.

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly used terms and their definitions as well as frequently asked questions:

Brand-name drug means a Prescription Drug Product (1) which is manufactured and marketed under a trademark or name by a specific drug manufacturer; or (2) that we identify as a brand-name product, based on available data resources. This includes data sources such as Medi-Span, that classify drugs as either brand or generic based on a number of factors. Not all products identified as a "brand-name" by the manufacturer, pharmacy, or your Physician will be classified as brand-name by us. A brand-name drug is listed in this Formulary in all CAPITAL letters.

Coinsurance means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

Copayment means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

Deductible means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either 1 deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

Drug Tier means a group of Prescription Drug Products that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a Prescription Drug Product is placed determines your portion of the cost for the drug.

Enrollee is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.

Exception request means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.

Exigent circumstances means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

Formulary means a list that categorizes into tiers medications or products that have been approved by the U.S. Food and Drug Administration (FDA). This list is subject to our periodic review and modification (generally quarterly, but no more than 6 times per calendar year).

Generic drug means a Prescription Drug Product: (1) that is chemically equivalent to a brand-name drug; or (2) that we identify as a generic product based on available data resources. This includes data sources such as Medi-Span, that classify drugs as either brand or generic based on a number of factors. Not all products identified as a "generic" by the manufacturer, pharmacy or your Physician will be classified as a generic by us. A generic drug is listed in this Formulary in bold and italicized lowercase letters.

Non-formulary drug means a Prescription Drug Product that is not listed on this Formulary.

Out-of-pocket costs means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

Prescribing provider means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

Prescription means an oral, written, or electronic order from a prescribing provider authorizing a Prescription Drug Product to be provided to a specific individual.

Prescription Drug Product means a medication or product that has been approved by the U.S. Food and Drug Administration (FDA) and that can, under federal or state law, be dispensed only according to a Prescription Order or Refill. A Prescription Drug Product includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver.

We will provide coverage for a Prescription Drug Product which includes a medication that, due to its characteristics, is



appropriate for self-administration or administration by a non-skilled caregiver. This definition includes: Inhalers (with spacers); Insulin; the following diabetic supplies: standard insulin syringes with needles; blood-testing strips - glucose; urine-testing strips - glucose; ketone-testing strips and tablets; lancets and lancet devices; and disposable devices which are medically necessary for the administration of a covered outpatient Prescription Drug Product. Benefits also include FDA-approved contraceptive drugs, devices and products available over-the-counter when prescribed by a Network provider.

Prior Authorization means a process by your health insurer to determine that a health care benefit is medically necessary for you. If a Prescription Drug Product is subject to prior authorization in this Formulary, your prescribing provider must request approval from your health insurer to cover the drug. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

Step therapy means a specific sequence in which Prescription Drug Products for a particular medical condition must be tried. If a drug is subject to step therapy in this Formulary, you may have to try 1 or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

Subscriber means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

How do I use my Formulary?

When choosing a medication, you and your doctor should consult the Formulary. It will help you and your doctor choose the most cost-effective prescription drugs. This guide tells you if special programs apply. Bring this list with you when you see your doctor. It is organized by therapeutic category and class. The therapeutic category and class are based on the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification.

You may also find a drug by its brand or generic name in the alphabetical index. If a generic equivalent for a brand-name drug is not available on the market or is not covered, the drug will not be separately listed by its generic name.

This is the way Prescription Drug Products appear in the Formulary:

1. A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs;
2. The generic name for a brand-name drug is included after the brand-name in parentheses and all lowercase bold and italicized letters;
3. If a generic equivalent for a brand-name drug is both available and covered, the generic drug will be listed separately from the brand-name drug in all bold and lowercase italicized letters; and
4. If a generic drug is marketed under a proprietary, trademark-protected brand-name, the brand-name will be listed after the generic name in parentheses and regular typeface with the first letter of each word capitalized.

Example:

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (<i>irbesartan</i>)	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	

If your medication is not listed in this document, please visit myuhc.com or call the toll-free member phone number on your health plan ID card.

Below is a list of drug tier numbers, abbreviations and designations used in the Formulary as well as an explanation for each.

Drug Tier 1	Your lowest cost medications	SL	Supply Limit
Drug Tier 2	Your mid-range cost medications	ST	Step Therapy
Drug Tier 3	Your mid-range cost medications	H	Part of health care reform preventive when age and/or condition appropriate
Drug Tier 4	Your highest cost medications	CM	Orally administered anti-cancer medication
AE	Age Edit. Prior authorization may be required.	E	Excluded from coverage unless covered as part of health care reform preventive
PA	Prior authorization required		



What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, which is determined by your employer or health plan. This is how much you will pay when you fill a prescription. Tier 1 medications are your lowest-cost options. If your medication is placed in Tier 2, 3 or 4, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

For orally administered anti-cancer medications on any Tier, the total amount of copayments and/or coinsurance shall not exceed \$250 for an individual prescription of up to a 30-day supply. For high deductible health plans, the \$250 maximum only applies once the deductible has been met.

Check your benefit plan documents to find out your specific pharmacy plan costs, including any maximum dollar amount of cost sharing that may apply to a drug. Preferred medications are found in Tier 1, Tier 2 or Tier 3 and may vary depending on the medication and the condition it treats.

\$	Drug Tier	Includes	Helpful Tips
\$	Tier 1 Your lowest cost	Medications that provide the highest overall value. Mostly generic drugs. Some preferred brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
\$\$	Tier 2 Your mid-range cost	Medications that provide good overall value of preferred brand-name drugs.	Use Tier 2 or Tier 3 drugs instead of Tier 4 to help reduce your out-of-pocket costs.
\$\$\$	Tier 3 Your mid-range cost	Medications that provide good overall value. A mix of nonpreferred generic drugs and nonpreferred brand-name drugs.	Use Tier 2 or Tier 3 drugs instead of Tier 4 to help reduce your out-of-pocket costs.
\$\$\$\$	Tier 4 Your highest cost	Medications that provide the lowest overall value. May include biologics, drugs that must be distributed through a specialty pharmacy, drugs that require special training or clinical monitoring for self-administration, or drugs that cost the health insurer more than \$600 (net of rebates) for a 1-month supply.	Many Tier 4 drugs have lower-cost options in Tier 1, 2 or 3. Ask your doctor if they could work for you.

Please note: If you have a high deductible plan, the tier cost levels may apply once you reach your deductible. Refer to your enrollment and plan materials on myuhc.com, or call the toll-free number on your health plan ID card for more information.

When does the Formulary change?

This Formulary is required to be updated on a monthly basis.

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic becomes available.
- Medications may move to a higher tier or become non-formulary most often on Jan. 1, May 1, or Sept. 1.
- Medications may become subject to new or revised utilization management procedures, such as prior authorization, step therapy or supply limits, at any time but most often upon FDA approval of the medication or its generic, Jan. 1, May 1, or Sept. 1.

When a medication changes tiers, you may have to pay a different amount for that medication.

The presence of a Prescription Drug Product on the Formulary does not guarantee that you will be prescribed that Prescription Drug Product by your provider for a particular medical condition.

Utilization Management Programs

Prior authorization required—Your doctor is required to provide additional information to us to determine coverage. For specific prior authorization requirements, please refer to your Evidence of Coverage.

Supply limit—Amount of medication covered per copayment or in a specific time period.

Step therapy—Requires you to try 1 or more other medications before the medication you are requesting may be covered. For specific step therapy requirements, please refer to your Evidence of Coverage.

Health Care Reform Preventive when age and/or condition appropriate—This medication is part of a health care reform preventive benefit and may be available at no cost to you when used for appropriate preventive purposes. For more information, please refer to the California SignatureValue Formulary PPACA \$0 Cost-Share Preventive Care Medications list.

To learn more about a pharmacy program or to find out if it applies to you, please visit myuhc.com or call the toll-free member phone number on your health plan ID card. If you are a pre-enrollee and you would like to learn more about your specific pharmacy benefit, please contact your employer.

Drugs administered by a health care professional are generally covered under the medical benefit while drugs that are self-administered are covered under the pharmacy benefit. In order to obtain medical benefits for drugs that are administered by a health care professional, your provider may also be required to obtain a prior authorization. The provider may contact UnitedHealthcare for more information or uhcprovider.com.

Your Right to Request Access to a Non-formulary Drug

This plan must cover all Medically Necessary Prescription Drug Products.

When a Prescription Drug Product is not on our Formulary, you or your representative may request an exception to gain access to that Prescription Drug Product. To make a request, contact us in writing or call the toll-free number on your ID card. We will notify you of our determination within 72 hours. If approved, we will cover the Prescription Drug Product for the duration of the prescription, including refills.

Urgent Requests

If your request requires immediate action and a delay could significantly increase the risk to your health, or the ability to regain maximum function, call us as soon as possible. We will provide a written or electronic determination within 24 hours. If approved, we will cover the Prescription Drug Product for the duration of the exigency.

External Review

If you are not satisfied with our determination of your exception request, you may be entitled to request an external review. You or your representative may request an external review by sending a written request to us to the address set out in the determination letter or by calling the toll-free number on your ID card. The Independent Review Organization (IRO) will notify you of its determination within 72 hours.

Expedited External Review

If you are not satisfied with our determination of your exception request and it involves an urgent situation, you or your representative may request an expedited external review by calling the toll-free number on your ID card or by sending a written request to the address set out in the determination letter. The IRO will notify you of our determination within 24 hours.

If we deny your exception request, you may appeal. Please refer to your Evidence of Coverage for details. The complaint and appeals process, including independent review, is described under Section 6: Questions, Complaints and Appeals. You may also call the telephone number listed on your identification (ID) card.



Requesting a Prior Authorization or Step Therapy Exception

Before certain Prescription Drug Products are dispensed to you, your prescribing provider or your pharmacist is required to obtain prior authorization or step therapy exception from us. Your prescribing provider can submit a request by phone to OptumRx or electronically by contacting us at uhcprovider.com. The Prior Authorization staff of qualified pharmacists and technicians is available Monday – Friday from 5 a.m. – 10 p.m. PST and Saturday from 6 a.m. – 3 p.m. PST to assist licensed physicians. Most authorizations are completed within 24 hours. The most common reason for delay in the authorization process is insufficient information. Your licensed physician may need to provide information on diagnosis and medication history and/or evidence in the form of documents, records or lab tests which establish that the use of the requested Prescription Drug Product meets plan criteria. You may determine whether a particular Prescription Drug Product is subject to prior authorization or step therapy requirements by going online at myuhc.com or by calling at the toll-free phone number on the back of your health plan ID card.

An exception to a step therapy requirement will be granted if your prescribing provider submits necessary justification and supporting clinical documentation supporting their determination that the required Prescription Drug Product is inconsistent with good professional practice for provision of medically necessary covered services, taking into consideration your needs and medical history, along with the professional judgment of your prescribing provider.

If you are currently taking a Prescription Drug Product which was approved by UnitedHealthcare for a specific medical condition and that drug is removed from the Formulary and the prescribing provider continues to prescribe the Prescription Drug Product for your medical condition, we will continue to cover the Prescription Drug Product provided that the drug is appropriately prescribed and is considered safe and effective for treating your medical condition.

In the case of a standard prior authorization or step therapy exception request, we will notify you, your designee, or your prescribing provider of the Benefit determination no later than 72 hours following receipt of the request. In the case of an expedited prior authorization or step therapy exception request based on exigent circumstances, we will notify you, your designee, or your prescribing provider of the Benefit determination no later than 24 hours following receipt of the request. If we fail to respond to you, your designee, or your prescribing provider within the prescribed time limits, the request is deemed approved and we may not deny the request thereafter.

If you disagree with a determination, you can request an appeal. The complaint and appeals process, including independent medical review, is described in the Evidence of Coverage. You may also call at the telephone number on your ID card.

How do I locate and fill a prescription through a retail network pharmacy?

UnitedHealthcare has a well-established network of pharmacies including most major pharmacy and supermarket chains as well as many independent pharmacies. For a listing of network pharmacies, call the toll-free phone number on your health plan ID card to help locate a network pharmacy near you or visit our website at myuhc.com for an up-to-date list.

How do I locate and fill a prescription through the mail order pharmacy?

UnitedHealthcare offers a Mail Order Pharmacy Program through OptumRx®. Here's how to fill prescriptions through the Mail Order Pharmacy Program.

1. Call your prescribing provider to obtain a new prescription for each medication. When you call, ask the Physician to write the prescription for a 90-day supply which represents 3 prescription units with up to 3 additional refills. The doctor will tell you when to pick up the written prescription. (Note: OptumRx must have a new prescription to process any new Mail Order request.)



2. After picking up the prescription, complete the Mail Order Form included in your enrollment materials. (To obtain additional forms or for assistance in completing the form, contact UnitedHealthcare's Customer Service Department by calling the telephone number on the back of your ID card. You can also find the form at [optumrx.com](https://www.optumrx.com).)
3. Enclose the prescription and appropriate copayment via check, money order, or credit card. Your Pharmacy Schedule of Benefits will have the applicable copayment for the Mail Order Pharmacy Program. Make the check or money order payable to **OptumRx**. No cash please.

Important Tip: If you are starting a new Prescription Drug Product, please request 2 prescriptions from your physician. Have 1 filled immediately at a network pharmacy while mailing the second prescription to UnitedHealthcare's Mail Order Pharmacy. Once you receive your medication through the Mail Order Pharmacy Program, you should stop filling the prescription at the network pharmacy.

How do I locate and fill a prescription at a specialty pharmacy?

Call the phone number on the back of your health plan ID card or visit [specialty.optumrx.com](https://www.specialty.optumrx.com) to locate a designated specialty pharmacy for your medication.

How do I get updated information about my pharmacy benefit?

Since the Formulary may change during your plan year, we encourage you to visit [myuhc.com](https://www.myuhc.com) or call the toll-free member phone number on your health plan ID card for more current information.

Log in to [myuhc.com](https://www.myuhc.com) for the following pharmacy information and tools:

- Pharmacy benefit and coverage information
- Possible lower-cost medication options
- Medication interactions and side effects
- Participating retail pharmacies by ZIP code
- Your prescription history

And, if mail order services are included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set up reminders for refills
- Manage your account

Learn more

Call the toll-free member phone number on your health plan ID card, or visit [myuhc.com](https://www.myuhc.com).



Nondiscrimination notice and access to communication services

UnitedHealthcare Services, Inc. on behalf of itself and its affiliates does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

If you think you were treated unfairly for any of these reasons, you can send a complaint to:

Online: UHC_Civil_Rights@uhc.com
Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your ID card.

If you think you were treated unfairly because of your race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can also send a complaint to the California Department of Managed Health Care:

DMHC
California Help Center
980 9th Street, Suite 500
Sacramento, CA 95814-2725
1-888-HMO-2219 (1-888-466-2219)
1-800-735-2929 or 1-888-877-5378 (TTY)
Internet Website: www.hmohelp.ca.gov

If you think you were treated unfairly because of your sex, age, race, color, national origin, or disability, you can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
Phone: Toll-free **1-800-368-1019, 1-800-537-7697 (TDD)**
Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201



English

IMPORTANT LANGUAGE INFORMATION:

You may be entitled to the rights and services below. You can get an interpreter or translation services at no charge. Written information may also be available in some languages at no charge. To get help in your language, please call your health plan at: UnitedHealthcare of California 1-800-624-8822 / TTY: 711. If you need more help, call HMO Help Line at 1-888-466-2219.

Spanish

INFORMACIÓN IMPORTANTE SOBRE IDIOMAS:

Es probable que usted disponga de los derechos y servicios a continuación. Puede pedir un intérprete o servicios de traducción sin cargo. Es posible que tenga disponible documentación impresa en algunos idiomas sin cargo. Para recibir ayuda en su idioma, llame a su plan de salud de UnitedHealthcare of California al 1-800-624-8822 / TTY: 711. Si necesita más ayuda, llame a la línea de ayuda de la HMO al 1-888-466-2219.

Chinese

重要語言資訊：

您可能有資格享有下列權利並取得下列服務。您可以免費獲取口譯員或翻譯服務。部分語言亦備有免費書面資訊。如需取得您語言的協助，請撥打下列電話與您的健保計畫聯絡：UnitedHealthcare of California 1-800-624-8822 / 聽力語言殘障服務專線 (TTY)：711。若您需要更多協助，請撥打 HMO 協助專線 1-888-466-2219。

Arabic

معلومات مهمة عن اللغة:

ربما تكون مؤهلاً للحصول على الحقوق والخدمات أدناه. فيمكنك الحصول على مترجم فوري أو خدمات الترجمة بدون رسوم. وربما تتوفر أيضًا المعلومات المكتوبة بعدة لغات بدون رسوم. وللحصول على مساعدة بلغتك، يُرجى الاتصال بخطتك الصحية على: UnitedHealthcare of California على الرقم 1-800-624-8822 / TTY: 711. وإذا احتجت لمزيد من المساعدة، يمكنك الاتصال بخط المساعدة التابع لـ HMO على الرقم 1-888-466-2219.

Armenian

ԿԱՐԵՎՈՐ ԼԵԶՎԱԿԱՆ ՏԵՂԵԿՈՒԹՅՈՒՆ՝

Հավանական է, որ Ձեզ հասանելի լինեն հետևյալ իրավունքներն ու ծառայությունները: Կարող եք ստանալ բանավոր թարգմանչի կամ թարգմանության անվճար ծառայություններ: Հնարավոր է, որ մի շարք լեզուներով նաև առկա լինի անվճար գրավոր տեղեկություն: Ձեր լեզվով օգնություն ստանալու համար խնդրում ենք զանգահարել Ձեր առողջապահական ծրագիր՝ UnitedHealthcare of California 1-800-624-8822 / TTY՝ 711 համարով: Հավելյալ օգնության կարիքի դեպքում, զանգահարեք HMO-ի Օգնության հեռախոսագիծ 1-888-466-2219 համարով:

Cambodian

ព័ត៌មានសំខាន់អំពីភាសា៖

អ្នកអាចនឹងមានសិទ្ធិ ចំពោះសិទ្ធិ និងស្នេហានៅខាងក្រោម។ អ្នកអាចទទួលបានអ្នកបកប្រែ ឬស្នេហាក្លែងបកប្រែ ដោយឥតគិតថ្លៃ។ ព័ត៌មានដែលបានសរសេរ ក៏អាចនឹងមានជាភាសាមួយចំនួន ដោយឥតគិតថ្លៃដែរ។ ដើម្បីទទួលបានជំនួយជាភាសា របស់អ្នក សូមទូរស័ព្ទទៅគំរោងសុខភាពរបស់អ្នក តាមលេខ៖ UnitedHealthcare of California 1-800-624-8822 / TTY: 711។ បើសិនអ្នកត្រូវការជំនួយថែមទៀត ហៅខ្សែទូរស័ព្ទជំនួយ HMO តាមលេខ 1-888-466-2219។



Farsi

اطلاعات مهم در مورد زبان:

شما ممکن است برای حقوق و خدمات زیر واجد شرایط باشید. می توانید خدمات مترجم شفاهی یا ترجمه را بدون پرداخت هزینه دریافت کنید. اطلاعات کتبی ممکن است بدون پرداخت هزینه به برخی زبان ها موجود باشد. برای دریافت کمک و راهنمایی به زبان خودتان، لطفاً با برنامه درمانی: UnitedHealthcare of California به شماره 1-800-624-8822/TTY: 711 تماس بگیرید. اگر به کمک و راهنمایی بیشتری نیاز دارید، با خط دریافت کمک و راهنمایی HMO به شماره 1-888-466-2219 تماس بگیرید.

Hindi

भाषा-संबंधी महत्वपूर्ण जानकारी:

आप निम्नलिखित अधिकारों और सेवाओं के हकदार हो सकते हैं। आपको मुफ्त में दुभाषिया या अनुवाद सेवाएँ उपलब्ध कराई जा सकती हैं। कुछ भाषाओं में लिखित जानकारी भी आपको मुफ्त में उपलब्ध कराई जा सकती है। अपनी भाषा में सहायता प्राप्त करने के लिए, कृपया अपने स्वास्थ्य प्लान को यहाँ कॉल करें: UnitedHealthcare of California 1-800-624-8822 / TTY: 711। पर। अतिरिक्त सहायता की आवश्यकता पड़ने पर, HMO Help Line को 1-888-466-2219 पर कॉल करें।

Hmong

COV NTAUB NTAUV LUS TSEEM CEEB:

Tej zaum koj yuav muaj cai rau cov cai pab cuam hauv qab no. Koj tuaj yeem tau txais ib tug kws txhais lus los sis txhais ntawv pub dawb. Cov ntaub ntawv sau no muaj sau ua qee yam ntaub ntawv pub dawb rau sawd daws. Yuav tau txais kev cov ntaub ntawv sau ua koj lus, thov hu rau qhov chaw npaj kho mob rau ntawm: UnitedHealthcare of California 1-800-624-8822 / TTY: 711. Yog koj xav tau kev pab ntxiv, hu rau HMO Help Line ntawm tus xov tooj 1-888-466-2219.

Japanese

言語支援サービスについての重要なお知らせ :

お客様には、以下権利があり、必要なサービスをご利用いただける可能性があります。お客様は、通訳または翻訳のサービスを無料でご利用いただけます。言語によっては、文書化された情報を無料でご利用できる場合もあります。ご希望の言語による援助をご希望の方は、お客様の医療保険プランにご連絡ください。UnitedHealthcare of California 1-800-624-8822 / TTY: 711。この他のサポートが必要な場合には、HMO Help Line に 1-888-466-2219 にてお問い合わせください。

Korean

중요 언어 정보:

귀하는 아래와 같은 권리 및 서비스를 누리실 수 있습니다. 귀하는 통역 혹은 번역 서비스를 비용 부담없이 이용하실 수 있습니다. 일부 언어의 경우 서면 번역 서비스 또한 비용 부담없이 제공될 수도 있습니다. 귀하의 언어 지원 서비스가 필요하시면 귀하의 건강보험에 다음 전화번호로 문의하십시오. UnitedHealthcare of California 1-800-624-8822 / TTY: 711. 더 많은 도움이 필요하신 분은 HMO 헬프 라인(안내번호: 1-888-466-2219)으로 문의하십시오.

Punjabi

ਮਹੱਤਵਪੂਰਨ ਭਾਸ਼ਾ ਦੀ ਜਾਣਕਾਰੀ:

ਤੁਸੀਂ ਹੇਠਾਂ ਦਿੱਤੇ ਅਧਿਕਾਰ ਅਤੇ ਸੇਵਾਵਾਂ ਦੇ ਹੱਕਦਾਰ ਹੋ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ 'ਤੇ ਦੁਭਾਸ਼ੀਆ ਜਾਂ ਅਨੁਵਾਦ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਲਿਖਤੀ ਜਾਣਕਾਰੀ ਕੁਝ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਬਿਨਾਂ ਕਿਸੇ ਖਰਚੇ ਦੇ ਮਿਲ ਸਕਦੀ ਹੈ। ਆਪਣੀ

ਭਾਸ਼ਾ ਵਿਚ ਸਹਾਇਤਾ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੀ ਸਿਹਤ ਯੋਜਨਾ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ:
UnitedHealthcare of California 1-800-624-8822 / TTY: 711 | ਜੇ ਤੁਹਾਨੂੰ ਹੋਰ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ HMO
ਹੈਲਪ ਲਾਈਨ 'ਤੇ ਕਾਲ ਕਰੋ 1-888-466-2219।

Russian

ВАЖНАЯ ЯЗЫКОВАЯ ИНФОРМАЦИЯ:

Вам могут полагаться следующие права и услуги. Вы можете получить бесплатную помощь устного переводчика или письменный перевод. Письменная информация может быть также доступна на ряде языков бесплатно. Чтобы получить помощь на вашем языке, пожалуйста, позвоните по номеру вашего плана: UnitedHealthcare of California 1-800-624-8822 / линия TTY: 711. Если вам все еще требуется помощь, позвоните в службу поддержки HMO по телефону 1-888-466-2219.

Tagalog

MAHALAGANG IMPORMASYON SA WIKA:

Maaaring kwalipikado ka sa mga karapatan at serbisyo sa ibaba. Maaari kang kumuha ng interpreter o mga serbisyo sa pagsasalín nang walang bayad. Maaaring may available ding libreng nakasulat na impormasyon sa ilang wika. Upang makatanggap ng tulong sa iyong wika, mangyaring tumawag sa iyong planong pangkalusugan sa: UnitedHealthcare of California 1-800-624-8822 / TTY: 711. Kung kailangan mo ng higit pang tulong, tumawag sa HMO Help Line sa 1-888-466-2219.

Thai

ข้อมูลสำคัญเกี่ยวกับภาษา :

คุณอาจมีสิทธิ์ได้รับสิทธิและบริการต่าง ๆ ด้านล่างนี้ คุณสามารถขอล่ามแปลภาษาหรือบริการแปลภาษาได้ โดยไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด นอกจากนี้ ยังมีอาจมีข้อมูลเป็นลายลักษณ์อักษรบางภาษาให้ด้วย โดยไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด หากต้องการขอความช่วยเหลือเป็นภาษาของคุณ โปรดโทรศัพท์ถึงแผนสุขภาพของคุณที่ : UnitedHealthcare of California 1-800-624-8822 / สำหรับผู้มีความบกพร่องทางการฟัง : 711 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรศัพท์ถึงศูนย์ให้ความช่วยเหลือเกี่ยวกับ HMO ที่หมายเลขโทรศัพท์ 1-888-466-2219

Vietnamese

THÔNG TIN QUAN TRỌNG VỀ NGÔN NGỮ:

Quý vị có thể được hưởng các quyền và dịch vụ dưới đây. Quý vị có thể yêu cầu được cung cấp một thông dịch viên hoặc các dịch vụ dịch thuật miễn phí. Thông tin bằng văn bản cũng có thể sẵn có ở một số ngôn ngữ miễn phí. Để nhận trợ giúp bằng ngôn ngữ của quý vị, vui lòng gọi cho chương trình bảo hiểm y tế của quý vị tại: UnitedHealthcare of California 1-800-624-8822 / TTY: 711. Nếu quý vị cần trợ giúp thêm, xin gọi Đường dây hỗ trợ HMO theo số 1-888-466-2219.

2023 SignatureValue Formulary

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTI-HISTAMINE DRUGS - Drugs for Allergy		
ANTI-HISTAMINE DRUGS - Drugs for Allergy		
promethazine hcl oral tablet 25 mg	1	
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
allergy childrens oral liquid 12.5 mg/5ml	3	
allergy relief oral capsule 25 mg	3	
banophen oral capsule 25 mg	3	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (diphenhydramine hcl)	3	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral syrup 0.67 mg/5ml	3	
clemastine fumarate oral tablet 2.68 mg	1	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	3	
diphenhydramine hcl oral capsule 25 mg, 50 mg	3	
diphenhydramine hcl oral elixir 12.5 mg/5ml	3	
diphenhydramine hcl oral liquid 12.5 mg/5ml	3	
geri-dryl oral liquid 12.5 mg/5ml	3	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (carbinoxamine maleate)	3	
liquid allergy relief oral liquid 12.5 mg/5ml	3	
m-dryl oral liquid 12.5 mg/5ml	3	
sleep-aid oral capsule 25 mg, 50 mg	3	
sm allergy relief childrens oral liquid 12.5 mg/5ml	3	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
allergy childrens oral liquid 12.5 mg/5ml	3	
allergy relief oral capsule 25 mg	3	
ANTIVERT ORAL TABLET 50 MG (meclizine hcl)	3	
ANTIVERT ORAL TABLET CHEWABLE 25 MG (meclizine hcl)	3	
banophen oral capsule 25 mg	3	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; AE: Age edit - prior authorization may be required; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; E = Excluded from coverage unless covered as part of health care reform preventive; CM: Orally administered anticancer medication.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (diphenhydramine hcl)	3	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral syrup 0.67 mg/5ml	3	
clemastine fumarate oral tablet 2.68 mg	1	
cvs motion sickness oral tablet 50 mg	3	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	3	
diphenhydramine hcl oral capsule 25 mg, 50 mg	3	
diphenhydramine hcl oral elixir 12.5 mg/5ml	3	
diphenhydramine hcl oral liquid 12.5 mg/5ml	3	
geri-dryl oral liquid 12.5 mg/5ml	3	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (carbinoxamine maleate)	3	
liquid allergy relief oral liquid 12.5 mg/5ml	3	
m-dryl oral liquid 12.5 mg/5ml	3	
meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg	3	
motion sickness relief oral tablet 50 mg	3	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
sleep-aid oral capsule 25 mg, 50 mg	3	
sm allergy relief childrens oral liquid 12.5 mg/5ml	3	
VISTARIL ORAL CAPSULE 25 MG, 50 MG (hydroxyzine pamoate)	3	
OTHER ANTIHISTAMINES - Drugs for Allergy		
ALAWAY OPHTHALMIC SOLUTION 0.025 % (ketotifen fumarate)	3	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; AE: Age edit - prior authorization may be required; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; E = Excluded from coverage unless covered as part of health care reform preventive; CM: Orally administered anticancer medication.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cimetidine oral tablet 200 mg	3	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
eye itch relief ophthalmic solution 0.025 %	3	
famotidine oral suspension reconstituted 40 mg/5ml	3	
famotidine oral tablet 20 mg, 40 mg	3	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
ketotifen fumarate ophthalmic solution 0.025 %	3	
nizatidine oral capsule 150 mg, 300 mg	1	
olopatadine hcl nasal solution 0.6 %	3	SL (1.02 gm (0.04 bottles) per day)
olopatadine hcl ophthalmic solution 0.1 %	3	
olopatadine hcl ophthalmic solution 0.2 %	3	
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (olopatadine hcl)	3	
PEPCID ORAL TABLET 20 MG, 40 MG (famotidine)	3	
VISTARIL ORAL CAPSULE 25 MG, 50 MG (hydroxyzine pamoate)	3	
ZADITOR OPHTHALMIC SOLUTION 0.025 % (ketotifen fumarate)	3	
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethazine vc oral syrup 6.25-5 mg/5ml	1	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	1	PA; SL (120 mL per prescription)
promethazine-codeine oral solution 6.25-10 mg/5ml	1	PA; SL (120 mL per prescription)
promethazine-codeine oral syrup 6.25-10 mg/5ml	1	PA; SL (120 mL per prescription)
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	3	PA; SL (120 mL per prescription)
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (chlorpheniramine-codeine)	3	SL (30 tablets per month); AE
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (Iodoxamide tromethamine)	3	
cetirizine hcl oral solution 1 mg/ml	3	
CLARINEX ORAL TABLET 5 MG (desloratadine)	3	SL (1 tablet per day)
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (desloratadine-pseudoephedrine)	3	SL (2 tablets per day)
desloratadine oral tablet 5 mg	3	SL (1 tablet per day)
desloratadine oral tablet dispersible 5 mg	3	SL (1 tablet per day)
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	3	
levocetirizine dihydrochloride oral tablet 5 mg	1	
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefadroxil oral capsule 500 mg	1	SL (45 tablets per prescription)
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	
cefadroxil oral tablet 1 gm	1	SL (45 tablets per prescription)
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefaclor er oral tablet extended release 12 hour 500 mg	3	
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefixime oral capsule 400 mg	3	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	3	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	3	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	
SUPRAX ORAL CAPSULE 400 MG (cefixime)	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 500 MG/5ML (cefixime)	3	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (cefixime)	3	
ADAMANTANE ANTIVIRALS - Drugs for Viral Infections		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet 100 mg	3	
rimantadine hcl oral tablet 100 mg	1	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
terbinafine hcl oral tablet 250 mg	1	SL (90 tablets per 365 days)
AMEBICIDES - Drugs for the Mouth and Throat		
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	3	
HUMATIN ORAL CAPSULE 250 MG (paromomycin sulfate)	2	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 %	1	
VANDAZOLE VAGINAL GEL 0.75 % (metronidazole)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (amikacin sulfate liposome)	3	PA; SL (8.4 mL per day)
HUMATIN ORAL CAPSULE 250 MG (paromomycin sulfate)	2	
neomycin sulfate oral tablet 500 mg	1	
TOBI PODHALER INHALATION CAPSULE 28 MG (tobramycin)	3	PA; SL (224 capsules per 8 weeks)
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA; SL (224 mL per 8 weeks)
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)	3	SL (30 tablets per prescription)
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	3	SL (112 doses (14 daily administration packs) per 365 days)
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicill-clarithro-omeprazole)	2	SL (80 capsules (1 pack) per year)
ANTHELMINTICS - Drugs for Parasites		
albendazole oral tablet 200 mg	3	PA; SL (124 tablets per month)
BILTRICIDE ORAL TABLET 600 MG (praziquantel)	3	
EGATEN ORAL TABLET 250 MG (triclabendazole)	3	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; AE: Age edit - prior authorization may be required; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; E = Excluded from coverage unless covered as part of health care reform preventive; CM: Orally administered anticancer medication.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EMVERM ORAL TABLET CHEWABLE 100 MG (mebendazole)	3	PA; SL (6 tablets per 3 days)
ivermectin oral tablet 3 mg	3	PA; SL (20 tablets per 90 days)
praziquantel oral tablet 600 mg	1	
STROMECTOL ORAL TABLET 3 MG (ivermectin)	3	PA; SL (20 tablets per 90 days)
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
BREXAFEMME ORAL TABLET 150 MG (ibrexafungerp citrate)	3	PA; SL (4 tablets per prescription)
griseofulvin microsize oral suspension 125 mg/5ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	SL (120 capsules per 365 days)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	SL (120 capsules per 365 days)
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	3	SL (120 capsules per 365 days)
ANTIMALARIALS - Drugs for the Mouth and Throat		
ARAKODA ORAL TABLET 100 MG (tafenoquine succinate)	3	SL (16 tablets per month)
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	3	
avidoxy oral tablet 100 mg	3	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
COARTEM ORAL TABLET 20-120 MG (artemether-lumefantrine)	3	
DARAPRIM ORAL TABLET 25 MG (pyrimethamine)	3	PA
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (doxycycline hyclate)	3	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	3	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; AE: Age edit - prior authorization may be required; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; E = Excluded from coverage unless covered as part of health care reform preventive; CM: Orally administered anticancer medication.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	3	
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
KRINTAFEL ORAL TABLET 150 MG (tafenoquine succinate)	1	SL (2 tablets per prescription)
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (atovaquone-proguanil hcl)	3	
mefloquine hcl oral tablet 250 mg	1	
minocycline hcl oral capsule 100 mg, 50 mg	1	
minocycline hcl oral capsule 75 mg	3	
mondoxyme nl oral capsule 100 mg	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral tablet 25 mg	3	PA
QUALAQUIN ORAL CAPSULE 324 MG (quinine sulfate)	3	
quinidine gluconate er oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
quinine sulfate oral capsule 324 mg	3	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
VIBRAMYCIN ORAL CAPSULE 100 MG (doxycycline hyclate)	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (doxycycline monohydrate)	3	
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	1	
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (nitazoxanide)	2	SL (60 mL per prescription)
ALINIA ORAL TABLET 500 MG (nitazoxanide)	3	SL (6 tablets per prescription)
atovaquone oral suspension 750 mg/5ml	3	
BACTRIM DS ORAL TABLET 800-160 MG (sulfamethoxazole-trimethoprim)	3	
BACTRIM ORAL TABLET 400-80 MG (sulfamethoxazole-trimethoprim)	3	
BENZNIDAZOLE ORAL TABLET 100 MG	2	PA; SL (4 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	PA; SL (720 tablets per 720 days)
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	SL (120 capsules per 365 days)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	SL (120 capsules per 365 days)
dapsone oral tablet 100 mg, 25 mg	1	
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	3	
IMPAVIDO ORAL CAPSULE 50 MG (miltefosine)	2	PA
LAMPIT ORAL TABLET 120 MG (nifurtimox)	3	PA; SL (7.5 tablets per day)
LAMPIT ORAL TABLET 30 MG (nifurtimox)	3	PA; SL (9 tablets per day)
MEPRON ORAL SUSPENSION 750 MG/5ML (atovaquone)	3	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (pentamidine isethionate)	3	SL (1 container/inhaler per prescription)
nitazoxanide oral tablet 500 mg	1	SL (6 tablets per prescription)
pentamidine isethionate inhalation solution reconstituted 300 mg	1	SL (1 container/inhaler per prescription)
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	3	SL (120 capsules per 365 days)
SOLOSEC ORAL PACKET 2 GM (secnidazole)	3	ST; SL (1 packet per month)
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
tinidazole oral tablet 250 mg, 500 mg	3	
ANTIRETROVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (lenacapavir sodium)	2	
ANTITUBERCULOSIS AGENTS - Antibiotics		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (ciprofloxacin)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (ciprofloxacin hcl)	3	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; AE: Age edit - prior authorization may be required; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; E = Excluded from coverage unless covered as part of health care reform preventive; CM: Orally administered anticancer medication.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
cycloserine oral capsule 250 mg	3	
ethambutol hcl oral tablet 100 mg, 400 mg	1	
isoniazid oral syrup 50 mg/5ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl oral tablet 400 mg	3	
MYAMBUTOL ORAL TABLET 400 MG (ethambutol hcl)	3	
MYCOBUTIN ORAL CAPSULE 150 MG (rifabutin)	3	SL (2 capsules per day)
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG (rifapentine)	3	
pyrazinamide oral tablet 500 mg	1	
rifabutin oral capsule 150 mg	1	SL (2 capsules per day)
rifampin oral capsule 150 mg, 300 mg	1	
SIRTURO ORAL TABLET 100 MG (bedaquiline fumarate)	3	
TRECTOR ORAL TABLET 250 MG (ethionamide)	3	
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (maribavir)	3	PA; SL (4 tablets per day)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (nirmatrelvir-ritonavir)	3	
PREVYMIS ORAL TABLET 240 MG, 480 MG (letermovir)	2	PA
TPOXX ORAL CAPSULE 200 MG (tecovirimat)	3	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (baloxavir marboxil)	3	SL (1 tablet per month)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (baloxavir marboxil)	3	SL (1 tablet per month)
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA ORAL CAPSULE 186 MG (isavuconazonium sulfate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
itraconazole oral capsule 100 mg	1	PA
itraconazole oral solution 10 mg/ml	3	PA
ketoconazole oral tablet 200 mg	1	
NOXAFIL ORAL SUSPENSION 40 MG/ML (posaconazole)	3	SL (20 mL per day)
posaconazole oral suspension 40 mg/ml	3	SL (20 mL per day)
posaconazole oral tablet delayed release 100 mg	3	
SPORANOX ORAL CAPSULE 100 MG (itraconazole)	3	PA
SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole)	3	PA
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (voriconazole)	3	SL (300 mL per prescription)
VFEND ORAL TABLET 200 MG, 50 MG (voriconazole)	3	SL (4 tablets per day)
voriconazole oral suspension reconstituted 40 mg/ml	3	SL (300 mL per prescription)
voriconazole oral tablet 200 mg, 50 mg	3	SL (4 tablets per day)
ERYTHROMYCIN ANTIBIOTICS - Antibiotics		
E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate)	2	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (erythromycin ethylsuccinate)	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (erythromycin ethylsuccinate)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (erythromycin ethylsuccinate)	3	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG (erythromycin base)	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (erythromycin stearate)	3	
erythromycin base oral capsule delayed release particles 250 mg	1	
erythromycin base oral tablet 250 mg, 500 mg	1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	3	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	3	
erythromycin ethylsuccinate oral tablet 400 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	3	
GLYCOPEPTIDE ANTIBIOTICS - Antibiotics		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (vancomycin hcl)	1	
VANCOGIN ORAL CAPSULE 250 MG (vancomycin hcl)	3	
vancomycin hcl oral capsule 125 mg, 250 mg	3	
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	1	
vancomycin hcl oral solution reconstituted 250 mg/5ml	3	
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (sofosbuvir-velpatasvir)	2	PA; SL (2 packets per day)
EPCLUSA ORAL PACKET 200-50 MG (sofosbuvir-velpatasvir)	2	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (sofosbuvir-velpatasvir)	2	PA; SL (1 tablet per day)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (ledipasvir-sofosbuvir)	2	PA; SL (1 tablet per day)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA; SL (1 tablet per day)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; SL (1 tablet per day)
SOVALDI ORAL TABLET 200 MG, 400 MG (sofosbuvir)	4	PA
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuvir-velpatasvir-voxilaprev)	2	PA; SL (1 tablet per day)
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL PACKET 50-20 MG (glecaprevir-pibrentasvir)	2	PA; SL (5 packets per day)
MAVYRET ORAL TABLET 100-40 MG (glecaprevir-pibrentasvir)	2	PA; SL (3 tablets per day)
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuvir-velpatasvir-voxilaprev)	2	PA; SL (1 tablet per day)
ZEPATIER ORAL TABLET 50-100 MG (elbasvir-grazoprevir)	2	PA; SL (84 tablets per 720 days (12 weeks))

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (sofosbuvir-velpatasvir)	2	PA; SL (2 packets per day)
EPCLUSA ORAL PACKET 200-50 MG (sofosbuvir-velpatasvir)	2	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (sofosbuvir-velpatasvir)	2	PA; SL (1 tablet per day)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (ledipasvir-sofosbuvir)	2	PA; SL (1 tablet per day)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA; SL (1 tablet per day)
MAVYRET ORAL PACKET 50-20 MG (glecaprevir-pibrentasvir)	2	PA; SL (5 packets per day)
MAVYRET ORAL TABLET 100-40 MG (glecaprevir-pibrentasvir)	2	PA; SL (3 tablets per day)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; SL (1 tablet per day)
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuvir-velpatasvir-voxilaprevir)	2	PA; SL (1 tablet per day)
ZEPATIER ORAL TABLET 50-100 MG (elbasvir-grazoprevir)	2	PA; SL (84 tablets per 720 days (12 weeks))
HIV CAPSID INHIBITORS - Drugs for Viral Infections		
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (lenacapavir sodium)	2	
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
maraviroc oral tablet 150 mg, 300 mg	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (fostemsavir tromethamine)	2	
SELZENTRY ORAL SOLUTION 20 MG/ML (maraviroc)	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG (maraviroc)	3	
SELZENTRY ORAL TABLET 25 MG, 75 MG (maraviroc)	2	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML (ibalizumab-uiyk)	2	
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML (cabotegravir)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BIKTARVY ORAL TABLET 30-120-15 MG (bictegravir-emtricitab-tenofov)	2	SL (1 tablet per day)
BIKTARVY ORAL TABLET 50-200-25 MG (bictegravir-emtricitab-tenofov)	2	
DOVATO ORAL TABLET 50-300 MG (dolutegravir-lamivudine)	2	
GENVOYA ORAL TABLET 150-150-200-10 MG (elviteg-cobic-emtricit-tenofaf)	2	
ISENTRESS HD ORAL TABLET 600 MG (raltegravir potassium)	2	
ISENTRESS ORAL PACKET 100 MG (raltegravir potassium)	2	
ISENTRESS ORAL TABLET 400 MG (raltegravir potassium)	2	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (raltegravir potassium)	2	
JULUCA ORAL TABLET 50-25 MG (dolutegravir-rilpivirine)	2	
STRIBILD ORAL TABLET 150-150-200-300 MG (elviteg-cobic-emtricit-tenofdf)	2	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (dolutegravir sodium)	2	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (dolutegravir sodium)	2	
TRIUMEQ ORAL TABLET 600-50-300 MG (abacavir-dolutegravir-lamivud)	2	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (abacavir-dolutegravir-lamivud)	2	SL (6 tablets per day)
VOCABRIA ORAL TABLET 30 MG	2	
HIV NONNUCLEOSIDE REV.TRANSSCRIP. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG (bictegravir-emtricitab-tenofov)	2	SL (1 tablet per day)
BIKTARVY ORAL TABLET 50-200-25 MG (bictegravir-emtricitab-tenofov)	2	
COMPLERA ORAL TABLET 200-25-300 MG (emtricitab-rilpivir-tenofovir)	2	
DELSTRIGO ORAL TABLET 100-300-300 MG (doravirin-lamivudin-tenofov df)	2	
EDURANT ORAL TABLET 25 MG (rilpivirine hcl)	2	
efavirenz oral capsule 200 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
efavirenz oral tablet 600 mg	1	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	1	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	SL (1 tablet per day)
etravirine oral tablet 100 mg, 200 mg	1	
INTELENCE ORAL TABLET 100 MG, 200 MG (etravirine)	3	
INTELENCE ORAL TABLET 25 MG (etravirine)	2	
JULUCA ORAL TABLET 50-25 MG (dolutegravir-rilpivirine)	2	
methocarbamol oral tablet 500 mg	1	
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	1	
nevirapine oral suspension 50 mg/5ml	4	
nevirapine oral tablet 200 mg	4	
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitab-rilpivir-tenofov af)	2	
PIFELTRO ORAL TABLET 100 MG (doravirine)	2	
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz-lamivudine-tenofovir)	3	SL (1 tablet per day)
SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivudine-tenofovir)	3	SL (1 tablet per day)
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections		
abacavir sulfate oral solution 20 mg/ml	1	
abacavir sulfate oral tablet 300 mg	1	
abacavir sulfate-lamivudine oral tablet 600-300 mg	1	
BIKTARVY ORAL TABLET 30-120-15 MG (bictegravir-emtricitab-tenofov)	2	SL (1 tablet per day)
BIKTARVY ORAL TABLET 50-200-25 MG (bictegravir-emtricitab-tenofov)	2	
CIMDUO ORAL TABLET 300-300 MG (lamivudine-tenofovir)	2	
COMBIVIR ORAL TABLET 150-300 MG (lamivudine-zidovudine)	4	
COMPLERA ORAL TABLET 200-25-300 MG (emtricitab-rilpivir-tenofovir)	2	
DELSTRIGO ORAL TABLET 100-300-300 MG (doravirin-lamivudin-tenofov df)	2	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; AE: Age edit - prior authorization may be required; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; E = Excluded from coverage unless covered as part of health care reform preventive; CM: Orally administered anticancer medication.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DESCOVY ORAL TABLET 120-15 MG (emtricitabine-tenofovir af)	2	
DESCOVY ORAL TABLET 200-25 MG (emtricitabine-tenofovir af)	2	H
DOVATO ORAL TABLET 50-300 MG (dolutegravir-lamivudine)	2	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	1	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	SL (1 tablet per day)
emtricitabine oral capsule 200 mg	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	H
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	3	
EMTRIVA ORAL SOLUTION 10 MG/ML (emtricitabine)	2	
EPIVIR ORAL SOLUTION 10 MG/ML (lamivudine)	3	
EPIVIR ORAL TABLET 150 MG, 300 MG (lamivudine)	3	
EPZICOM ORAL TABLET 600-300 MG (abacavir sulfate-lamivudine)	3	
GENVOYA ORAL TABLET 150-150-200-10 MG (elviteg-cobic-emtricit-tenofaf)	2	
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 100 mg	3	
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	4	
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitab-rilpivir-tenofov af)	2	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (zidovudine)	2	
RETROVIR ORAL CAPSULE 100 MG (zidovudine)	3	
RETROVIR ORAL SYRUP 50 MG/5ML (zidovudine)	3	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	
STRIBILD ORAL TABLET 150-150-200-300 MG (elviteg-cobic-emtricit-tenofdf)	2	
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz-lamivudine-tenofovir)	3	SL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivudine-tenofovir)	3	SL (1 tablet per day)
SYMTUZA ORAL TABLET 800-150-200-10 MG (darun-cobic-emtricit-tenofaf)	2	
tenofovir disoproxil fumarate oral tablet 300 mg	1	H
TRIUMEQ ORAL TABLET 600-50-300 MG (abacavir-dolutegravir-lamivud)	2	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (abacavir-dolutegravir-lamivud)	2	SL (6 tablets per day)
TRIZIVIR ORAL TABLET 300-150-300 MG (abacavir-lamivudine-zidovudine)	3	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (emtricitabine-tenofovir df)	3	
VIREAD ORAL POWDER 40 MG/GM (tenofovir disoproxil fumarate)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (tenofovir disoproxil fumarate)	2	
ZIAGEN ORAL SOLUTION 20 MG/ML (abacavir sulfate)	3	
ZIAGEN ORAL TABLET 300 MG (abacavir sulfate)	3	
zidovudine oral capsule 100 mg	1	
zidovudine oral syrup 50 mg/5ml	1	
zidovudine oral tablet 300 mg	1	
HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (tipranavir)	2	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	1	
darunavir oral tablet 600 mg, 800 mg	1	
EVOTAZ ORAL TABLET 300-150 MG (atazanavir-cobicistat)	2	
fosamprenavir calcium oral tablet 700 mg	1	
KALETRA ORAL SOLUTION 400-100 MG/5ML (lopinavir-ritonavir)	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (lopinavir-ritonavir)	3	
LEXIVA ORAL SUSPENSION 50 MG/ML (fosamprenavir calcium)	2	
lopinavir-ritonavir oral solution 400-100 mg/5ml	1	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORVIR ORAL PACKET 100 MG (ritonavir)	2	
NORVIR ORAL TABLET 100 MG (ritonavir)	3	
PREZCOBIX ORAL TABLET 800-150 MG (darunavir-cobicistat)	2	
PREZISTA ORAL SUSPENSION 100 MG/ML (darunavir)	2	
PREZISTA ORAL TABLET 150 MG, 75 MG (darunavir)	2	
PREZISTA ORAL TABLET 600 MG, 800 MG (darunavir)	3	
REYATAZ ORAL PACKET 50 MG (atazanavir sulfate)	2	
ritonavir oral tablet 100 mg	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (darun-cobic-entricit-tenofaf)	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG (nelfinavir mesylate)	2	
LINCOMYCIN ANTIBIOTICS - Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (clindamycin hcl)	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (clindamycin palmitate hcl)	3	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	3	
MONOBACTAM ANTIBIOTICS - Antibiotics		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (aztreonam lysine)	4	PA; SL (84 vials per 8 weeks)
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	3	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	3	SL (180 mL per month)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (zanamivir)	3	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (oseltamivir phosphate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
adefovir dipivoxil oral tablet 10 mg	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (entecavir)	4	SL (630 mL per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (entecavir)	4	SL (1 tablet per day)
entecavir oral tablet 0.5 mg, 1 mg	4	SL (1 tablet per day)
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
LAGEVRIO ORAL CAPSULE 200 MG (molnupiravir)	3	
ribavirin inhalation solution reconstituted 6 gm	3	
ribavirin oral capsule 200 mg	3	
ribavirin oral tablet 200 mg	1	
SITAVIG BUCCAL TABLET 50 MG (acyclovir)	3	
valacyclovir hcl oral tablet 1 gm	1	SL (4 tablets per day)
valacyclovir hcl oral tablet 500 mg	1	SL (2 tablets per day)
valganciclovir hcl oral solution reconstituted 50 mg/ml	1	
valganciclovir hcl oral tablet 450 mg	1	
VEMLIDY ORAL TABLET 25 MG (tenofovir alafenamide fumarate)	3	ST
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM (ribavirin)	3	
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	3	SL (112 doses (14 daily administration packs) per 365 days)
azithromycin oral packet 1 gm	1	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (fidaxomicin)	3	SL (136 mL per 10 days)
DIFICID ORAL TABLET 200 MG (fidaxomicin)	3	
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicillin-clarithromycin)	2	SL (80 capsules (1 pack) per year)
ZITHROMAX ORAL PACKET 1 GM (azithromycin)	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (azithromycin)	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (azithromycin)	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (azithromycin)	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (azithromycin)	3	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
linezolid oral suspension reconstituted 100 mg/5ml	3	SL (900 mL per 11 days)
linezolid oral tablet 600 mg	1	SL (28 tablets per 11 days)
SIVEXTRO ORAL TABLET 200 MG (tedizolid phosphate)	3	SL (6 tablets per prescription)
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (linezolid)	3	SL (900 mL per 11 days)
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	
PLEUROMUTILINS - Antibiotics		
XENLETA ORAL TABLET 600 MG (lefamulin acetate)	3	
POLYENE ANTIFUNGALS - Drugs for Fungus		
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral tablet 500000 unit	1	
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (flucytosine)	3	
flucytosine oral capsule 250 mg, 500 mg	3	
QUINOLONE ANTIBIOTICS - Antibiotics		
BAXDELA ORAL TABLET 450 MG (delafloxacin meglumine)	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (ciprofloxacin)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (ciprofloxacin hcl)	3	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1	
levofloxacin oral solution 25 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl oral tablet 400 mg	3	
ofloxacin oral tablet 300 mg, 400 mg	3	SL (45 tablets per prescription)
RIFAMYCIN ANTIBIOTICS - Antibiotics		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (rifamycin sodium)	3	SL (12 tablets per prescription)
MYCOBUTIN ORAL CAPSULE 150 MG (rifabutin)	3	SL (2 capsules per day)
PRIFTIN ORAL TABLET 150 MG (rifapentine)	3	
rifabutin oral capsule 150 mg	1	SL (2 capsules per day)
rifampin oral capsule 150 mg, 300 mg	1	
XIFAXAN ORAL TABLET 200 MG, 550 MG (rifaximin)	3	PA
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	3	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	3	
BACTRIM DS ORAL TABLET 800-160 MG (sulfamethoxazole-trimethoprim)	3	
BACTRIM ORAL TABLET 400-80 MG (sulfamethoxazole-trimethoprim)	3	
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
TETRACYCLINE ANTIBIOTICS - Antibiotics		
AVIDOXY DK COMBINATION KIT 100 MG (doxycycline-sunscreen-sal acid)	3	
avidoxy oral tablet 100 mg	3	
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	SL (120 capsules per 365 days)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	SL (120 capsules per 365 days)
demeclocycline hcl oral tablet 150 mg, 300 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (doxycycline hyclate)	3	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	3	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	3	
minocycline hcl oral capsule 100 mg, 50 mg	1	
minocycline hcl oral capsule 75 mg	3	
mondoxyne nl oral capsule 100 mg	1	
NUTRIDOX ORAL KIT 75 MG (doxycycline monohyd-omega 3-e)	3	
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	3	SL (120 capsules per 365 days)
tetracycline hcl oral capsule 250 mg, 500 mg	1	
VIBRAMYCIN ORAL CAPSULE 100 MG (doxycycline hyclate)	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (doxycycline monohydrate)	3	
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
BACTRIM DS ORAL TABLET 800-160 MG (sulfamethoxazole-trimethoprim)	3	
BACTRIM ORAL TABLET 400-80 MG (sulfamethoxazole-trimethoprim)	3	
fosfomycin tromethamine oral packet 3 gm	3	
HIPREX ORAL TABLET 1 GM (methenamine hippurate)	3	
HYOPHEN ORAL TABLET 81.6 MG (meth-hyo-m bl-benz acd-ph sal)	3	
MACROBID ORAL CAPSULE 100 MG (nitrofurantoin monohyd macro)	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (nitrofurantoin macrocrystal)	3	
me/naphos/mb/hyo1 oral tablet 81.6 mg	3	
methenamine hippurate oral tablet 1 gm	3	
methenamine mandelate oral tablet 0.5 gm, 1 gm	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MONUROL ORAL PACKET 3 GM (fosfomycin tromethamine)	3	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5ml	3	
PHOSPHASAL ORAL TABLET 81.6 MG (meth-hyo-m bl-na phos-ph sal)	2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
trimethoprim oral tablet 100 mg	1	
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
uretron d/s oral tablet 81.6 mg	1	
URIMAR-T ORAL CAPSULE 120 MG (meth-hyo-m bl-na phos-ph sal)	3	
URIMAR-T ORAL TABLET 120 MG (meth-hyo-m bl-na phos-ph sal)	3	
urin ds oral tablet 81.6 mg	1	
URNEVA ORAL CAPSULE 120 MG	3	
URO-458 ORAL TABLET 81 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG (methen-hyosc-meth blue-na phos)	3	
USTELL ORAL CAPSULE 120 MG (meth-hyo-m bl-na phos-ph sal)	3	
UTIRA-C ORAL TABLET 81.6 MG (meth-hyo-m bl-na phos-ph sal)	2	
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg, 500 mg	1	PA; SL (4 tablets per day); CM
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (everolimus)	3	PA; SL (1 tablet per day); CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALECENSA ORAL CAPSULE 150 MG (alectinib hcl)	2	PA; SL (8 capsules per day); CM
ALKERAN ORAL TABLET 2 MG (melfhalan)	3	CM
ALUNBRIG ORAL TABLET 180 MG, 90 MG (brigatinib)	2	PA; SL (1 tablet per day); CM
ALUNBRIG ORAL TABLET 30 MG (brigatinib)	2	PA; SL (4 tablets per day); CM
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (brigatinib)	2	PA; SL (1 pack per 365 days); CM
anastrozole oral tablet 1 mg	1	CM
ARIMIDEX ORAL TABLET 1 MG (anastrozole)	3	CM
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (avapritinib)	3	PA; SL (1 tablet per day); CM
BALVERSA ORAL TABLET 3 MG (erdafitinib)	4	PA; SL (3 tablets per day); CM
BALVERSA ORAL TABLET 4 MG (erdafitinib)	4	PA; SL (2 tablets per day); CM
BALVERSA ORAL TABLET 5 MG (erdafitinib)	4	PA; SL (1 tablet per day); CM
bexarotene oral capsule 75 mg	1	CM
bicalutamide oral tablet 50 mg	1	CM
BOSULIF ORAL TABLET 100 MG (bosutinib)	4	PA; SL (4 tablets per day); CM
BOSULIF ORAL TABLET 400 MG (bosutinib)	2	PA; SL (1 tablet per day); CM
BOSULIF ORAL TABLET 500 MG (bosutinib)	4	PA; SL (1 tablet per day); CM
BRAFTOVI ORAL CAPSULE 75 MG (encorafenib)	3	PA; SL (6 capsules per day); CM
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	2	PA; SL (4 tablets per day); CM
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (cabozantinib s-malate)	2	PA; CM
capecitabine oral tablet 150 mg	1	SL (84 tablets per prescription); CM
capecitabine oral tablet 500 mg	1	SL (140 tablets per prescription); CM
CAPRELSA ORAL TABLET 100 MG (vandetanib)	2	PA; SL (2 tablets per day); CM
CAPRELSA ORAL TABLET 300 MG (vandetanib)	2	PA; SL (1 tablet per day); CM
CASODEX ORAL TABLET 50 MG (bicalutamide)	3	CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMETRIQ ORAL KIT 20 MG (cabozantinib s-malate)	4	PA; SL (3 capsules per day); CM
COMETRIQ ORAL KIT 3 X 20 MG & 80 MG (cabozantinib s-malate)	4	PA; SL (4 capsules per day); CM
COMETRIQ ORAL KIT 80 & 20 MG (cabozantinib s-malate)	4	PA; SL (2 capsules per day); CM
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	3	PA; SL (2 capsules per day); CM
COTELLIC ORAL TABLET 20 MG (cobimetinib fumarate)	2	PA; SL (63 tablets per prescription); CM
cyclophosphamide oral capsule 25 mg, 50 mg	3	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM
DAURISMO ORAL TABLET 100 MG (glasdegib maleate)	2	PA; SL (1 tablet per day); CM
DAURISMO ORAL TABLET 25 MG (glasdegib maleate)	2	PA; SL (2 tablets per day); CM
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (hydroxyurea)	3	
EMCYT ORAL CAPSULE 140 MG (estramustine phosphate sodium)	2	CM
ERIVEDGE ORAL CAPSULE 150 MG (vismodegib)	2	PA; SL (1 capsule per day); CM
ERLEADA ORAL TABLET 60 MG (apalutamide)	2	PA; SL (4 tablets per day); CM
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	3	PA; SL (1 tablet per day); CM
etoposide oral capsule 50 mg	1	CM
EULEXIN ORAL CAPSULE 125 MG (flutamide)	2	CM
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	PA; SL (1 tablet per day); CM
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	3	PA; SL (1 tablet per day); CM
exemestane oral tablet 25 mg	1	CM
EXKIVITY ORAL CAPSULE 40 MG (mobocertinib succinate)	3	PA; SL (4 tablets per day); CM
FOTIVDA ORAL CAPSULE 1.34 MG (tivozanib hcl)	3	PA; SL (21 capsules per 28 days); CM
gefitinib oral tablet 250 mg	3	PA; CM
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib dimaleate)	4	PA; SL (1 tablet per day); CM
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	3	CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYCAMTIN ORAL CAPSULE 0.25 MG (topotecan hcl)	4	PA; SL (182 tablets per prescription); CM
HYCAMTIN ORAL CAPSULE 1 MG (topotecan hcl)	4	PA; SL (40 tablets per prescription); CM
HYDREA ORAL CAPSULE 500 MG (hydroxyurea)	3	CM
hydroxyurea oral capsule 500 mg	1	CM
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	2	PA; SL (0.75 tablets per day); CM
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (palbociclib)	2	PA; SL (0.75 tablets per day); CM
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG (ponatinib hcl)	3	PA; SL (1 tablet per day); CM
ICLUSIG ORAL TABLET 15 MG (ponatinib hcl)	3	PA; SL (2 tablets per day); CM
IDHIFA ORAL TABLET 100 MG, 50 MG (enasidenib mesylate)	2	PA; SL (1 tablet per day); CM
imatinib mesylate oral tablet 100 mg	1	PA; SL (8 tablets per day); CM
imatinib mesylate oral tablet 400 mg	1	PA; SL (2 tablets per day); CM
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (ibrutinib)	2	PA; SL (1 capsule per day); CM
IMBRUVICA ORAL SUSPENSION 70 MG/ML (ibrutinib)	2	PA; CM
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (ibrutinib)	2	PA; SL (1 tablet per day); CM
INLYTA ORAL TABLET 1 MG, 5 MG (axitinib)	4	PA; SL (4 tablets per day); CM
INREBIC ORAL CAPSULE 100 MG (fedratinib hcl)	3	PA; SL (4 capsules per day); CM
IRESSA ORAL TABLET 250 MG (gefitinib)	3	PA; CM
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (ruxolitinib phosphate)	4	PA; SL (2 tablets per day); CM
JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG (mitomycin)	3	
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (ribociclib-letrozole)	3	PA; SL (1 pack (91 tablets) per 28 days); CM
KISQALI ORAL TABLET THERAPY PACK 200 MG (ribociclib succinate)	3	PA; SL (63 tablets per 28 days); CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KOSELUGO ORAL CAPSULE 10 MG (selumetinib sulfate)	2	PA; SL (8 capsules per day); CM
KOSELUGO ORAL CAPSULE 25 MG (selumetinib sulfate)	2	PA; SL (4 capsules per day); CM
lapatinib ditosylate oral tablet 250 mg	4	PA; SL (6 tablets per day); CM
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	4	PA; SL (1 capsule per day); CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 2 X 10 MG (lenvatinib mesylate)	3	PA; SL (2 capsules per day); CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG, 2 X 4 MG (lenvatinib mesylate)	3	PA; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG, 4 MG (lenvatinib mesylate)	3	PA; SL (1 capsule per day); CM
LENVIMA ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG, 3 X 4 MG (lenvatinib mesylate)	3	PA; SL (3 capsules per day); CM
letrozole oral tablet 2.5 mg	1	CM
LEUKERAN ORAL TABLET 2 MG (chlorambucil)	2	CM
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (trifluridine-tipiracil)	4	PA; SL (100 tablets per month); CM
LORBRENA ORAL TABLET 100 MG, 25 MG (lorlatinib)	3	PA; CM
LUMAKRAS ORAL TABLET 120 MG (sotorasib)	4	PA; SL (8 tablets per day); CM
LYNPARZA ORAL TABLET 100 MG, 150 MG (olaparib)	2	PA; SL (4 tablets per day); CM
LYSODREN ORAL TABLET 500 MG (mitotane)	2	CM
MATULANE ORAL CAPSULE 50 MG (procarbazine hcl)	4	CM
megestrol acetate oral suspension 40 mg/ml	1	CM
megestrol acetate oral suspension 625 mg/5ml	3	
megestrol acetate oral tablet 20 mg, 40 mg	1	CM
MEKINIST ORAL TABLET 0.5 MG (trametinib dimethyl sulfoxide)	4	PA; SL (4 tablets per day); CM
MEKINIST ORAL TABLET 2 MG (trametinib dimethyl sulfoxide)	4	PA; SL (1 tablet per day); CM
MEKTOVI ORAL TABLET 15 MG (binimetinib)	3	PA; SL (6 tablets per day); CM
melphalan oral tablet 2 mg	1	CM
mercaptopurine oral tablet 50 mg	1	CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methotrexate oral tablet 2.5 mg	1	CM
methotrexate sodium oral tablet 2.5 mg	1	CM
MYLERAN ORAL TABLET 2 MG (busulfan)	2	CM
NERLYNX ORAL TABLET 40 MG (neratinib maleate)	2	PA; SL (6 tablets per day); CM
NILANDRON ORAL TABLET 150 MG (nilutamide)	3	CM
nilutamide oral tablet 150 mg	1	CM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (ixazomib citrate)	2	PA; SL (3 capsules per month); CM
NUBEQA ORAL TABLET 300 MG (darolutamide)	2	PA; SL (4 tablets per day); CM
ODOMZO ORAL CAPSULE 200 MG (sonidegib phosphate)	2	PA; SL (1 capsule per day); CM
ONUREG ORAL TABLET 200 MG, 300 MG (azacitidine)	2	SL (1 tablet per day); CM
ORGOVYX ORAL TABLET 120 MG (relugolix)	3	PA; SL (1 tablet per day); CM
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG (alpelisib)	2	PA; SL (2 tablets per day); CM
PIQRAY ORAL TABLET THERAPY PACK 200 MG (alpelisib)	2	PA; SL (1 tablet per day); CM
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	4	PA; SL (1 capsule per day); CM
PURIXAN ORAL SUSPENSION 2000 MG/100ML (mercaptopurine)	3	CM
QINLOCK ORAL TABLET 50 MG (ripretinib)	3	PA; SL (3 tablets per day); CM
RETEVMO ORAL CAPSULE 40 MG (selpercatinib)	4	PA; SL (6 capsules per day); CM
RETEVMO ORAL CAPSULE 80 MG (selpercatinib)	4	PA; SL (4 capsules per day); CM
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	4	PA; SL (1 capsule per day); CM
ROZLYTREK ORAL CAPSULE 100 MG (entrectinib)	3	PA; SL (1 capsule per day); CM
ROZLYTREK ORAL CAPSULE 200 MG (entrectinib)	3	PA; SL (3 capsules per day); CM
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (rucaparib camsylate)	3	PA; SL (4 tablets per day); CM
RYDAPT ORAL CAPSULE 25 MG (midostaurin)	2	PA; SL (8 capsules per day); CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SCEMBLIX ORAL TABLET 20 MG, 40 MG (asciminib hcl)	4	PA; SL (2 tablets per day); CM
SOLTAMOX ORAL SOLUTION 10 MG/5ML (tamoxifen citrate)	3	CM
sorafenib tosylate oral tablet 200 mg	3	PA; SL (4 tablets per day); CM
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG (dasatinib)	4	PA; SL (1 tablet per day); CM
SPRYCEL ORAL TABLET 20 MG (dasatinib)	4	PA; SL (9 tablets per day); CM
SPRYCEL ORAL TABLET 50 MG (dasatinib)	4	PA; SL (3 tablets per day); CM
SPRYCEL ORAL TABLET 70 MG (dasatinib)	4	PA; SL (2 tablets per day); CM
STIVARGA ORAL TABLET 40 MG (regorafenib)	4	PA; SL (3 tablets per day); CM
sunitinib malate oral capsule 12.5 mg	1	PA; SL (7 capsules per day); CM
sunitinib malate oral capsule 25 mg	1	PA; SL (3 capsules per day); CM
sunitinib malate oral capsule 37.5 mg, 50 mg	1	PA; SL (1 capsule per day); CM
SUTENT ORAL CAPSULE 12.5 MG (sunitinib malate)	3	PA; SL (7 capsules per day); CM
SUTENT ORAL CAPSULE 25 MG (sunitinib malate)	3	PA; SL (3 capsules per day); CM
SUTENT ORAL CAPSULE 37.5 MG, 50 MG (sunitinib malate)	3	PA; SL (1 capsule per day); CM
TABLOID ORAL TABLET 40 MG (thioguanine)	2	CM
TABRECTA ORAL TABLET 150 MG, 200 MG (capmatinib hcl)	4	PA; SL (4 tablets per day); CM
TAFINLAR ORAL CAPSULE 50 MG (dabrafenib mesylate)	4	PA; SL (6 capsules per day); CM
TAFINLAR ORAL CAPSULE 75 MG (dabrafenib mesylate)	4	PA; SL (4 capsules per day); CM
TAGRISSO ORAL TABLET 40 MG, 80 MG (osimertinib mesylate)	3	PA; SL (1 tablet per day); CM
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (talazoparib tosylate)	3	PA; SL (1 capsule per day); CM
tamoxifen citrate oral tablet 10 mg	1	CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tamoxifen citrate oral tablet 20 mg	1	H; CM
TARGRETIN ORAL CAPSULE 75 MG (bexarotene)	2	CM
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib hcl)	2	PA; SL (4 capsules per day); CM
TAZVERIK ORAL TABLET 200 MG (tazemetostat hbr)	3	PA; CM
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	1	PA; CM
TEPMETKO ORAL TABLET 225 MG (tepotinib hcl)	4	PA; SL (2 tablets per day); CM
TIBSOVO ORAL TABLET 250 MG (ivosidenib)	2	PA; SL (2 tablets per day); CM
toremifene citrate oral tablet 60 mg	1	CM
tretinoin oral capsule 10 mg	1	CM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	CM
TUKYSA ORAL TABLET 150 MG (tucatinib)	2	PA; SL (4 tablets per day); CM
TUKYSA ORAL TABLET 50 MG (tucatinib)	2	PA; SL (10 tablets per day); CM
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (venetoclax)	3	PA; CM
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (venetoclax)	3	PA; CM
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (abemaciclib)	2	PA; SL (2 tablets per day); CM
VITRAKVI ORAL CAPSULE 100 MG (larotrectinib sulfate)	2	PA; SL (2 tablets per day); CM
VITRAKVI ORAL CAPSULE 25 MG (larotrectinib sulfate)	2	PA; SL (6 capsules per day); CM
VITRAKVI ORAL SOLUTION 20 MG/ML (larotrectinib sulfate)	2	PA; SL (10 mL per day); CM
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (dacomitinib)	3	PA; SL (1 tablet per day); CM
VONJO ORAL CAPSULE 100 MG (pacritinib citrate)	3	PA; SL (4 capsules per day); CM
VOTRIENT ORAL TABLET 200 MG (pazopanib hcl)	4	PA; SL (4 tablets per day); CM
WELIREG ORAL TABLET 40 MG (belzutifan)	4	SL (3 tablets per day); CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	3	PA; SL (4 mL per day); CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XELODA ORAL TABLET 150 MG (capecitabine)	4	SL (84 tablets per prescription); CM
XELODA ORAL TABLET 500 MG (capecitabine)	4	SL (140 tablets per prescription); CM
XOSPATA ORAL TABLET 40 MG (gilteritinib fumarate)	3	PA; SL (3 tablets per day); CM
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (selinexor)	3	PA; SL (0.26 tablet per day); CM
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (selinexor)	3	PA; SL (0.26 tablet per day); CM
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (selinexor)	3	PA; SL (0.5 tablet per day); CM
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (selinexor)	3	PA; SL (0.5 tablet per day); CM
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (selinexor)	3	PA; SL (0.86 mg per day); CM
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (selinexor)	3	PA; SL (0.5 tablet per day); CM
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (selinexor)	3	PA; SL (1.15 mg per day); CM
XTANDI ORAL CAPSULE 40 MG (enzalutamide)	4	PA; SL (4 capsules per day); CM
XTANDI ORAL TABLET 40 MG (enzalutamide)	3	PA; SL (4 tablets per day); CM
XTANDI ORAL TABLET 80 MG (enzalutamide)	3	PA; SL (2 tablets per day); CM
ZEJULA ORAL CAPSULE 100 MG (niraparib tosylate)	2	PA; SL (3 capsules per day); CM
ZELBORAF ORAL TABLET 240 MG (vemurafenib)	2	PA; SL (8 tablets per day); CM
ZOLINZA ORAL CAPSULE 100 MG (vorinostat)	2	SL (124 capsules per prescription); CM; AE
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	3	PA; SL (2 tablets per day); CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS (THERAPEUTIC) - DRUGS FOR THE IMMUNE SYSTEM		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (timothy grass pollen allergen)	3	PA; SL (1 tablet per day)
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (dust mite mixed allergen ext)	3	PA; SL (1 tablet per day)
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (grass mix pollens allergen ext)	3	PA; SL (1 tablet per day)
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (grass mix pollens allergen ext)	3	PA; SL (3 packs per 365 days)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (grass mix pollens allergen ext)	3	PA; SL (1 tablet per day)
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (peanut powder-dnfp)	3	PA; SL (13 capsules per year)
PALFORZIA ORAL 2 X 1 MG & 10 MG, 3 X 1 MG (peanut powder-dnfp)	3	PA; SL (45 capsules per 13 days)
PALFORZIA ORAL 2 X 100 MG, 2 X 20 MG, 20 MG & 100 MG (peanut powder-dnfp)	3	PA; SL (30 capsules per 13 days)
PALFORZIA ORAL 2 X 20 MG & 2 X 100 MG, 3 X 20 MG & 100 MG, 4 X 20 MG (peanut powder-dnfp)	3	PA; SL (60 capsules per 13 days)
PALFORZIA ORAL 20 MG (peanut powder-dnfp)	3	PA; SL (15 capsules per 13 days)
PALFORZIA ORAL 6 X 1 MG (peanut powder-dnfp)	3	PA; SL (90 capsules per 13 days)
PALFORZIA ORAL PACKET 300 MG (peanut powder-dnfp)	3	SL (1 capsule per day)
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (short ragweed pollen ext)	3	PA; SL (1 tablet per day)
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADRENALIN NASAL SOLUTION 0.1 % (epinephrine hcl (nasal))	3	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (desloratadine-pseudoephedrine)	3	SL (2 tablets per day)
droxidopa oral capsule 100 mg	3	PA; SL (3 capsules per day)
droxidopa oral capsule 200 mg, 300 mg	3	PA; SL (6 capsules per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
epinephrine (anaphylaxis) injection solution 1 mg/ml	3	SL (2 single units or 1 two pack per prescription)
epinephrine hcl (nasal) nasal solution 0.1 %	3	
epinephrine injection solution auto-injector 0.15 mg/0.3ml	1	SL (4 single units or 2 two-pack per prescription)
epinephrine solution auto-injector 0.15 mg/0.15ml injection	3	SL (4 single units or 2 two-pack per prescription)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	SL (2 single units or 1 two pack per prescription)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	SL (2 single units or 1 two-pack per prescription)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	SL (4 single units or 2 two-pack per prescription)
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	3	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (epinephrine)	2	SL (2 pens per prescription)
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	3	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	3	
GILPHEX TR ORAL TABLET 10-388 MG (phenylephrine-guaifenesin)	3	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (clonidine hcl)	3	ST
LUCEMYRA ORAL TABLET 0.18 MG (lofexidine hcl)	3	PA; SL (192 tablets per year)
METHYLDOPA ORAL TABLET 250 MG, 500 MG	2	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
promethazine vc oral syrup 6.25-5 mg/5ml	1	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	1	PA; SL (120 mL per prescription)
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (hyoscyamine sulfate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (umeclidinium-vilanterol)	3	SL (2 blisters per day)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (ipratropium bromide hfa)	3	SL (0.87 gm per day)
belladonna alkaloids-opium rectal suppository 16.2-60 mg	3	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (glycopyrrolate-formoterol)	2	SL (1 inhaler (10.7g) per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (budeson-glycopyrrol-formoterol)	3	SL (1 or 2 inhalers per month)
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	3	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	2	SL (8 g (2 inhalers) per month)
CUVPOSA ORAL SOLUTION 1 MG/5ML (glycopyrrolate)	3	
dicyclomine hcl oral capsule 10 mg	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
glycopyrrolate oral solution 1 mg/5ml	3	
glycopyrrolate oral tablet 1 mg, 2 mg	3	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	SL (120 mL per prescription)
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	
hydromet oral solution 5-1.5 mg/5ml	1	SL (120 mL per prescription)
HYOPHEN ORAL TABLET 81.6 MG (meth-hyo-m bl-benz acd-ph sal)	3	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	
hyoscyamine sulfate oral solution 0.125 mg/ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	3	
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
hyosyne oral elixir 0.125 mg/5ml	1	
hyosyne oral solution 0.125 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (hyoscyamine sulfate)	2	
LEVSIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	2	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (hyoscyamine sulfate)	2	
LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate-atropine)	3	
me/naphos/mb/hyo1 oral tablet 81.6 mg	3	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	3	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (hyoscyamine sulfate)	3	
OSCIMIN ORAL TABLET 0.125 MG	2	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	2	
PHOSPHASAL ORAL TABLET 81.6 MG (meth-hyo-m bl-na phos-ph sal)	2	
scopolamine transdermal patch 72 hour 1 mg/3days	3	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (tiotropium bromide monohydrate)	2	SL (1 capsule per day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (tiotropium bromide monohydrate)	2	SL (1 inhaler (4 grams) per month)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (tiotropium bromide-olodaterol)	2	SL (4 grams (1 inhaler) per month)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	2	SL (60 blisters (1 pack) per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	2	
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
uretron d/s oral tablet 81.6 mg	1	
URIMAR-T ORAL CAPSULE 120 MG (meth-hyo-m bl-na phos-ph sal)	3	
URIMAR-T ORAL TABLET 120 MG (meth-hyo-m bl-na phos-ph sal)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
urin ds oral tablet 81.6 mg	1	
URNEVA ORAL CAPSULE 120 MG	3	
URO-458 ORAL TABLET 81 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG (methen-hyosc-meth blue-na phos)	3	
USTELL ORAL CAPSULE 120 MG (meth-hyo-m bl-na phosph sal)	3	
UTIRA-C ORAL TABLET 81.6 MG (meth-hyo-m bl-na phosph sal)	2	
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phosph sal)	3	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (revefenacin)	3	PA; SL (3 mL per day)
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
allergy childrens oral liquid 12.5 mg/5ml	3	
allergy relief oral capsule 25 mg	3	
banophen oral capsule 25 mg	3	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (diphenhydramine hcl)	3	
benztropine mesylate oral tablet 0.5 mg	3	
benztropine mesylate oral tablet 1 mg, 2 mg	1	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	3	
diphenhydramine hcl oral capsule 25 mg, 50 mg	3	
diphenhydramine hcl oral elixir 12.5 mg/5ml	3	
diphenhydramine hcl oral liquid 12.5 mg/5ml	3	
geri-dryl oral liquid 12.5 mg/5ml	3	
liquid allergy relief oral liquid 12.5 mg/5ml	3	
m-dryl oral liquid 12.5 mg/5ml	3	
sleep-aid oral capsule 25 mg, 50 mg	3	
sm allergy relief childrens oral liquid 12.5 mg/5ml	3	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
goodsense nicotine mouth/throat lozenge 4 mg	3	H
habitrol transdermal patch 24 hour 21 mg/24hr	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NICORETTE MOUTH/THROAT GUM 2 MG (nicotine polacrilex)	3	H
NICORETTE MOUTH/THROAT LOZENGE 4 MG (nicotine polacrilex)	3	H
nicotine polacrilex mini mouth/throat lozenge 2 mg	3	H
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	3	H
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	3	H
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	3	H
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	3	H
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	3	H
nicotine transdermal kit 21-14-7 mg/24hr	3	H
nicotine transdermal patch 24 hour 21 mg/24hr	3	H
NICOTROL INHALATION INHALER 10 MG (nicotine)	3	H
NICOTROL NS NASAL SOLUTION 10 MG/ML (nicotine)	3	H
varenicline tartrate oral tablet 0.5 mg, 1 mg	3	H
varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	3	H
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
carisoprodol oral tablet 250 mg, 350 mg	1	
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	3	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
LORZONE ORAL TABLET 375 MG, 750 MG (chlorzoxazone)	3	
metaxalone oral tablet 400 mg, 800 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	1	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	3	
tizanidine hcl oral tablet 2 mg, 4 mg	1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (tizanidine hcl)	3	
ZANAFLEX ORAL TABLET 4 MG (tizanidine hcl)	3	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
DANTRIUM ORAL CAPSULE 25 MG (dantrolene sodium)	3	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
BACLOFEN ORAL SOLUTION 5 MG/5ML	3	AE
baclofen oral suspension 25 mg/5ml	3	PA
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (baclofen)	3	PA
OZOBAX ORAL SOLUTION 5 MG/5ML (baclofen)	3	AE
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin mesylate)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (doxazosin mesylate)	3	ST
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (prazosin hcl)	3	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
CAFERGOT ORAL TABLET 1-100 MG (ergotamine-caffeine)	3	SL (10 tablets per prescription)
dihydroergotamine mesylate nasal solution 4 mg/ml	3	PA; SL (1 kit per month)
ergoloid mesylates oral tablet 1 mg	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (ergotamine tartrate)	3	PA
ergotamine-caffeine oral tablet 1-100 mg	3	SL (10 tablets per prescription)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine-caffeine)	3	
phenoxybenzamine hcl oral capsule 10 mg	1	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
cevimeline hcl oral capsule 30 mg	1	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	3	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	
galantamine hydrobromide oral solution 4 mg/ml	1	SL (2 bottles per prescription)
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	
MESTINON ORAL SOLUTION 60 MG/5ML (pyridostigmine bromide)	3	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (memantine hcl-donepezil hcl)	2	SL (56 capsules per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (memantine hcl-donepezil hcl)	2	SL (1 capsule per day)
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
pyridostigmine bromide er oral tablet extended release 180 mg	1	
pyridostigmine bromide oral solution 60 mg/5ml	1	
pyridostigmine bromide oral tablet 60 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	SL (2 capsules per day)
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	3	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (pilocarpine hcl)	3	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG (tamsulosin hcl)	3	SL (2 capsules per day)
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
silodosin oral capsule 4 mg, 8 mg	3	
tamsulosin hcl oral capsule 0.4 mg	1	SL (2 capsules per day)
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (fluticasone-salmeterol)	3	SL (60 blisters per month)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (fluticasone-salmeterol)	3	SL (12g (1 inhaler) per month)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	SL (6.7 g per prescription)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	SL (8.5 g per prescription)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	3	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	3	PA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (umeclidinium-vilanterol)	3	SL (2 blisters per day)
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	3	SL (4 mL per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (glycopyrrolate-formoterol)	2	SL (1 inhaler (10.7g) per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT (fluticasone furoate-vilanterol)	3	SL (2 blisters per day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT (fluticasone furoate-vilanterol)	3	SL (1 inhaler (60 blisters) per month)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (budeson-glycopyrrol-formoterol)	3	SL (1 or 2 inhalers per month)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (arformoterol tartrate)	3	SL (4 mL per day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	2	SL (8 g (2 inhalers) per month)
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	SL (12g (1 inhaler) per month)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	SL (1 inhaler per 30 days)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	3	SL (120 mL (60 vials) per prescription)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	3	SL (90 mL per prescription)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	3	SL (30 vials per prescription)
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	SL (30 grams (2 inhalers) per month)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	3	SL (120 mL (60 vials) per prescription)
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (albuterol sulfate)	3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (salmeterol xinafoate)	2	SL (1 device per month)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (tiotropium bromide-olodaterol)	2	SL (4 grams (1 inhaler) per month)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	2	SL (1 inhaler per month)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (budesonide-formoterol fumarate)	3	SL (0.34 grams per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	2	SL (60 blisters (1 pack) per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	2	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (levalbuterol tartrate)	3	SL (30 grams (2 inhalers) per month)
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (anticoagulant cit dext soln a)	3	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 %, 4 GM/100ML	3	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (anticoagulant sodium citrate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
OXBRYTA ORAL TABLET 300 MG (voxelotor)	3	PA
OXBRYTA ORAL TABLET 500 MG (voxelotor)	3	PA; SL (3 tablets per day)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (mitapivat sulfate)	3	PA; SL (56 tablets per month)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG (mitapivat sulfate)	3	PA; SL (1 pack (7 tablets) per year)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (mitapivat sulfate)	3	PA; SL (1 pack (14 tablets) per year)
TAVALISSE ORAL TABLET 100 MG, 150 MG (fostamatinib disodium)	3	PA; SL (2 tablets per day)
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (apixaban)	2	SL (2.5 tablets per day)
ELIQUIS ORAL TABLET 2.5 MG (apixaban)	2	SL (2 tablets per day)
ELIQUIS ORAL TABLET 5 MG (apixaban)	2	SL (2.5 tablets per day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (edoxaban tosylate)	3	SL (1 tablet per day)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (rivaroxaban)	2	SL (20 mL per day)
XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)	2	SL (1 tablet per day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (rivaroxaban)	2	SL (2 tablets per day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (rivaroxaban)	2	SL (one pack (51 tablets) per month)
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	1	SL (2 capsules per day)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (dabigatran etexilate mesylate)	2	SL (2 capsules per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEMATOPOIETIC AGENTS - Drugs for Anemia		
DOPTELET ORAL TABLET 20 MG (avatrombopag maleate)	4	PA; SL (15 tablets per month)
PROMACTA ORAL PACKET 25 MG (eltrombopag olamine)	4	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	4	PA
HEMORRHOLOGIC AGENTS - Drugs for Blood Flow		
pentoxifylline er oral tablet extended release 400 mg	1	
HEMOSTATICS - Drugs to Prevent Bleeding		
aminocaproic acid oral solution 0.25 gm/ml	3	
aminocaproic acid oral tablet 1000 mg, 500 mg	3	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM (ferric subsulfate)	3	
desmopressin ace spray refrig nasal solution 0.01 %	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate spray nasal solution 0.01 %	1	
GELFILM OPHTHALMIC FILM (gelatin adsorbable)	3	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (desmopressin acetate)	3	PA; SL (1 tablet per day)
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT (thrombin (recombinant))	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT (thrombin (recombinant))	3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT (thrombin)	3	
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT (thrombin)	3	
THROMBOGEN EXTERNAL KIT 10000 UNIT (thrombin)	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT (thrombin)	3	
tranexamic acid oral tablet 650 mg	3	SL (30 tablets per month)
IRON PREPARATIONS - Vitamins and Minerals		
ATABEX OB ORAL TABLET 29-1 MG (prenatal vit w/ fe bisg-fa)	2	
CITRANATAL BLOOM ORAL TABLET 90-1 MG (prenatal-dss-fecb-fegl-fa)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELITE-OB ORAL TABLET 50-1.25 MG (prenatal vit-iron carbonyl-fa)	2	
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa-omega)	2	
ferrocite plus oral tablet 106-1 mg	3	
hematinic plus vit/minerals oral tablet 106-1 mg	3	
hematinic/folic acid oral tablet 324-1 mg	1	
M-NATAL PLUS ORAL TABLET 27-1 MG	2	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (fe asp gly-succ-c-thre-b12-fa)	2	
NEONATAL + DHA ORAL 29-1 & 200 MG	2	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	2	
NEONATAL PLUS ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	2	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG	2	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (prenat-fe-methylfol-dha w/o a)	2	
NESTABS ORAL TABLET 32-1 MG (prenat-fe bisgly-fa-w/o vit a)	2	
OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG (prenatal vit-iron carbonyl-fa)	2	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (prenatal-fe cbn-fa-dha w/o a)	2	
ONE VITE WOMENS ORAL TABLET 27-0.8 MG	2	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	2	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
PRENATAL ESSENTIALS ORAL CAPSULE 0.272 MG (prenatal multivit-min-fe-fa)	2	
prenatal oral tablet 27-0.8 mg, 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	2	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (prenatal-feaspgly-methylfol-fa)	2	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	2	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	2	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	2	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	2	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	2	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (prenatal vit-fe psac cmplx-fa)	2	
TRINATE ORAL TABLET (prenatal vit-fe fumarate-fa)	2	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	2	
VINATE ONE ORAL TABLET 60-1 MG (prenatal vit-fe fumarate-fa)	2	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (prenatal-fe fum-methf-fa w/o a)	2	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	2	
VITA-PAC ORAL CAPSULE 0.9 MG	2	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	2	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	2	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	2	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	2	
WESTAB PLUS ORAL TABLET 27-1 MG	2	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	2	
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low dose oral tablet delayed release 81 mg	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aspirin adult low strength oral tablet delayed release 81 mg	E	H
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin ec oral tablet delayed release 325 mg	E	H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	H
aspirin oral tablet 325 mg	E	H
aspirin oral tablet chewable 81 mg	E	H
aspirin oral tablet delayed release 325 mg, 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	H
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	3	
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)	2	
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
goodsense aspirin adults oral tablet 325 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
mm aspirin oral tablet delayed release 81 mg	E	H
PLAVIX ORAL TABLET 75 MG (clopidogrel bisulfate)	3	
prasugrel hcl oral tablet 10 mg, 5 mg	1	SL (1 tablet per day)
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	H
YOSPRALA ORAL TABLET DELAYED RELEASE 81-40 MG (aspirin-omeprazole)	3	SL (1 tablet per day)
ZONTIVITY ORAL TABLET 2.08 MG (vorapaxar sulfate)	3	SL (1 tablet per day)
PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots		
anagrelide hcl oral capsule 0.5 mg, 1 mg	1	
THROMBOLYTIC AGENTS - Drugs to Prevent Blood Clots		
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low dose oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	H
aspirin childrens oral tablet chewable 81 mg	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin ec oral tablet delayed release 325 mg	E	H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	H
aspirin oral tablet 325 mg	E	H
aspirin oral tablet chewable 81 mg	E	H
aspirin oral tablet delayed release 325 mg, 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	H
goodsense aspirin adults oral tablet 325 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
mm aspirin oral tablet delayed release 81 mg	E	H
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	H
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin mesylate)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (doxazosin mesylate)	3	ST
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (prazosin hcl)	3	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin mesylate)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (doxazosin mesylate)	3	ST
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (prazosin hcl)	3	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	SL (1 tablet per day)
valsartan oral tablet 160 mg, 40 mg, 80 mg	1	SL (2 tablets per day)
valsartan oral tablet 320 mg	1	SL (1 tablet per day)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (azilsartan-chlorthalidone)	3	ST
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	3	PA; SL (2 tablets per day)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	SL (1 tablet per day)
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	SL (2 tablets per day)
valsartan oral tablet 160 mg, 40 mg, 80 mg	1	SL (2 tablets per day)
valsartan oral tablet 320 mg	1	SL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg	1	SL (2 tablets per day)
valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg	1	SL (1 tablet per day)
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure & Angina		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
enalapril maleate oral solution 1 mg/ml	3	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)	3	PA
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril hcl)	3	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg	3	
trandolapril oral tablet 2 mg, 4 mg	1	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart		
ACCURETIC ORAL TABLET 10-12.5 MG (quinapril-hydrochlorothiazide)	2	
ACCURETIC ORAL TABLET 20-12.5 MG (quinapril-hydrochlorothiazide)	3	
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
enalapril maleate oral solution 1 mg/ml	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)	3	PA
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril hcl)	3	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg	3	
trandolapril oral tablet 2 mg, 4 mg	1	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
digoxin oral solution 0.05 mg/ml	1	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (digoxin)	3	
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (lomitapide mesylate)	4	PA; SL (1 capsule per day)
NEXLETOL ORAL TABLET 180 MG (bempedoic acid)	2	PA; SL (1 tablet per day)
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid-ezetimibe)	2	SL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	1	
omega-3-acid ethyl esters oral capsule 1 gm	1	
BETA-ADRENERGIC BLOCKING AGENTS - Drugs for Abnormal Heart Rhythms		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	3	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (bisoprolol-hydrochlorothiazide)	3	
BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	3	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BILE ACID SEQUESTRANTS - Drugs for Cholesterol		
cholestyramine light oral packet 4 gm	1	
cholestyramine light oral powder 4 gm/dose	1	
cholestyramine oral packet 4 gm	1	
cholestyramine oral powder 4 gm/dose	1	
COLESTID FLAVORED ORAL GRANULES 5 GM (colestipol hcl)	3	
COLESTID FLAVORED ORAL PACKET 5 GM (colestipol hcl)	3	
COLESTID ORAL GRANULES 5 GM (colestipol hcl)	3	
COLESTID ORAL PACKET 5 GM (colestipol hcl)	3	
COLESTID ORAL TABLET 1 GM (colestipol hcl)	3	
colestipol hcl oral granules 5 gm	1	
colestipol hcl oral packet 5 gm	1	
colestipol hcl oral tablet 1 gm	1	
prevalite oral packet 4 gm	1	
prevalite oral powder 4 gm/dose	1	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (cholestyramine light)	3	
QUESTRAN ORAL PACKET 4 GM (cholestyramine)	3	
QUESTRAN ORAL POWDER 4 GM/DOSE (cholestyramine)	3	
WELCHOL ORAL PACKET 3.75 GM (colesevelam hcl)	2	SL (1 pack per day)
WELCHOL ORAL TABLET 625 MG (colesevelam hcl)	2	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	3	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (verapamil hcl)	3	
CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure & Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	3	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	3	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (verapamil hcl)	3	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
methazolamide oral tablet 25 mg, 50 mg	1	
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (mavacamten)	3	PA
CORLANOR ORAL SOLUTION 5 MG/5ML (ivabradine hcl)	3	PA; SL (20 mL per day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	3	PA; SL (2 tablets per day)
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	1	
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	2	PA; SL (1 capsule per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine (cardiac))	2	PA; SL (4 capsules per day)
CARDIOTONIC AGENTS - Drugs for Angina		
digoxin oral solution 0.05 mg/ml	1	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (digoxin)	3	
CENTRAL ALPHA-AGONISTS - Drugs for High Blood Pressure & Angina		
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	3	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	3	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (clonidine hcl)	3	ST
METHYLDOPA ORAL TABLET 250 MG, 500 MG	2	
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	3	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	3	
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid-ezetimibe)	2	SL (1 tablet per day)
CLASS IA ANTIARRHYTHMICS - Drugs for Angina		
disopyramide phosphate oral capsule 100 mg, 150 mg	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (disopyramide phosphate)	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG (disopyramide phosphate)	3	
quinidine gluconate er oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
CLASS IB ANTIARRHYTHMICS - Drugs for Angina		
DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)	3	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	3	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	3	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
CLASS IC ANTIARRHYTHMICS - Drugs for Angina		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	3	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	1	
CLASS II ANTIARRHYTHMICS - Drugs for Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	3	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	3	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	3	
MULTAQ ORAL TABLET 400 MG (dronedarone hcl)	3	PA
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone hcl)	3	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (dofetilide)	3	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	3	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (verapamil hcl)	3	
DIHYDROPYRIDINES - Drugs for High Blood Pressure & Angina		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)	3	PA
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	3	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	3	
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	3	PA
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (nisoldipine)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)	3	PA
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	3	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	3	
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	3	PA
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (nisoldipine)	3	
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
BIDIL ORAL TABLET 20-37.5 MG (isosorb dinitrate-hydralazine)	3	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	3	
minoxidil oral tablet 10 mg, 2.5 mg	1	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure & Angina		
elixophyllin oral elixir 80 mg/15ml	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral elixir 80 mg/15ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
theophylline oral solution 80 mg/15ml	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
ANTARA ORAL CAPSULE 90 MG (fenofibrate micronized)	3	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg	1	
fenofibrate oral tablet 145 mg	3	
fenofibrate oral tablet 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral tablet 105 mg, 35 mg	3	
FIBRICOR ORAL TABLET 105 MG, 35 MG (fenofibric acid)	3	
gemfibrozil oral tablet 600 mg	1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (fenofibrate)	3	
LOPID ORAL TABLET 600 MG (gemfibrozil)	3	
TRICOR ORAL TABLET 48 MG (fenofibrate)	3	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
atorvastatin calcium oral tablet 10 mg, 20 mg	1	SL (1 tablet per day); H
atorvastatin calcium oral tablet 40 mg, 80 mg	1	SL (1 tablet per day)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin calcium)	3	PA
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	3	
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	3	PA
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	3	
fluvastatin sodium oral capsule 20 mg, 40 mg	1	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	H
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
rosuvastatin calcium oral tablet 10 mg	1	SL (3 tablets per day)
rosuvastatin calcium oral tablet 20 mg, 40 mg, 5 mg	1	SL (1 tablet per day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H
simvastatin oral tablet 80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYPOTENSIVE AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
phenoxybenzamine hcl oral capsule 10 mg	1	
VECAMYL ORAL TABLET 2.5 MG (mecamylamine hcl)	3	PA
LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BUMEX ORAL TABLET 0.5 MG (bumetanide)	3	
ethacrynic acid oral tablet 25 mg	3	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)	3	
torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
ALDACTAZIDE ORAL TABLET 25-25 MG (spironolactone-hctz)	3	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	3	PA
eplerenone oral tablet 25 mg, 50 mg	3	
KERENDIA ORAL TABLET 10 MG, 20 MG (finerenone)	3	PA; SL (1 tablet per day)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure & Angina		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	3	PA
eplerenone oral tablet 25 mg, 50 mg	3	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
NITRATES AND NITRITES - Drugs for the Heart		
BIDIL ORAL TABLET 20-37.5 MG (isosorb dinitrate-hydralazine)	3	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	3	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (nitroglycerin)	3	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	3	
nitroglycerin translingual solution 0.4 mg/spray	3	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (nitroglycerin)	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (nitroglycerin)	3	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	2	
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
ADCIRCA ORAL TABLET 20 MG (tadalafil (pah))	4	PA; SL (2 tablets per day)
alyq oral tablet 20 mg	4	PA; SL (2 tablets per day)
cilostazol oral tablet 100 mg, 50 mg	1	
REVATIO ORAL TABLET 20 MG (sildenafil citrate)	4	SL (0.5 tablets per day)
sildenafil citrate oral suspension reconstituted 10 mg/ml	3	PA; SL (6 mL per day)
sildenafil citrate oral tablet 20 mg	1	SL (0.5 tablets per day)
tadalafil (pah) oral tablet 20 mg	4	PA; SL (2 tablets per day)
tadalafil oral tablet 2.5 mg, 5 mg	3	PA; SL (5 tablets per month)
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
amiloride hcl oral tablet 5 mg	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	3	PA
eplerenone oral tablet 25 mg, 50 mg	3	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
triamterene oral capsule 100 mg, 50 mg	3	
RENIN INHIBITORS - Drugs for the Heart		
aliskiren fumarate oral tablet 150 mg, 300 mg	3	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG (aliskiren-hydrochlorothiazide)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TEKTURNA ORAL TABLET 150 MG, 300 MG (aliskiren fumarate)	3	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	3	PA; SL (2 tablets per day)
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
DIURIL ORAL SUSPENSION 250 MG/5ML (chlorothiazide)	3	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
ambrisentan oral tablet 10 mg, 5 mg	1	PA; SL (1 tablet per day)
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
bosentan oral tablet 125 mg, 62.5 mg	1	PA; SL (2 tablets per day)
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
CORLANOR ORAL SOLUTION 5 MG/5ML (ivabradine hcl)	3	PA; SL (20 mL per day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	3	PA; SL (2 tablets per day)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	3	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)	3	PA
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	3	
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	3	PA
OPSUMIT ORAL TABLET 10 MG (macitentan)	2	PA; SL (one tablet per day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (treprostinil diolamine)	3	PA; SL (6 tablets per day)
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	3	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	3	PA; SL (2 tablets per day)
TRACLEER ORAL TABLET SOLUBLE 32 MG (bosentan)	2	PA; SL (112 tablets per 28 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	3	PA; SL (112 cartridges per month)
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG (treprostinil)	3	PA; SL (196 cartridges per year)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (treprostinil)	3	PA; SL (252 cartridges per year)
TYVASO INHALATION SOLUTION 0.6 MG/ML (treprostinil)	3	PA; SL (2.9 mL (1 ampule) per day)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (treprostinil)	3	PA; SL (2.9 mL (1 ampule) per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (treprostinil)	3	PA; SL (2.9 mL (1 ampule) per day)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (iloprost)	4	PA; SL (9 ampules per day)
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (verapamil hcl)	3	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (vericiguat)	3	PA; SL (1 tablet per day)
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
ADAMANTANES (CNS) - Drugs for Parkinson		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet 100 mg	3	
AMPHETAMINES - Drugs for the Nervous System		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (amphetamine-dextroamphetamine)	2	SL (1 capsule per day); AE
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	SL (3 tablets per day)
amphetamine-dextroamphetamine oral tablet 30 mg	1	SL (2 tablets per day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	1	SL (4 capsules per day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1	SL (10 capsules per day)
dextroamphetamine sulfate oral solution 5 mg/5ml	3	SL (60 mL per day)
methamphetamine hcl oral tablet 5 mg	1	
PROCENTRA ORAL SOLUTION 5 MG/5ML (dextroamphetamine sulfate)	3	ST; SL (60 mL per day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine dimesylate)	3	SL (1 capsule per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine dimesylate)	3	SL (1 unit (capsule or tablet) per day)
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	
bac oral tablet 50-325-40 mg	1	SL (6 tablet per day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	3	SL (6 capsules per day)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	SL (6 tablet per day)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
ESGIC ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	3	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (butalbital-apap-caffeine)	3	SL (6 tablet per day)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (butalbital-apap-caff-cod)	3	SL (6 capsules per day)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GRALISE ORAL 300 (9) & 600(24) MG (gabapentin (once-daily))	3	ST
GRALISE ORAL TABLET 300 MG (gabapentin (once-daily))	3	ST; SL (1 tablet per day)
GRALISE ORAL TABLET 600 MG (gabapentin (once-daily))	3	ST; SL (3 tablets per day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	3	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	3	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
HYOPHEN ORAL TABLET 81.6 MG (meth-hyo-m bl-benz acid-ph sal)	3	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; AE: Age edit - prior authorization may be required; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; E = Excluded from coverage unless covered as part of health care reform preventive; CM: Orally administered anticancer medication.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	4	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
PHOSPHASAL ORAL TABLET 81.6 MG (meth-hyo-m bl-na phos-ph sal)	2	
PROLATE ORAL SOLUTION 10-300 MG/5ML (oxycodone-acetaminophen)	4	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	2	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	SL (8 tablets per day)
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
uretron d/s oral tablet 81.6 mg	1	
URIMAR-T ORAL CAPSULE 120 MG (meth-hyo-m bl-na phos-ph sal)	3	
URIMAR-T ORAL TABLET 120 MG (meth-hyo-m bl-na phos-ph sal)	3	
urin ds oral tablet 81.6 mg	1	
URNEVA ORAL CAPSULE 120 MG	3	
URO-458 ORAL TABLET 81 MG	3	
USTELL ORAL CAPSULE 120 MG (meth-hyo-m bl-na phos-ph sal)	3	
UTIRA-C ORAL TABLET 81.6 MG (meth-hyo-m bl-na phos-ph sal)	2	
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
ZEBUTAL ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	3	SL (6 capsules per day)
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
allergy childrens oral liquid 12.5 mg/5ml	3	
allergy relief oral capsule 25 mg	3	
banophen oral capsule 25 mg	3	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (diphenhydramine hcl)	3	
benztropine mesylate oral tablet 0.5 mg	3	
benztropine mesylate oral tablet 1 mg, 2 mg	1	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diphenhydramine hcl oral capsule 25 mg, 50 mg	3	
diphenhydramine hcl oral elixir 12.5 mg/5ml	3	
diphenhydramine hcl oral liquid 12.5 mg/5ml	3	
geri-dryl oral liquid 12.5 mg/5ml	3	
liquid allergy relief oral liquid 12.5 mg/5ml	3	
m-dryl oral liquid 12.5 mg/5ml	3	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
sleep-aid oral capsule 25 mg, 50 mg	3	
sm allergy relief childrens oral liquid 12.5 mg/5ml	3	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (eslicarbazepine acetate)	3	PA
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	4	
BANZEL ORAL TABLET 200 MG, 400 MG (rufinamide)	3	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (brivaracetam)	3	PA
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	3	
carbamazepine oral suspension 100 mg/5ml	3	
carbamazepine oral tablet 200 mg	3	
carbamazepine oral tablet chewable 100 mg	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine)	3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (stiripentol)	3	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG (stiripentol)	3	PA
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (cannabidiol)	3	PA
epitol oral tablet 200 mg	3	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine (antipsychotic))	3	
felbamate oral suspension 600 mg/5ml	3	
felbamate oral tablet 400 mg, 600 mg	3	
FELBATOL ORAL SUSPENSION 600 MG/5ML (felbamate)	3	
FELBATOL ORAL TABLET 400 MG, 600 MG (felbamate)	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (fenfluramine hcl)	3	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (perampanel)	3	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (perampanel)	3	PA
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GRALISE ORAL 300 (9) & 600(24) MG (gabapentin (once-daily))	3	ST
GRALISE ORAL TABLET 300 MG (gabapentin (once-daily))	3	ST; SL (1 tablet per day)
GRALISE ORAL TABLET 600 MG (gabapentin (once-daily))	3	ST; SL (3 tablets per day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (levetiracetam)	3	
lacosamide oral solution 10 mg/ml	3	PA
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	3	PA
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG (lamotrigine)	4	SL (28 tablets (1 box) per prescription)
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG (lamotrigine)	3	SL (35 tablets (1 box) per prescription)
LAMICTAL ODT ORAL KIT 42 X 50 MG & 14X100 MG (lamotrigine)	4	SL (56 tablets (1 box) per prescription)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (lamotrigine)	3	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG (lamotrigine)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LAMICTAL STARTER ORAL KIT 84 X 25 MG & 14X100 MG (lamotrigine)	3	SL (98 tablets (1 kit) per year)
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (lamotrigine)	3	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	3	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg	3	SL (28 tablets (1 box) per prescription)
lamotrigine oral kit 25 & 50 & 100 mg	3	SL (35 tablets (1 box) per prescription)
lamotrigine oral kit 42 x 50 mg & 14x100 mg	3	SL (56 tablets (1 box) per prescription)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	3	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	SL (98 tablets (1 kit) per year)
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	1	
levetiracetam oral solution 100 mg/ml	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG (pregabalin)	3	PA; SL (3 capsules per day)
LYRICA ORAL CAPSULE 225 MG, 300 MG (pregabalin)	3	PA; SL (2 capsules per day)
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	3	PA; SL (30 mL per day)
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	SL (3 capsules per day)
pregabalin oral capsule 225 mg, 300 mg	1	SL (2 capsules per day)
pregabalin oral solution 20 mg/ml	3	SL (30 mL per day)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (topiramate)	3	ST
roweepra oral tablet 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
rufinamide oral suspension 40 mg/ml	3	
rufinamide oral tablet 200 mg, 400 mg	3	PA
SABRIL ORAL PACKET 500 MG (vigabatrin)	4	PA; SL (6 packets per day)
SABRIL ORAL TABLET 500 MG (vigabatrin)	3	PA; SL (6 tablets per day)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter kit-blue oral kit 35 x 25 mg	1	
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	SL (98 tablets (1 kit) per year)
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (carbamazepine)	3	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (carbamazepine)	3	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	3	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	3	ST
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	3	ST
topiramate oral capsule sprinkle 15 mg, 25 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (oxcarbazepine)	3	PA
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (oxcarbazepine)	3	PA
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	3	ST
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
vigabatrin oral packet 500 mg	3	PA; SL (6 packets per day)
vigabatrin oral tablet 500 mg	3	PA; SL (6 tablets per day)
vigadrone oral packet 500 mg	3	PA; SL (6 packets per day)
vigadrone oral tablet 500 mg	3	PA; SL (6 tablets per day)
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	3	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (lacosamide)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (cenobamate)	3	PA
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (cenobamate)	3	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)	3	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (ganaxolone)	3	PA
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (dextromethorphan-bupropion)	3	PA
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	3	H
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1	SL (3 tablets per day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	1	SL (1 tablet per day)
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	1	SL (1 tablet per day)
bupropion hcl oral tablet 100 mg, 75 mg	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (bupropion hcl)	3	SL (1 tablet per day)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (esketamine hcl)	3	PA; SL (8 devices (4 kits) per month)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (esketamine hcl)	3	PA; SL (12 devices (4 kits) per month)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG (bupropion hcl)	3	
ANTIMANIC AGENTS - Drugs for Personality Disorder		
aripiprazole oral solution 1 mg/ml	1	SL (25mL per day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	SL (1 tablet per day)
aripiprazole oral tablet dispersible 10 mg, 15 mg	1	SL (2 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	3	
carbamazepine oral suspension 100 mg/5ml	3	
carbamazepine oral tablet 200 mg	3	
carbamazepine oral tablet chewable 100 mg	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine)	3	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	3	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
epitol oral tablet 200 mg	3	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine (antipsychotic))	3	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG (lamotrigine)	4	SL (28 tablets (1 box) per prescription)
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG (lamotrigine)	3	SL (35 tablets (1 box) per prescription)
LAMICTAL ODT ORAL KIT 42 X 50 MG & 14X100 MG (lamotrigine)	4	SL (56 tablets (1 box) per prescription)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (lamotrigine)	3	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG (lamotrigine)	3	
LAMICTAL STARTER ORAL KIT 84 X 25 MG & 14X100 MG (lamotrigine)	3	SL (98 tablets (1 kit) per year)
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (lamotrigine)	3	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	3	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg	3	SL (28 tablets (1 box) per prescription)
lamotrigine oral kit 25 & 50 & 100 mg	3	SL (35 tablets (1 box) per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lamotrigine oral kit 42 x 50 mg & 14x100 mg	3	SL (56 tablets (1 box) per prescription)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	3	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	SL (98 tablets (1 kit) per year)
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	PA
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)	3	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	SL (1 tablet per day)
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg	1	SL (1 tablet per day)
olanzapine oral tablet dispersible 5 mg	1	SL (3 tablets per day)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg	1	SL (2 tablets per day)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	1	SL (3 tablets per day)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	SL (3 tablets per day)
quetiapine fumarate oral tablet 300 mg, 400 mg	1	SL (2 tablets per day)
risperidone oral solution 1 mg/ml	1	SL (8 mL per day)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	SL (2 tablets per day)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	SL (2 tablets per day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (asenapine maleate)	3	SL (2 tablets per day)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter kit-blue oral kit 35 x 25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	SL (98 tablets (1 kit) per year)
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (carbamazepine)	3	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (carbamazepine)	3	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	SL (2 tablets per day)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG (olanzapine)	3	SL (1 tablet per day)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 5 MG (olanzapine)	3	SL (3 tablets per day)
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low dose oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	H
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin ec oral tablet delayed release 325 mg	E	H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	H
aspirin oral tablet 325 mg	E	H
aspirin oral tablet chewable 81 mg	E	H
aspirin oral tablet delayed release 325 mg, 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	H
butorphanol tartrate nasal solution 10 mg/ml	3	SL (7.5 mL (3 bottles) per month)
CAFERGOT ORAL TABLET 1-100 MG (ergotamine-caffeine)	3	SL (10 tablets per prescription)
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	3	
dihydroergotamine mesylate nasal solution 4 mg/ml	3	PA; SL (1 kit per month)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	3	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (naproxen)	3	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (ergotamine tartrate)	3	PA
ergotamine-caffeine oral tablet 1-100 mg	3	SL (10 tablets per prescription)
goodsense aspirin adults oral tablet 325 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	
ibuprofen oral suspension 100 mg/5ml	3	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine-caffeine)	3	
mm aspirin oral tablet delayed release 81 mg	E	H
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (naproxen sodium)	3	
naproxen oral suspension 125 mg/5ml	3	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	3	
naproxen sodium oral tablet 275 mg, 550 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	3	ST
topiramate oral capsule sprinkle 15 mg, 25 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	3	ST
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (loxapine)	3	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
pimozide oral tablet 1 mg, 2 mg	3	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety & Sleep Disorder		
allergy childrens oral liquid 12.5 mg/5ml	3	
allergy relief oral capsule 25 mg	3	
banophen oral capsule 25 mg	3	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	3	ST; SL (1 tablet per day)
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (diphenhydramine hcl)	3	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
DAYVIGO ORAL TABLET 10 MG, 5 MG (lemborexant)	3	ST; SL (1 tablet per day)
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	3	
diphenhydramine hcl oral capsule 25 mg, 50 mg	3	
diphenhydramine hcl oral elixir 12.5 mg/5ml	3	
diphenhydramine hcl oral liquid 12.5 mg/5ml	3	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (zolpidem tartrate)	3	SL (1 tablet per day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	SL (1 tablet per day)
geri-dryl oral liquid 12.5 mg/5ml	3	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (tasimelteon)	3	PA; SL (5.1 mL per day)
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	4	PA; SL (1 capsule per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (dexmedetomidine hcl)	1	
liquid allergy relief oral liquid 12.5 mg/5ml	3	
m-dryl oral liquid 12.5 mg/5ml	3	
meprobamate oral tablet 200 mg	3	
meprobamate oral tablet 400 mg	1	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
ramelteon oral tablet 8 mg	3	ST; SL (1 tablet per day)
sleep-aid oral capsule 25 mg, 50 mg	3	
sm allergy relief childrens oral liquid 12.5 mg/5ml	3	
tasimelteon oral capsule 20 mg	4	PA; SL (1 capsule per day)
VISTARIL ORAL CAPSULE 25 MG, 50 MG (hydroxyzine pamoate)	3	
zaleplon oral capsule 10 mg	1	SL (2 capsules per day)
zaleplon oral capsule 5 mg	1	SL (1 capsule per day)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	3	SL (1 tablet per day)
ZOLPIDEM TARTRATE ORAL CAPSULE 7.5 MG	3	
zolpidem tartrate oral tablet 10 mg, 5 mg	1	SL (1 tablet per day)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	3	SL (1 tablet per day)
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
aripiprazole oral solution 1 mg/ml	1	SL (25mL per day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	SL (1 tablet per day)
aripiprazole oral tablet dispersible 10 mg, 15 mg	1	SL (2 tablets per day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (lumateperone tosylate)	3	PA; SL (1 capsule per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet dispersible 100 mg, 25 mg	3	SL (9 tablets per day)
clozapine oral tablet dispersible 12.5 mg	3	SL (3 tablets per day)
clozapine oral tablet dispersible 150 mg	3	SL (6 tablets per day)
clozapine oral tablet dispersible 200 mg	3	SL (4 tablets per day)
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (clozapine)	3	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (iloperidone)	3	ST; SL (2 tablets per day)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (iloperidone)	3	ST; SL (8 titration pack per 365 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (lurasidone hcl)	3	SL (1 tablet per day)
LATUDA ORAL TABLET 80 MG (lurasidone hcl)	3	SL (2 tablets per day)
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	3	SL (1 tablet per day)
lurasidone hcl oral tablet 80 mg	3	SL (2 tablets per day)
NUPLAZID ORAL CAPSULE 34 MG (pimavanserin tartrate)	3	PA
NUPLAZID ORAL TABLET 10 MG (pimavanserin tartrate)	3	PA; SL (2 tablets per day)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	SL (1 tablet per day)
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg	1	SL (1 tablet per day)
olanzapine oral tablet dispersible 5 mg	1	SL (3 tablets per day)
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	3	SL (1 capsule per day)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	3	SL (3 capsules per day)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	3	SL (1 tablet per day)
paliperidone er oral tablet extended release 24 hour 6 mg	3	SL (2 tablets per day)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg	1	SL (2 tablets per day)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	1	SL (3 tablets per day)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	SL (3 tablets per day)
quetiapine fumarate oral tablet 300 mg, 400 mg	1	SL (2 tablets per day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (brexpiprazole)	3	PA; SL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
risperidone oral solution 1 mg/ml	1	SL (8 mL per day)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	SL (2 tablets per day)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	SL (2 tablets per day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (asenapine maleate)	3	SL (2 tablets per day)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (olanzapine-fluoxetine hcl)	3	SL (3 capsules per day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (clozapine)	3	SL (18 mL per day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine hcl)	3	SL (1 capsule per day)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (cariprazine hcl)	3	SL (7 capsules per year)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	SL (2 tablets per day)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG (olanzapine)	3	SL (1 tablet per day)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 5 MG (olanzapine)	3	SL (3 tablets per day)
BARBITURATES (ANTICONSULSANTS) - Drugs for Seizures		
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
primidone oral tablet 250 mg, 50 mg	1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
ascomp-codeine oral capsule 50-325-40-30 mg	1	
bac oral tablet 50-325-40 mg	1	SL (6 tablet per day)
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	3	SL (6 capsules per day)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	SL (6 tablet per day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ESGIC ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	3	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (butalbital-apap-caffeine)	3	SL (6 tablet per day)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (butalbital-apap-caff-cod)	3	SL (6 capsules per day)
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	2	
ZEBUTAL ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	3	SL (6 capsules per day)
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
clobazam oral suspension 2.5 mg/ml	3	
clobazam oral tablet 10 mg, 20 mg	3	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	SL (3 tablets per day)
clonazepam oral tablet dispersible 2 mg	1	SL (10 tablets per day)
clorazepate dipotassium oral tablet 15 mg	1	SL (6 tablets per day)
clorazepate dipotassium oral tablet 3.75 mg	1	SL (24 tablets per day)
clorazepate dipotassium oral tablet 7.5 mg	1	SL (12 tablets per day)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (diazepam)	3	SL (2 boxes (2doses/box) per prescription)
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (diazepam)	3	SL (2 boxes (2doses/box) per prescription)
diazepam intensol oral concentrate 5 mg/ml	3	
diazepam oral concentrate 5 mg/ml	3	
diazepam oral solution 5 mg/5ml	3	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	SL (2 boxes (2doses/box) per prescription)
lorazepam intensol oral concentrate 2 mg/ml	3	SL (5mL per day)
lorazepam oral concentrate 2 mg/ml	3	SL (5mL per day)
lorazepam oral tablet 0.5 mg, 1 mg	1	SL (3 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lorazepam oral tablet 2 mg	1	SL (5 tablets per day)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (midazolam (anticonvulsant))	3	PA; ST; SL (2 doses (1 box) per prescription)
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	3	PA
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	3	PA
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (diazepam)	3	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML (diazepam)	3	ST; SL (2 per prescription)
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML (diazepam)	3	ST; SL (2 per prescription)
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP) - Drugs for Anxiety & Sleep Disorder		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg	1	SL (1 tablet per day)
alprazolam er oral tablet extended release 24 hour 3 mg	1	SL (3 tablets per day)
alprazolam intensol oral concentrate 1 mg/ml	3	SL (10 mL per day)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	SL (3 tablets per day)
alprazolam oral tablet 2 mg	1	SL (5 tablets per day)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg	3	SL (4 tablets per day)
alprazolam oral tablet dispersible 2 mg	3	SL (5 tablets per day)
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg	1	SL (1 tablet per day)
alprazolam xr oral tablet extended release 24 hour 3 mg	1	SL (3 tablets per day)
chlordiazepoxide hcl oral capsule 10 mg	1	SL (30 capusles per day)
chlordiazepoxide hcl oral capsule 25 mg	1	SL (12 capsules per day)
chlordiazepoxide hcl oral capsule 5 mg	1	SL (4 capusles per day)
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	3	
clobazam oral suspension 2.5 mg/ml	3	
clobazam oral tablet 10 mg, 20 mg	3	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	SL (3 tablets per day)
clonazepam oral tablet dispersible 2 mg	1	SL (10 tablets per day)
clorazepate dipotassium oral tablet 15 mg	1	SL (6 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clorazepate dipotassium oral tablet 3.75 mg	1	SL (24 tablets per day)
clorazepate dipotassium oral tablet 7.5 mg	1	SL (12 tablets per day)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (diazepam)	3	SL (2 boxes (2doses/box) per prescription)
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (diazepam)	3	SL (2 boxes (2doses/box) per prescription)
diazepam intensol oral concentrate 5 mg/ml	3	
diazepam oral concentrate 5 mg/ml	3	
diazepam oral solution 5 mg/5ml	3	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	SL (2 boxes (2doses/box) per prescription)
estazolam oral tablet 1 mg, 2 mg	3	SL (1 tablet per day)
HALCION ORAL TABLET 0.25 MG (triazolam)	3	SL (2 tablets per day)
lorazepam intensol oral concentrate 2 mg/ml	3	SL (5mL per day)
lorazepam oral concentrate 2 mg/ml	3	SL (5mL per day)
lorazepam oral tablet 0.5 mg, 1 mg	1	SL (3 tablets per day)
lorazepam oral tablet 2 mg	1	SL (5 tablets per day)
midazolam hcl oral syrup 2 mg/ml	3	
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	3	PA
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	3	PA
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	SL (4 capusles per day)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)	3	SL (1 capusle per day)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1	SL (1 capusle per day)
triazolam oral tablet 0.125 mg	1	SL (1 tablet per day)
triazolam oral tablet 0.25 mg	1	SL (2 tablets per day)
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (diazepam)	3	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG (alprazolam)	3	SL (3 tablets per day)
XANAX ORAL TABLET 2 MG (alprazolam)	3	SL (5 tablets per day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG (alprazolam)	3	SL (1 tablet per day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG (alprazolam)	3	SL (3 tablets per day)
BUTYROPHENONES - Drugs for Depression & Psychosis		
haloperidol lactate oral concentrate 2 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
NURTEC ORAL TABLET DISPERSIBLE 75 MG (rimegepant sulfate)	2	PA; SL (0.27 tablets per day)
UBRELVY ORAL TABLET 100 MG, 50 MG (ubrogepant)	2	PA; SL (0.27 tablets per day)
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	3	
COMTAN ORAL TABLET 200 MG (entacapone)	3	
entacapone oral tablet 200 mg	1	
STALEVO 100 ORAL TABLET 25-100-200 MG (carbidopa-levodopa-entacapone)	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (carbidopa-levodopa-entacapone)	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (carbidopa-levodopa-entacapone)	3	
STALEVO 200 ORAL TABLET 50-200-200 MG (carbidopa-levodopa-entacapone)	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (carbidopa-levodopa-entacapone)	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (carbidopa-levodopa-entacapone)	3	
tolcapone oral tablet 100 mg	3	PA
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
acamprosate calcium oral tablet delayed release 333 mg	3	
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	3	SL (2 capsules per day)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	3	SL (1 capsule per day)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	1	SL (1 tablet per day)
guanfacine hcl oral tablet 1 mg, 2 mg	1	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	3	SL (1 capsule per day)
memantine hcl oral solution 2 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (memantine hcl-donepezil hcl)	2	SL (56 capsules per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (memantine hcl-donepezil hcl)	2	SL (1 capsule per day)
NOURIANZ ORAL TABLET 20 MG, 40 MG (istradefylline)	3	PA; SL (1 tablet per day)
NUDEXTA ORAL CAPSULE 20-10 MG (dextromethorphan-quinidine)	3	PA; SL (2 capsules per day)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (edaravone)	3	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (edaravone)	3	PA
RELYVRIO ORAL PACKET 3-1 GM (phenylbutyrate-taurursodiol)	3	PA
riluzole oral tablet 50 mg	3	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; SL (540mL (3 bottles) per month)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (riluzole)	3	PA
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	2	PA; SL (1 capsule per day)
XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)	4	PA; SL (540mL (3 bottles) per month)
XYWAV ORAL SOLUTION 500 MG/ML (ca, mg, k, and na oxybates)	4	PA; SL (18 mL per day)
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
celecoxib oral capsule 100 mg, 200 mg, 50 mg	3	SL (2 capsules per day)
celecoxib oral capsule 400 mg	3	SL (1 capsule per day)
DOPAMINE PRECURSORS - Drugs for Parkinson		
carbidopa oral tablet 25 mg	3	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	3	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (carbidopa-levodopa)	3	PA
INBRIJA INHALATION CAPSULE 42 MG (levodopa)	3	PA; SL (10 capsules per day)
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (carbidopa-levodopa)	3	
STALEVO 100 ORAL TABLET 25-100-200 MG (carbidopa-levodopa-entacapone)	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (carbidopa-levodopa-entacapone)	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (carbidopa-levodopa-entacapone)	3	
STALEVO 200 ORAL TABLET 50-200-200 MG (carbidopa-levodopa-entacapone)	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (carbidopa-levodopa-entacapone)	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (carbidopa-levodopa-entacapone)	3	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
bromocriptine mesylate oral capsule 5 mg	1	
cabergoline oral tablet 0.5 mg	3	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg	1	SL (2 capsules per day)
duloxetine hcl oral capsule delayed release particles 60 mg	1	SL (1 capsule per day)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG (pregabalin)	3	PA; SL (3 capsules per day)
LYRICA ORAL CAPSULE 225 MG, 300 MG (pregabalin)	3	PA; SL (2 capsules per day)
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	3	PA; SL (30 mL per day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	SL (3 capsules per day)
pregabalin oral capsule 225 mg, 300 mg	1	SL (2 capsules per day)
pregabalin oral solution 20 mg/ml	3	SL (30 mL per day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran hcl)	3	SL (2 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (milnacipran hcl)	3	SL (55 tablets (1 pack) per 365 days)
HYDANTOINS - Drugs for Seizures		
DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)	3	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	3	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	3	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
INHALATION ANESTHETICS - Anesthetics		
FORANE INHALATION SOLUTION (isoflurane)	3	
isoflurane inhalation solution	3	
sevoflurane inhalation solution	3	
terrell inhalation solution	3	
ULTANE INHALATION SOLUTION (sevoflurane)	3	
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (selegiline)	3	SL (1 patch per day)
rasagiline mesylate oral tablet 0.5 mg, 1 mg	3	
selegiline hcl oral capsule 5 mg	3	
selegiline hcl oral tablet 5 mg	1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (selegiline hcl)	3	SL (60 tablets per prescription)
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (selegiline)	3	SL (1 patch per day)
MARPLAN ORAL TABLET 10 MG (isocarboxazid)	3	
NARDIL ORAL TABLET 15 MG (phenelzine sulfate)	3	
PARNATE ORAL TABLET 10 MG (tranylcypromine sulfate)	3	
phenelzine sulfate oral tablet 15 mg	1	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	3	
selegiline hcl oral capsule 5 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
selegiline hcl oral tablet 5 mg	1	
tranylcypromine sulfate oral tablet 10 mg	1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (selegiline hcl)	3	SL (60 tablets per prescription)
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (rotigotine)	3	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
OPIATE AGONISTS - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	
ascomp-codeine oral capsule 50-325-40-30 mg	1	
belladonna alkaloids-opium rectal suppository 16.2-60 mg	3	
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	3	SL (6 capsules per day)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	SL (6 capsules per day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
codeine sulfate oral tablet 30 mg, 60 mg	1	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (tramadol hcl)	3	PA; SL (1capsule per day)
DILAUDID ORAL LIQUID 1 MG/ML (hydromorphone hcl)	3	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (hydromorphone hcl)	3	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA; SL (4 units per day)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; SL (10 patches per month)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (butalbital-apap-caff-cod)	3	SL (6 capsules per day)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; AE: Age edit - prior authorization may be required; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; E = Excluded from coverage unless covered as part of health care reform preventive; CM: Orally administered anticancer medication.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	3	PA; SL (2 capsules per day)
hydrocodone bitartrate er oral capsule extended release 12 hour 50 mg	3	PA; SL (0 per 31 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	3	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	3	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg	3	
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	
hydromorphone hcl oral liquid 1 mg/ml	3	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	
hydromorphone hcl rectal suppository 3 mg	1	
levorphanol tartrate oral tablet 2 mg, 3 mg	3	SL (4 tablets per day)
meperidine hcl oral solution 50 mg/5ml	1	
meperidine hcl oral tablet 50 mg	1	
methadone hcl intensol oral concentrate 10 mg/ml	3	SL (6 mL per day)
methadone hcl oral concentrate 10 mg/ml	3	SL (6 mL per day)
methadone hcl oral solution 10 mg/5ml	1	PA; SL (11.3 mL per day)
methadone hcl oral solution 5 mg/5ml	1	PA; SL (22.6 mL per day)
methadone hcl oral tablet 10 mg	1	PA; SL (2 tablets per day)
methadone hcl oral tablet 5 mg	1	PA; SL (4 tablets per day)
methadone hcl oral tablet soluble 40 mg	1	SL (1.5 mL per day)
METHADOSE ORAL CONCENTRATE 10 MG/ML (methadone hcl)	3	SL (6 mL per day)
methadose oral tablet soluble 40 mg	1	SL (1.5 mL per day)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (methadone hcl)	3	SL (6 mL per day)
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er beads oral capsule extended release 24 hour 120 mg	3	PA; SL (0 per 31 days)
morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	3	PA; SL (1 capsule per day)
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	1	PA; SL (0 per 31 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
morphine sulfate er oral tablet extended release 15 mg, 30 mg	1	PA; SL (3 tablets per day)
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	1	
morphine sulfate oral tablet 15 mg, 30 mg	1	
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG (morphine sulfate)	3	PA; SL (0 per 31 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG (morphine sulfate)	3	PA; SL (3 tablets per day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG (tapentadol hcl)	3	PA; SL (2 tablets per day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG (tapentadol hcl)	3	PA; SL (0 per 31 days)
NUCYNTA ORAL TABLET 100 MG (tapentadol hcl)	3	SL (7 tablets per day)
NUCYNTA ORAL TABLET 50 MG, 75 MG (tapentadol hcl)	3	SL (6 tablets per day)
oxycodone hcl oral capsule 5 mg	1	
oxycodone hcl oral concentrate 100 mg/5ml	3	
oxycodone hcl oral solution 5 mg/5ml	3	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	4	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg	3	PA; SL (2 tablets per day)
oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg	3	PA; SL (0 tablet per day)
oxymorphone hcl oral tablet 10 mg, 5 mg	1	SL (12 tablets per day)
PROLATE ORAL SOLUTION 10-300 MG/5ML (oxycodone-acetaminophen)	4	
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	PA; SL (1capsule per day)
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	3	SL (1 tablet per day)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	3	SL (1 tablet per day)
tramadol hcl oral tablet 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tramadol-acetaminophen oral tablet 37.5-325 mg	1	SL (8 tablets per day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG (oxycodone)	2	PA; SL (2 capsules per day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (oxycodone)	2	PA; SL (0 per 31 days)
OPIATE ANTAGONISTS - Drugs for Overdose or Poisoning		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg	1	SL (2 films per day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	PA; SL (3 films per day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	SL (3 films per day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	2	SL (3 tablets per day)
KLOXXADO NASAL LIQUID 8 MG/0.1ML (naloxone hcl)	2	SL (2 devices per prescription)
naloxone hcl nasal liquid 4 mg/0.1ml	1	SL (2 auto-injectors per prescription)
naltrexone hcl oral tablet 50 mg	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (naloxone hcl)	2	SL (2 auto-injectors per prescription)
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 4-1 MG (buprenorphine hcl-naloxone hcl)	3	SL (2 films per day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG (buprenorphine hcl-naloxone hcl)	3	PA; SL (3 films per day)
SUBOXONE SUBLINGUAL FILM 8-2 MG (buprenorphine hcl-naloxone hcl)	3	SL (3 films per day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 5.7-1.4 MG (buprenorphine hcl-naloxone hcl)	1	SL (3 tablets per day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG (buprenorphine hcl-naloxone hcl)	1	SL (1 tablet per day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (buprenorphine hcl-naloxone hcl)	1	SL (2 tablets per day)
OPIATE PARTIAL AGONISTS - Drugs for Pain		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)	3	PA; SL (2 films per day)
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	3	SL (3 tablets per day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg	1	SL (2 films per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	PA; SL (3 films per day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	SL (3 films per day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	2	SL (3 tablets per day)
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr	3	PA; SL (4 patches per month)
buprenorphine transdermal patch weekly 7.5 mcg/hr	3	PA; SL (0.15 patches per day (4 patches per month))
butorphanol tartrate nasal solution 10 mg/ml	3	SL (7.5 mL (3 bottles) per month)
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 4-1 MG (buprenorphine hcl-naloxone hcl)	3	SL (2 films per day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG (buprenorphine hcl-naloxone hcl)	3	PA; SL (3 films per day)
SUBOXONE SUBLINGUAL FILM 8-2 MG (buprenorphine hcl-naloxone hcl)	3	SL (3 films per day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 5.7-1.4 MG (buprenorphine hcl-naloxone hcl)	1	SL (3 tablets per day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG (buprenorphine hcl-naloxone hcl)	1	SL (1 tablet per day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (buprenorphine hcl-naloxone hcl)	1	SL (2 tablets per day)
OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	3	ST; SL (1 tablet per day)
DAYVIGO ORAL TABLET 10 MG, 5 MG (lemborexant)	3	ST; SL (1 tablet per day)
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Pain		
DAYPRO ORAL TABLET 600 MG (oxaprozin)	3	
DICLOFENAC PATCH EXTERNAL PATCH 1.3 %	3	SL (2 patches per day)
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	1	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	3	
diflunisal oral tablet 500 mg	1	
DUEXIS ORAL TABLET 800-26.6 MG (ibuprofen-famotidine)	3	ST; SL (3 tablets per day)
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (naproxen)	3	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	1	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 500 mg	1	
FELDENE ORAL CAPSULE 10 MG, 20 MG (piroxicam)	3	
FLECTOR EXTERNAL PATCH 1.3 % (diclofenac epolamine)	3	SL (2 patches per day)
flurbiprofen oral tablet 100 mg, 50 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg	3	
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	
ibuprofen oral suspension 100 mg/5ml	3	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine oral tablet 800-26.6 mg	3	ST; SL (3 tablets per day)
INDOCIN ORAL SUSPENSION 25 MG/5ML (indomethacin)	3	PA
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	3	PA
indomethacin er oral capsule extended release 75 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL SOLUTION 15.75 MG/SPRAY	3	ST; SL (5 bottles per prescription)
ketorolac tromethamine oral tablet 10 mg	1	SL (20 tablets per month)
LICART EXTERNAL PATCH 24 HOUR 1.3 % (diclofenac epolamine)	3	
meclofenamate sodium oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	3	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	3	PA
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (naproxen sodium)	3	
naproxen oral suspension 125 mg/5ml	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	3	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	3	PA; SL (2 tablets per day)
oxaprozin oral tablet 600 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
PRASTERA ORAL KIT 200 & 400 MG (prasterone & ibuprofen)	3	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (ketorolac tromethamine)	3	ST; SL (5 bottles per prescription)
sulindac oral tablet 150 mg, 200 mg	1	
tolmetin sodium oral tablet 600 mg	1	
TORONOVA II SUIK COMBINATION KIT 30 MG/ML (ketorolac trometh & anesthetic)	3	
TORONOVA SUIK COMBINATION KIT 30 MG/ML (ketorolac trometh & anesthetic)	3	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (naproxen-esomeprazole)	3	PA; SL (2 tablets per day)
PHENOTHIAZINES - Drugs for Depression & Psychosis		
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	3	PA
chlorpromazine hcl oral tablet 10 mg, 25 mg	1	SL (6 tablets per day)
chlorpromazine hcl oral tablet 100 mg, 50 mg	1	SL (4 tablets per day)
chlorpromazine hcl oral tablet 200 mg	1	SL (2 tablets per day)
compro rectal suppository 25 mg	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
ascomp-codeine oral capsule 50-325-40-30 mg	1	
bac oral tablet 50-325-40 mg	1	SL (6 tablet per day)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	3	SL (6 capsules per day)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	SL (6 tablet per day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
CAFERGOT ORAL TABLET 1-100 MG (ergotamine-caffeine)	3	SL (10 tablets per prescription)
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	3	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG (methylphenidate hcl)	3	ST; SL (1 tablet per day)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG (methylphenidate hcl)	3	ST; SL (2 tablets per day)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (methylphenidate)	3	ST; SL (one patch per day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	SL (1 capsule per day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg	1	SL (2 capsules per day)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	SL (2 tablets per day)
elixophyllin oral elixir 80 mg/15ml	1	
ergotamine-caffeine oral tablet 1-100 mg	3	SL (10 tablets per prescription)
ESGIC ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	3	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (butalbital-apap-caffeine)	3	SL (6 tablet per day)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (butalbital-apap-caff-cod)	3	SL (6 capsules per day)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (dexmethylphenidate hcl)	3	SL (2 tablets per day)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; AE: Age edit - prior authorization may be required; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; E = Excluded from coverage unless covered as part of health care reform preventive; CM: Orally administered anticancer medication.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (dexamethylphenidate hcl)	3	ST; SL (1 capsule per day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG (dexamethylphenidate hcl)	3	ST; SL (2 capsules per day)
METHYLIN ORAL SOLUTION 10 MG/5ML (methylphenidate hcl)	3	ST; SL (30mLs per day)
METHYLIN ORAL SOLUTION 5 MG/5ML (methylphenidate hcl)	3	ST; SL (60mL per day)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	SL (1 capsule per day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	SL (1 capsule per day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	3	SL (1 capsule per day)
methylphenidate hcl er oral tablet extended release 10 mg	3	SL (2 tablets per day)
methylphenidate hcl er oral tablet extended release 20 mg	3	SL (3 tablets per day)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	3	ST; SL (1 tablet per day); AE
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	3	ST; SL (2 tablets per day); AE
methylphenidate hcl oral solution 10 mg/5ml	3	SL (30mLs per day)
methylphenidate hcl oral solution 5 mg/5ml	3	SL (60mL per day)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	
methylphenidate hcl oral tablet chewable 10 mg	3	SL (6 tablets per day)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	3	SL (3 tablets per day)
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	3	ST; SL (one patch per day)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine-caffeine)	3	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (methylphenidate hcl)	3	ST; SL (12 mL per day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG (methylphenidate hcl)	3	ST; SL (1 capsule per day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	3	SL (6 capsules per day)
SALICYLATES - Drugs for Pain		
ascomp-codeine oral capsule 50-325-40-30 mg	1	
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low dose oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	H
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin ec oral tablet delayed release 325 mg	E	H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	H
aspirin oral tablet 325 mg	E	H
aspirin oral tablet chewable 81 mg	E	H
aspirin oral tablet delayed release 325 mg, 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	H
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	3	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
goodsense aspirin adults oral tablet 325 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
mm aspirin oral tablet delayed release 81 mg	E	H
salsalate oral tablet 500 mg, 750 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	H
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	3	SL (4 tablets per day)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	3	SL (1 tablet per day)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg	1	SL (2 capsules per day)
duloxetine hcl oral capsule delayed release particles 60 mg	1	SL (1 capsule per day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (levomilnacipran hcl)	3	ST; SL (1 capsule per day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (levomilnacipran hcl)	3	ST; SL (28 capsules per year)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran hcl)	3	SL (2 tablets per day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (milnacipran hcl)	3	SL (55 tablets (1 pack) per 365 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg	3	SL (2 tablets per day)
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	3	SL (1 tablet per day)
venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg, 75 mg	3	SL (3 tablets per day)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	3	SL (4 tablets per prescription)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	3	SL (4 tablets per prescription)
frovatriptan succinate oral tablet 2.5 mg	3	SL (4 tablets per prescription)
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT (sumatriptan)	3	SL (12 devices (2 packages) per month)
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	SL (4 tablets per prescription)
REYVOW ORAL TABLET 100 MG (lasmiditan succinate)	2	PA; SL (0.27 tablets per day)
REYVOW ORAL TABLET 50 MG (lasmiditan succinate)	2	PA; SL (0.14 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
rizatriptan benzoate oral tablet 10 mg, 5 mg	1	SL (18 tablets per month at retail.)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	1	SL (18 tablets per month)
sumatriptan nasal solution 20 mg/act, 5 mg/act	1	SL (12 devices (2 packages) per month)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	SL (9 tablets per month)
zolmitriptan oral tablet 2.5 mg, 5 mg	1	SL (4 tablets per prescription)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	3	SL (4 tablets per prescription)
ZOMIG NASAL SOLUTION 2.5 MG (zolmitriptan)	3	SL (6 units per prescription)
ZOMIG NASAL SOLUTION 5 MG (zolmitriptan)	2	SL (6 units per prescription)
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (citalopram hydrobromide)	3	
citalopram hydrobromide oral solution 10 mg/5ml	1	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	
escitalopram oxalate oral solution 5 mg/5ml	3	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine hcl oral capsule delayed release 90 mg	3	SL (4 capsules per prescription)
fluoxetine hcl oral solution 20 mg/5ml	1	
fluoxetine hcl oral tablet 10 mg, 20 mg	3	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	3	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	3	SL (1 capsule per day)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	3	SL (3 capsules per day)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	1	SL (2 tablets per day)
paroxetine hcl oral suspension 10 mg/5ml	3	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	
PAXIL ORAL SUSPENSION 10 MG/5ML (paroxetine hcl)	3	
sertraline hcl oral concentrate 20 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (olanzapine-fluoxetine hcl)	3	SL (3 capsules per day)
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (vortioxetine hbr)	3	ST; SL (1 tablet per day)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (vilazodone hcl)	3	SL (30 tablets (1 kit) per month)
SUCCINIMIDES - Drugs for Seizures		
CELONTIN ORAL CAPSULE 300 MG (methsuximide)	3	
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5ml	1	
methsuximide oral capsule 300 mg	3	
ZARONTIN ORAL CAPSULE 250 MG (ethosuximide)	3	
ZARONTIN ORAL SOLUTION 250 MG/5ML (ethosuximide)	3	
THIOXANTHENES - Drugs for Depression & Psychosis		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression & Psychosis		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	3	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral capsule 100 mg, 150 mg	1	
doxepin hcl oral concentrate 10 mg/ml	1	
doxepin hcl oral tablet 3 mg, 6 mg	3	SL (1 tablet per day)
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine hcl)	3	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline hcl oral solution 10 mg/5ml	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
protriptyline hcl oral tablet 10 mg, 5 mg	1	
SILENOR ORAL TABLET 3 MG, 6 MG (doxepin hcl)	3	SL (1 tablet per day)
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	3	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	2	PA; SL (4 tablets per day)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG (deutetrabenazine)	3	
tetrabenazine oral tablet 12.5 mg, 25 mg	3	PA
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	3	PA; SL (1 tablet per day)
armodafinil oral tablet 50 mg	3	PA; SL (2 tablets per day)
diclofenac sodium oral tablet delayed release 75 mg	1	
modafinil oral tablet 100 mg, 200 mg	3	PA; SL (1 tablet per day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (armodafinil)	3	PA; SL (1 tablet per day)
NUVIGIL ORAL TABLET 50 MG (armodafinil)	3	PA; SL (2 tablets per day)
PROVIGIL ORAL TABLET 100 MG, 200 MG (modafinil)	3	PA; SL (1 tablet per day)
SUNOSI ORAL TABLET 150 MG, 75 MG (solriamfetol hcl)	2	PA; SL (1 tablet per day)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (pitolisant hcl)	3	PA; SL (2 tablets per day)
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA IN VITRO SOLUTION (blood glucose calibration)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACCU-CHEK FASTCLIX LANCET KIT KIT (lancets misc.)	1	
ACCU-CHEK FASTCLIX LANCETS (lancets)	1	SL (300 lancets per prescription)
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (blood glucose calibration)	1	
ACCU-CHEK SAFE-T PRO LANCETS (lancets)	1	SL (300 lancets per prescription)
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (blood glucose calibration)	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT (lancets misc.)	1	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	1	SL (300 lancets per prescription)
AEROCHAMBER PLUS FLO-VU (spacer/aero-holding chambers)	2	SL (1 spacer per prescription)
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	SL (100 syringes per prescription)
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	2	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	2	
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
AUM PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (insulin pen needle)	2	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (insulin pen needle)	2	
AUTOLET LANCING DEVICE (lancet devices)	3	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM (insulin pen needle)	2	
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (insulin syringe-needle u-100)	2	SL (100 syringes per prescription)
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML (insulin syringe/needle u-500)	2	SL (100 syringes per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (insulin pen needle)	2	
BREATHE COMFORT CHAMBER/ADULT DEVICE	2	SL (1 spacer per prescription)
BREATHE COMFORT CHAMBER/CHILD DEVICE	2	SL (1 spacer per prescription)
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (blood glucose calibration)	3	
CARETOUCH LANCING/EJECTOR (lancet devices)	3	
CARETOUCH TWIST MC LANCETS 30G (lancets)	2	SL (300 lancets per prescription)
CLEVER CHOICE COMFORT EZ (lancets)	2	SL (300 lancets per prescription)
COMFORT TOUCH PLUS LANCETS 28G (lancets)	2	SL (300 lancets per prescription)
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL (blood glucose calibration)	3	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL (blood glucose calibration)	3	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (insulin syringe-needle u-100)	2	SL (100 syringes per prescription)
EASIVENT (spacer/aero-holding chambers)	2	SL (1 spacer per prescription)
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID (blood glucose calibration)	3	
EASYMAX CONTROL IN VITRO SOLUTION NORMAL (blood glucose calibration)	3	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID (blood glucose calibration)	3	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (insulin pen needle)	2	
FLEXICHAMBER ADULT MASK/SMALL (spacer/aero-hold chamber mask)	2	SL (1 spacer per prescription)
FLEXICHAMBER CHILD MASK/LARGE (spacer/aero-hold chamber mask)	2	SL (1 spacer per prescription)
FLEXICHAMBER CHILD MASK/SMALL (spacer/aero-hold chamber mask)	2	SL (1 spacer per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLEXICHAMBER DEVICE (spacer/aero-holding chambers)	2	SL (1 spacer per prescription)
FORTISCARE CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL (blood glucose calibration)	3	
INSPIREASE RESERVOIR BAGS (spacer/aero-hold chamber bags)	2	SL (1 spacer per prescription)
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 31G X 4 MM , 31G X 6 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (insulin pen needle)	2	
INSULIN PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	SL (100 syringes per prescription)
INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML (insulin syringe-needle u-100)	2	SL (100 syringes per prescription)
LANCETS (lancets)	2	SL (300 lancets per prescription)
MICROLET NEXT LANCING DEVICE (lancet devices)	3	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM (insulin pen needle)	2	
NOVOFINE PEN NEEDLE 32G X 6 MM (insulin pen needle)	2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (insulin pen needle)	2	
OMNIPOD 5 G6 INTRO (GEN 5) KIT (insulin disposable pump)	2	PA; SL (1 kit per 6 months)
OMNIPOD 5 G6 POD (GEN 5) (insulin disposable pump)	2	PA; SL (10 pods per prescription)
ONETOUCH DELICA PLUS LANCET30G (lancets)	1	SL (300 lancets per prescription)
ONETOUCH DELICA PLUS LANCET33G (lancets)	1	SL (300 lancets per prescription)
ONETOUCH DELICA PLUS LANCING (lancet devices)	1	
ONETOUCH ULTRASOFT 2 LANCETS (lancets)	2	SL (300 lancets per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ONETOUCH VERIO IN VITRO SOLUTION HIGH (blood glucose calibration)	1	
PARI VORTEX ADULT MASK (spacer/aero-hold chamber mask)	2	SL (1 spacer per prescription)
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID (blood glucose calibration)	3	
PRO COMFORT SAFETY LANCETS 30G	2	SL (300 lancets per prescription)
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	2	
SAFETY LANCETS 23G (lancets)	2	SL (300 lancets per prescription)
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	2	
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW (blood glucose calibration)	3	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL (blood glucose calibration)	3	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH (blood glucose calibration)	3	
TWIST TOP LANCETS 30G	2	SL (300 lancets per prescription)
UNISTRIP CONTROL IN VITRO SOLUTION LOW (blood glucose calibration)	3	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (insulin pen needle)	2	
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (insulin syringe-needle u-100)	2	SL (100 syringes per prescription)
VERIFINE UNIVERSAL LANCETS 28G (lancets)	2	SL (300 lancets per prescription)
VERIFINE UNIVERSAL LANCETS 30G (lancets)	2	SL (300 lancets per prescription)
VERIFINE UNIVERSAL LANCETS 33G (lancets)	2	SL (300 lancets per prescription)
VORTEX VALVED HOLDING CHAMBER DEVICE (spacer/aero-holding chambers)	2	SL (1 spacer per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIAGNOSTIC AGENTS		
DIABETES MELLITUS		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (glucose blood)	3	PA; SL (300 test strips per month)
ACCU-CHEK GUIDE IN VITRO STRIP (glucose blood)	3	SL (300 test strips per month)
ACCU-CHEK SMARTVIEW TEST STRIPS IN VITRO STRIP (glucose blood)	3	PA; SL (300 test strips per month)
BLOOD GLUCOSE TEST STRIPS 333 IN VITRO STRIP	3	PA; SL (300 test strips per month)
CARETOUCH TEST IN VITRO STRIP (glucose blood)	3	PA; SL (300 test strips per month)
CONTOUR NEXT TEST STRIP IN VITRO (glucose blood)	2	SL (300 test strips per month)
CONTOUR NEXT TEST STRIP IN VITRO (glucose blood)	3	PA; SL (300 test strips per month)
CONTOUR TEST IN VITRO STRIP (glucose blood)	3	PA; SL (300 test strips per month)
FORTISCARE G1 TEST STRIP IN VITRO STRIP (glucose blood)	3	PA; SL (300 test strips per month)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (glucose blood)	3	PA; SL (300 test strips per month)
FREESTYLE TEST IN VITRO STRIP (glucose blood)	3	PA; SL (300 test strips per month)
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (glucose blood)	3	PA; SL (300 test strips per month)
GLUCOCARD SHINE TEST IN VITRO STRIP (glucose blood)	3	PA; SL (300 test strips per month)
GLUCOCARD VITAL TEST IN VITRO STRIP (glucose blood)	3	PA; SL (300 test strips per month)
MICRODOT TEST IN VITRO STRIP (glucose blood)	3	PA; SL (300 test strips per month)
ONETOUCH ULTRA IN VITRO STRIP (glucose blood)	1	SL (300 test strips per month)
ONETOUCH VERIO STRIP IN VITRO (glucose blood)	1	SL (300 test strips per month)
ONETOUCH VERIO STRIP IN VITRO (glucose blood)	2	SL (300 test strips per month)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP (glucose blood)	3	PA; SL (300 test strips per month)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	3	PA; SL (300 test strips per month)
PTS PANELS EGLU TEST IN VITRO STRIP (glucose blood)	3	PA; SL (300 test strips per month)
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	PA; SL (300 test strips per month)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	PA; SL (300 test strips per month)
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	3	PA; SL (10 strips per day)
TRUETRACK TEST IN VITRO STRIP (glucose blood)	3	PA; SL (300 test strips per month)
DIAGNOSTIC AGENTS		
ACCUCAINE COMBINATION KIT 1 % (lido-pentaf-tetrafl-ultrasound)	3	
KETONES		
CHEMSTRIP K IN VITRO STRIP (acetone (urine) test)	3	
KETONE TEST IN VITRO STRIP	3	
KETOSTIX IN VITRO STRIP (acetone (urine) test)	3	
PROTEIN		
CHEMSTRIP MICRAL IN VITRO STRIP (albumin (urine) test)	3	
URINE AND FECES CONTENTS		
CHEMSTRIP 10 MD IN VITRO STRIP (multiple urine tests)	2	
CHEMSTRIP 10/SG IN VITRO STRIP (multiple urine tests)	2	
CHEMSTRIP 2 GP IN VITRO STRIP (multiple urine tests)	2	
CHEMSTRIP 5 OB IN VITRO STRIP (multiple urine tests)	2	
CHEMSTRIP 7 IN VITRO STRIP (multiple urine tests)	2	
CHEMSTRIP 9 IN VITRO STRIP (multiple urine tests)	2	
CHEMSTRIP UGK IN VITRO STRIP (urine glucose-ketones test)	2	
CVS KETONE CARE IN VITRO STRIP (urine glucose-ketones test)	2	
KETO-DIASTIX IN VITRO STRIP (urine glucose-ketones test)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
formaldehyde external solution 10 %, 37 %	3	
glutaraldehyde external solution 25 %	3	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS NO 2 ORAL TABLET 305-700 MG (pot & sod ac phosphates)	3	
ALKALINIZING AGENTS		
cytra k crystals oral packet 3300-1002 mg	1	
ORACIT ORAL SOLUTION 490-640 MG/5ML (sod citrate-citric acid)	3	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)	1	
potassium citrate er oral tablet extended release 15 meq (1620 mg)	3	
potassium citrate-citric acid oral solution 1100-334 mg/5ml	1	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
tricitrates oral solution 550-500-334 mg/5ml	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (potassium citrate)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (potassium citrate)	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (potassium citrate)	3	
AMMONIA DETOXICANTS		
BUPHENYL ORAL POWDER 3 GM/TSP (sodium phenylbutyrate)	3	PA
BUPHENYL ORAL TABLET 500 MG (sodium phenylbutyrate)	3	PA
constulose oral solution 10 gm/15ml	1	
enulose oral solution 10 gm/15ml	1	
generlac oral solution 10 gm/15ml	1	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (lactulose)	3	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LITHOSTAT ORAL TABLET 250 MG (acetohydroxamic acid)	3	
RAVICTI ORAL LIQUID 1.1 GM/ML (glycerol phenylbutyrate)	4	PA
sodium phenylbutyrate oral powder 3 gm/tsp	3	PA
sodium phenylbutyrate oral tablet 500 mg	3	PA
CALORIC AGENTS - Drugs for Nutrition		
aminoamrms oral capsule	3	
aminoreliefrms oral capsule	3	
DOJOLVI ORAL LIQUID 100 % (trihexanoin)	3	PA
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (fe asp gly-succ-c-thre-b12-fa)	2	
CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
DIURETICS, MISCELLANEOUS - Drugs for Water Balance		
elixophyllin oral elixir 80 mg/15ml	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
IRRIGATING SOLUTIONS		
SORBITOL IRRIGATION SOLUTION 3 %	3	
LOOP DIURETICS - Drugs for Water Balance		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BUMEX ORAL TABLET 0.5 MG (bumetanide)	3	
ethacrynic acid oral tablet 25 mg	3	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)	3	
torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OTHER ION-REMOVING AGENTS		
RADIOGARDASE ORAL CAPSULE 0.5 GM (prussian blue insoluble)	3	
PHOSPHATE-REMOVING AGENTS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (ferric citrate)	3	
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (lanthanum carbonate)	3	ST
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	3	ST
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (sevelamer carbonate)	3	PA
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	PA
sevelamer carbonate oral tablet 800 mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	3	
VELPHORO ORAL TABLET CHEWABLE 500 MG (sucroferric oxyhydroxide)	2	
POTASSIUM-REMOVING AGENTS		
LOKELMA ORAL PACKET 10 GM (sodium zirconium cyclosilicate)	3	PA; SL (3 packets per day)
LOKELMA ORAL PACKET 5 GM (sodium zirconium cyclosilicate)	3	PA; SL (1 packet per day)
sodium polystyrene sulfonate oral powder	1	
sps oral suspension 15 gm/60ml	1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (patiromer sorbitex calcium)	3	PA; SL (1 packet per day)
POTASSIUM-SPARING DIURETICS - Drugs for Water Balance		
amiloride hcl oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	3	PA
eplerenone oral tablet 25 mg, 50 mg	3	
MAXZIDE ORAL TABLET 75-50 MG (triamterene-hctz)	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (triamterene-hctz)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
triamterene oral capsule 100 mg, 50 mg	3	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
REPLACEMENT PREPARATIONS		
CALCIFOL ORAL WAFER 1342-1.6 MG (ca carb-fa-d-b6-b12-boron-mg)	3	
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	
calcium acetate oral tablet 667 mg	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (potassium bicarb-citric acid)	3	
effer-k oral tablet effervescent 25 meq	1	
ferrocite plus oral tablet 106-1 mg	3	
GALZIN ORAL CAPSULE 25 MG, 50 MG (zinc acetate (oral))	3	
hematinic plus vit/minerals oral tablet 106-1 mg	3	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (calfactant in nacl)	3	
klor-con 10 oral tablet extended release 10 meq	1	
klor-con m10 oral tablet extended release 10 meq	1	
klor-con m15 oral tablet extended release 15 meq	1	
klor-con m20 oral tablet extended release 20 meq	1	
klor-con oral packet 20 meq	1	
klor-con oral tablet extended release 8 meq	1	
klor-con/ef oral tablet effervescent 25 meq	1	
K-PHOS ORAL TABLET 500 MG (potassium phosphate monobasic)	3	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (k phos mono-sod phos di & mono)	2	
k-prime oral tablet effervescent 25 meq	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ (potassium chloride)	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	2	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (k phos mono-sod phos di & mono)	2	
phosphorous oral tablet 155-852-130 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
phospho-trin 250 neutral oral tablet 155-852-130 mg	1	
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION 22-4-1 MEQ-MMOL/L	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5-1 MEQ-MMOL/L	3	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa-ginger)	2	
PRENATAL ESSENTIALS ORAL CAPSULE 0.272 MG (prenatal multivit-min-fe-fa)	2	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	2	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	2	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	2	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	2	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	2	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	2	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L (bicarb-dextrose-k (crrt))	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L (bicarb-dextrose-ca (crrt))	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L (bicarb-dextrose-k (crrt))	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L (bicarb-dextrose-k-ca (crrt))	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L (bicarb-dextrose-k-mg (crrt))	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L (bicarb-dextrose-k-ca (crrt))	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L (bicarb-mg (crrt))	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	2	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	2	
VITA-PAC ORAL CAPSULE 0.9 MG	2	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	2	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	2	
THIAZIDE DIURETICS - Drugs for Water Balance		
ACCURETIC ORAL TABLET 10-12.5 MG (quinapril-hydrochlorothiazide)	2	
ACCURETIC ORAL TABLET 20-12.5 MG (quinapril-hydrochlorothiazide)	3	
ALDACTAZIDE ORAL TABLET 25-25 MG (spironolactone-hctz)	3	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	3	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
DIURIL ORAL SUSPENSION 250 MG/5ML (chlorothiazide)	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (azilsartan-chlorthalidone)	3	ST
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	3	
MAXZIDE ORAL TABLET 75-50 MG (triamterene-hctz)	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (triamterene-hctz)	3	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG (aliskiren-hydrochlorothiazide)	3	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	SL (2 tablets per day)
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg	1	SL (2 tablets per day)
valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg	1	SL (1 tablet per day)
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (bisoprolol-hydrochlorothiazide)	3	
THIAZIDE-LIKE DIURETICS - Drugs for Water Balance		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
URICOSURIC AGENTS		
colchicine-probenecid oral tablet 0.5-500 mg	1	
probenecid oral tablet 500 mg	1	
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan)	2	PA; SL (2 tablets per day)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (tolvaptan)	2	PA; SL (2 tablets per day)
SAMSCA ORAL TABLET 15 MG (tolvaptan)	3	PA; SL (90 tablets per year)
SAMSCA ORAL TABLET 30 MG (tolvaptan)	3	PA; SL (60 tablets per year)
tolvaptan oral tablet 15 mg	1	SL (1 tablet per day)
tolvaptan oral tablet 30 mg	1	PA; SL (2 tablets per day)
ENZYMES		
ENZYMES		
BRINEURA KIT 2 X 150 MG/5ML (cerliponase alfa)	3	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (pancrelipase (lip-prot-amyl))	2	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT (pancrelipase (lip-prot-amyl))	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (pancrelipase (lip-prot-amyl))	3	ST
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (dornase alfa)	2	PA; SL (5 mL per day)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (collagenase)	3	SL (60g per prescription)
SUCRAID ORAL SOLUTION 8500 UNIT/ML (sacrosidase)	2	PA
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (pancrelipase (lip-prot-amyl))	3	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (pancrelipase (lip-prot-amyl))	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % (brimonidine tartrate)	2	SL (10 mL per month)
brimonidine tartrate ophthalmic solution 0.15 %	1	SL (10 mL per month)
brimonidine tartrate ophthalmic solution 0.2 %	1	
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC SOLUTION 0.15-2 %	3	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	2	SL (10mL per month)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (brinzolamide-brimonidine)	2	SL (8 ml (1 bottle) per month)
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALAWAY OPHTHALMIC SOLUTION 0.025 % (ketotifen fumarate)	3	
ALOCRILOPHTHALMIC SOLUTION 2 % (nedocromil sodium)	3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (lodoxamide tromethamine)	3	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl ophthalmic solution 0.05 %	1	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	
cromolyn sodium ophthalmic solution 4 %	1	
eye itch relief ophthalmic solution 0.025 %	3	
ketotifen fumarate ophthalmic solution 0.025 %	3	
olopatadine hcl nasal solution 0.6 %	3	SL (1.02 gm (0.04 bottles) per day)
olopatadine hcl ophthalmic solution 0.1 %	3	
olopatadine hcl ophthalmic solution 0.2 %	3	
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (olopatadine hcl)	3	
ZADITOR OPHTHALMIC SOLUTION 0.025 % (ketotifen fumarate)	3	
ANTIBACTERIALS (EENT) - Drugs for Infections		
AZASITE OPHTHALMIC SOLUTION 1 % (azithromycin)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bacitracin ophthalmic ointment 500 unit/gm	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (besifloxacin hcl)	3	
CETRAXAL OTIC SOLUTION 0.2 % (ciprofloxacin hcl)	3	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (ciprofloxacin hcl)	3	
CIPRO HC OTIC SUSPENSION 0.2-1 % (ciprofloxacin-hydrocortisone)	3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (ciprofloxacin-dexamethasone)	3	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
ciprofloxacin hcl otic solution 0.2 %	3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin-colist-hc-thonzonium)	3	
erythromycin ophthalmic ointment 5 mg/gm	1	H
gatifloxacin ophthalmic solution 0.5 %	3	
gentamicin sulfate ophthalmic solution 0.3 %	1	SL (15 g per prescription)
levofloxacin ophthalmic solution 1.5 %	1	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (neomycin-polymyxin-dexameth)	3	
MITOSOL OPHTHALMIC KIT 0.2 MG (mitomycin)	3	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	3	
moxifloxacin hcl ophthalmic solution 0.5 %	3	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
neo-polycin hc ophthalmic ointment 1 %	1	
neo-polycin ophthalmic ointment 3.5-400-10000	1	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (ofloxacin)	3	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin otic solution 0.3 %	1	
polycin ophthalmic ointment 500-10000 unit/gm	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% (polymyxin b-trimethoprim)	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (tobramycin-dexamethasone)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	3	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TOBREX OPHTHALMIC OINTMENT 0.3 % (tobramycin)	3	SL (3.5 grams per prescription)
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (moxifloxacin hcl)	3	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (gatifloxacin)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (natamycin)	2	
ANTIVIRALS (EENT) - Drugs for Infections		
trifluridine ophthalmic solution 1 %	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (ganciclovir)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
betaxolol hcl ophthalmic solution 0.5 %	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol hemihydrate)	3	SL (5mL per prescription)
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (betaxolol hcl)	3	
carteolol hcl ophthalmic solution 1 %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	2	SL (10mL per month)
COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (dorzolamide hcl-timolol mal)	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (dorzolamide hcl-timolol mal)	3	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %, 22.3-6.8 mg/ml	3	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (timolol maleate)	3	
levobunolol hcl ophthalmic solution 0.5 %	1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol maleate)	3	
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC SOLUTION 0.15-2 %	3	
brinzolamide ophthalmic suspension 1 %	1	SL (10mL per prescription)
COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (dorzolamide hcl-timolol mal)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (dorzolamide hcl-timolol mal)	3	
dorzolamide hcl ophthalmic solution 2 %	1	SL (10mL per prescription)
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %, 22.3-6.8 mg/ml	3	
methazolamide oral tablet 25 mg, 50 mg	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (brinzolamide-brimonidine)	2	SL (8 ml (1 bottle) per month)
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
ALREX OPHTHALMIC SUSPENSION 0.2 % (loteprednol etabonate)	3	SL (10 mL per prescription)
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (beclomethasone diprop monohyd)	3	SL (50g (2 bottles) per prescription)
CIPRO HC OTIC SUSPENSION 0.2-1 % (ciprofloxacin-hydrocortisone)	3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (ciprofloxacin-dexamethasone)	3	
cortic-nd otic solution 10-10-1 mg/ml	1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin-colist-hc-thonzonium)	3	
DERMOTIC OTIC OIL 0.01 % (fluocinolone acetonide)	3	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	
DEXTENZA OPHTHALMIC INSERT 0.4 MG (dexamethasone)	3	
difluprednate ophthalmic emulsion 0.05 %	3	
DUREZOL OPHTHALMIC EMULSION 0.05 % (difluprednate)	3	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (loteprednol etabonate)	3	SL (1 bottle (8.3mL) per prescription)
flac otic oil 0.01 %	3	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (fluorometholone acetate)	3	
flunisolide nasal solution 25 mcg/act (0.025%)	1	SL (75mL (3 bottles) per prescription)
fluocinolone acetonide otic oil 0.01 %	3	
fluorometholone ophthalmic suspension 0.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluticasone propionate nasal suspension 50 mcg/act	1	SL (16 g (1 bottle) per prescription)
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (fluorometholone)	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (fluorometholone)	3	
hydrocortisone-acetic acid otic solution 1-2 %	1	
INVELTYS OPHTHALMIC SUSPENSION 1 % (loteprednol etabonate)	3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (loteprednol etabonate)	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (loteprednol etabonate)	3	SL (5 grams per prescription)
loteprednol etabonate ophthalmic suspension 0.5 %	3	SL (5 mL per prescription)
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (dexamethasone)	3	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (neomycin-polymyxin-dexameth)	3	
mometasone furoate nasal suspension 50 mcg/act	3	SL (34g (2 bottles) per month)
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (triamcinolone acetonide)	3	SL (16.5g (1 bottle) per month)
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	3	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
neo-polycin hc ophthalmic ointment 1 %	1	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	3	
prednisolone acetate ophthalmic suspension 1 %	1	
prednisolone sodium phosphate ophthalmic solution 1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (beclomethasone diprop (nasal))	3	SL (1 canister (6.8 grams) per month)
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (beclomethasone diprop (nasal))	3	SL (10.6 (1 inhaler) per prescription)
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (tobramycin-dexamethasone)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	3	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	3	
EENT ANTI-INFECTIVES, MISCELLANEOUS - Drugs for Infections		
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 % (silver nitrate-pot nitrate)	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (povidone-iodine)	3	
chlorhexidine gluconate mouth/throat solution 0.12 %	3	
cortic-nd otic solution 10-10-1 mg/ml	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	3	
periogard mouth/throat solution 0.12 %	3	
PRAMOTIC OTIC LIQUID 1-0.1 % (pramoxine-chloroxylenol)	2	
silver nitrate external solution 0.5 %	1	
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (cyclosporine)	3	PA; SL (60 vials per prescription)
RESTASIS OPHTHALMIC EMULSION 0.05 % (cyclosporine)	2	PA; SL (60 vials per prescription)
XIIDRA OPHTHALMIC SOLUTION 5 % (lifitegrast)	2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EENT DRUGS, MISCELLANEOUS		
acetic acid otic solution 2 %	1	
apraclonidine hcl ophthalmic solution 0.5 %	3	
AQUORAL MOUTH/THROAT SOLUTION (artificial saliva)	3	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (cysteamine hcl)	3	PA; SL (20 mL bottles per month)
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (cysteamine hcl)	3	PA; SL (60 mL per 21 days)
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (sulfuric acid-sulf phenolics)	3	
hydrocortisone-acetic acid otic solution 1-2 %	1	
LACRISERT OPHTHALMIC INSERT 5 MG (artificial tear insert)	3	
MUCOSITISRX MOUTH/THROAT PACKET (artificial saliva)	3	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (cenegermin-bkbj)	3	PA; SL (56 vials per year)
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (varenicline tartrate)	3	PA; SL (0.28 mL per day)
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (ketorolac tromethamine)	3	
ACULAR OPHTHALMIC SOLUTION 0.5 % (ketorolac tromethamine)	3	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (ketorolac tromethamine)	3	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	3	
diclofenac sodium ophthalmic solution 0.1 %	1	
flurbiprofen sodium ophthalmic solution 0.03 %	1	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (nepafenac)	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
AKTEN OPHTHALMIC GEL 3.5 % (lidocaine hcl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALCAINE OPHTHALMIC SOLUTION 0.5 % (proparacaine hcl)	3	
ALTACAIN OPHTHALMIC SOLUTION 0.5 % (tetracaine hcl)	2	
cortic-nd otic solution 10-10-1 mg/ml	1	
lidocaine hcl mouth/throat solution 4 %	3	
lidocaine viscous hcl mouth/throat solution 2 %	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (pramoxine-chloroxylenol)	2	
proparacaine hcl ophthalmic solution 0.5 %	1	
tetracaine hcl ophthalmic solution 0.5 %	1	
MIOTICS - Drugs for the Eye		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (echothiophate iodide)	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
MYDRIATICS - Drugs for the Eye		
altafrin ophthalmic solution 10 %	1	
altafrin ophthalmic solution 2.5 %	3	
atropine sulfate ophthalmic ointment 1 %	1	
atropine sulfate ophthalmic solution 1 %	3	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % (cyclopentolate hcl)	2	
CYCLOGYL OPHTHALMIC SOLUTION 1 % (cyclopentolate hcl)	3	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (cyclopentolate-phenylephrine)	3	
cyclopentolate hcl ophthalmic solution 1 %	1	
homatropaire ophthalmic solution 5 %	1	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (atropine sulfate)	3	
phenylephrine hcl ophthalmic solution 10 %	1	
phenylephrine hcl ophthalmic solution 2.5 %	3	
tropicamide ophthalmic solution 0.5 %, 1 %	1	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
latanoprost ophthalmic solution 0.005 %	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (bimatoprost)	2	SL (2.5mL (1 bottle) per month)
tafluprost (pf) ophthalmic solution 0.0015 %	3	SL (1 container per day)
XELPROS OPHTHALMIC EMULSION 0.005 % (latanoprost)	3	SL (2.5 mL per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (tafluprost)	3	SL (1 container per day)
VASOCONSTRICTORS		
ADRENALIN NASAL SOLUTION 0.1 % (epinephrine hcl (nasal))	3	
altafrin ophthalmic solution 10 %	1	
altafrin ophthalmic solution 2.5 %	3	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (cyclopentolate-phenylephrine)	3	
epinephrine hcl (nasal) nasal solution 0.1 %	3	
phenylephrine hcl ophthalmic solution 10 %	1	
phenylephrine hcl ophthalmic solution 2.5 %	3	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (oxymetazoline hcl)	3	PA; SL (30 vials per prescription)
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	3	ST
sodium bicarbonate oral powder	3	
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG (omeprazole-sodium bicarbonate)	3	ST
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (netupitant-palonosetron)	3	
ANZEMET ORAL TABLET 50 MG (dolasetron mesylate)	3	SL (4 tablets per prescription)
granisetron hcl oral tablet 1 mg	3	SL (8 per prescription)
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet 24 mg	1	SL (2 tablets per month)
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (granisetron)	3	SL (1 patch per Rx)
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	SL (120 capsules per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	SL (120 capsules per 365 days)
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate-atropine)	3	
loperamide hcl oral capsule 2 mg	3	
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	3	SL (120 capsules per 365 days)
XERMELO ORAL TABLET 250 MG (telotristat etiprate)	3	PA; SL (3 tablets per day)
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
MARINOL ORAL CAPSULE 2.5 MG (dronabinol)	3	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
scopolamine transdermal patch 72 hour 1 mg/3days	3	
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	3	PA; SL (120 mL (4 bottles) per 28 days)
ANTIHISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
ANTIVERT ORAL TABLET 50 MG (meclizine hcl)	3	
ANTIVERT ORAL TABLET CHEWABLE 25 MG (meclizine hcl)	3	
compro rectal suppository 25 mg	1	
cvs motion sickness oral tablet 50 mg	3	
meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg	3	
motion sickness relief oral tablet 50 mg	3	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
trimethobenzamide hcl oral capsule 300 mg	1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
alosetron hcl oral tablet 0.5 mg, 1 mg	3	PA; SL (2 tablets per day)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; AE: Age edit - prior authorization may be required; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; E = Excluded from coverage unless covered as part of health care reform preventive; CM: Orally administered anticancer medication.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (mesalamine)	2	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	3	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	3	
balsalazide disodium oral capsule 750 mg	1	
CANASA RECTAL SUPPOSITORY 1000 MG (mesalamine)	3	SL (1 suppository per day)
DIPENTUM ORAL CAPSULE 250 MG (olsalazine sodium)	3	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (mesalamine)	2	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (alosetron hcl)	3	PA; SL (2 tablets per day)
mesalamine rectal enema 4 gm	1	
mesalamine rectal suppository 1000 mg	1	SL (1 suppository per day)
mesalamine-cleanser rectal kit 4 gm	3	SL (1 kit per day)
ROWASA RECTAL KIT 4 GM (mesalamine-cleanser)	3	SL (1 kit per day)
SFROWASA RECTAL ENEMA 4 GM/60ML (mesalamine)	2	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	SL (120 capsules per 365 days)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	SL (120 capsules per 365 days)
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	3	SL (120 capsules per 365 days)
ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; AE: Age edit - prior authorization may be required; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; E = Excluded from coverage unless covered as part of health care reform preventive; CM: Orally administered anticancer medication.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clarithromycin oral tablet 250 mg, 500 mg	1	
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	3	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
sodium bicarbonate oral powder	3	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
CATHARTICS AND LAXATIVES - Drugs for Constipation		
bisacodyl ec oral tablet delayed release 5 mg	E	H
bisacodyl oral tablet delayed release 5 mg	E	H
CITRANATAL BLOOM ORAL TABLET 90-1 MG (prenatal-dss-fecb-fegl-fa)	2	
citroma oral solution 1.745 gm/30ml	E	H
clearlax oral powder 17 gm/scoop	3	H
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML (sod picosulfate-mag ox-cit acid)	3	
gavilax oral powder 17 gm/scoop	3	H
gavilyte-c oral solution reconstituted 240 gm	1	H
gavilyte-g oral solution reconstituted 236 gm	1	SL (4000 mL per prescription); H
gentle laxative oral tablet delayed release 5 mg	E	H
gentlelax oral powder 17 gm/scoop	3	H
glycolax oral powder 17 gm/scoop	3	H
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (peg 3350-kcl-nabcb-nacl-nasulf)	3	SL (4000 mL per prescription)
magnesium citrate oral solution 1.745 gm/30ml	E	H
mineral oil heavy oral oil	3	
mm clearlax oral powder 17 gm/scoop	3	H
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (peg-kcl-nacl-nasulf-na asc-c)	3	SL (1 box per prescription)
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	3	SL (354 mL per prescription)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	H
peg-3350/electrolytes oral solution reconstituted 236 gm	1	SL (4000 mL per prescription); H
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	3	SL (1 box per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	3	SL (1 box per prescription)
PEG-PREP ORAL KIT 5-210 MG-GM (bisacodyl-peg-kcl-nabicar-nacl)	3	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (peg-kcl-nacl-nasulf-na asc-c)	3	SL (3 cartons per prescription)
polyethylene glycol 3350 oral powder 17 gm/scoop	3	H
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
qc magnesium citrate oral solution 1.745 gm/30ml	E	H
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (na sulfate-k sulfate-mg sulf)	3	SL (354 mL per prescription)
SUTAB ORAL TABLET 1479-225-188 MG (sodium sulfate-mag sulfate-kcl)	3	
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
CHENODAL ORAL TABLET 250 MG (chenodiol)	3	PA
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
DIGESTANTS - Drugs for the Stomach		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (pancrelipase (lip-prot-amyl))	2	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT (pancrelipase (lip-prot-amyl))	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (pancrelipase (lip-prot-amyl))	3	ST
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (pancrelipase (lip-prot-amyl))	3	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (pancrelipase (lip-prot-amyl))	2	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
alvimopan oral capsule 12 mg	3	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (odevixibat)	3	PA; SL (2 capsules per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (odevixibat)	3	PA; SL (2 capsules per day)
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)	3	PA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG (linaclotide)	2	PA; SL (1 capsule per day)
LINZESS ORAL CAPSULE 72 MCG (linaclotide)	2	PA
LIVMARLI ORAL SOLUTION 9.5 MG/ML (maralixibat chloride)	3	PA; SL (3 mL per day)
lubiprostone oral capsule 24 mcg, 8 mcg	3	PA; SL (2 capsules per day)
MOTTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride succinate)	3	PA; SL (1 tablet per day)
OCALIVA ORAL TABLET 10 MG, 5 MG (obeticholic acid)	4	PA; SL (1 tablet per day)
SYMPROIC ORAL TABLET 0.2 MG (naldemedine tosylate)	2	PA; SL (1 tablet per day)
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	3	PA; SL (2 tablets per day)
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
cimetidine oral tablet 200 mg	3	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
DUEXIS ORAL TABLET 800-26.6 MG (ibuprofen-famotidine)	3	ST; SL (3 tablets per day)
famotidine oral suspension reconstituted 40 mg/5ml	3	
famotidine oral tablet 20 mg, 40 mg	3	
ibuprofen-famotidine oral tablet 800-26.6 mg	3	ST; SL (3 tablets per day)
nizatidine oral capsule 150 mg, 300 mg	1	
PEPCID ORAL TABLET 20 MG, 40 MG (famotidine)	3	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (netupitant-palonosetron)	3	
aprepitant oral 80 & 125 mg	3	SL (3 capsules per prescription)
aprepitant oral capsule 125 mg, 40 mg	3	SL (1 capsule per prescription)
aprepitant oral capsule 80 & 125 mg	3	SL (3 capsules per prescription)
aprepitant oral capsule 80 mg	3	SL (2 capsules per prescription)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (aprepitant)	3	SL (3 packets (125 mg/5 mL per packet) per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROKINETIC AGENTS - Drugs for the Stomach		
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
metoclopramide hcl oral tablet dispersible 5 mg	3	
REGLAN ORAL TABLET 10 MG, 5 MG (metoclopramide hcl)	3	
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (misoprostol)	3	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	3	
misoprostol oral tablet 100 mcg, 200 mcg	1	
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
sucralfate oral suspension 1 gm/10ml	1	
sucralfate oral tablet 1 gm	1	
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	3	SL (112 doses (14 daily administration packs) per 365 days)
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	3	SL (1 capsule per day)
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	3	SL (1 packet per day)
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML (lansoprazole)	3	PA; SL (20 mL per day)
lansoprazole oral capsule delayed release 15 mg, 30 mg	3	SL (1 capsule per day)
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	3	SL (1 tablet per day)
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	3	PA; SL (2 tablets per day)
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG (esomeprazole magnesium)	3	SL (1 capsule per day)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (esomeprazole magnesium)	3	SL (1 packet per day)
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicill-clarithro-omeprazole)	2	SL (80 capsules (1 pack) per year)
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	1	SL (1 capsule per day)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (omeprazole)	3	PA; ST; SL (40 mL per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	3	ST
pantoprazole sodium tablet delayed release 20 mg oral	1	
pantoprazole sodium tablet delayed release 20 mg oral	1	SL (1 tablet per day)
pantoprazole sodium tablet delayed release 40 mg oral	1	
pantoprazole sodium tablet delayed release 40 mg oral	1	SL (1 tablet per day)
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG (lansoprazole)	3	SL (1 capsule per day)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (lansoprazole)	3	SL (1 capsule per day)
rabeprazole sodium oral tablet delayed release 20 mg	3	ST; SL (1 capsule per day)
sm lansoprazole oral capsule delayed release 15 mg	3	SL (1 capsule per day)
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (naproxen-esomeprazole)	3	PA; SL (2 tablets per day)
YOSPRALA ORAL TABLET DELAYED RELEASE 81-40 MG (aspirin-omeprazole)	3	SL (1 tablet per day)
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG (omeprazole-sodium bicarbonate)	3	ST
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA ORAL CAPSULE 3 MG (auranofin)	3	
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (succimer)	3	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	1	PA
deferasirox oral packet 180 mg, 360 mg, 90 mg	1	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	3	PA
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	3	PA
deferiprone oral tablet 1000 mg	4	PA
deferiprone oral tablet 500 mg	3	PA
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	2	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (deferasirox)	3	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (deferiprone)	3	PA
FERRIPROX ORAL TABLET 1000 MG (deferiprone)	4	PA
FERRIPROX ORAL TABLET 500 MG (deferiprone)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (deferiprone)	4	PA
penicillamine oral tablet 250 mg	1	
trientine hcl oral capsule 250 mg	3	PA
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (fluticasone-salmeterol)	3	SL (60 blisters per month)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (fluticasone-salmeterol)	3	SL (12g (1 inhaler) per month)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (fluticasone furoate)	1	SL (1 inhaler (30 blisters) per month)
BETALOAN SUIK COMBINATION KIT 30 MG/5ML (betameth sod phos-ace & anesth)	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT (fluticasone furoate-vilanterol)	3	SL (2 blisters per day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT (fluticasone furoate-vilanterol)	3	SL (1 inhaler (60 blisters) per month)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (budeson-glycopyrrol-formoterol)	3	SL (1 or 2 inhalers per month)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	1	SL (120 mL (60 respules) per prescription)
budesonide inhalation suspension 1 mg/2ml	1	SL (2 mL per day)
budesonide oral capsule delayed release particles 3 mg	1	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	3	
CORTISONE ACETATE ORAL TABLET 25 MG	2	
dexamethasone intensol oral concentrate 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5ml	1	
dexamethasone oral solution 0.5 mg/5ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DMT SUIK COMBINATION KIT 10 MG/ML (dexameth sod phos & anesthetic)	3	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT (fluticasone propionate (inhal))	1	SL (4 blisters per day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT (fluticasone propionate (inhal))	1	SL (8 blisters per day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT (fluticasone propionate hfa)	1	SL (12 grams (1 inhaler) per month)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT (fluticasone propionate hfa)	1	SL (24 grams (2 inhalers) per month)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT (fluticasone propionate hfa)	1	SL (11 grams (1 inhaler) per month)
fludrocortisone acetate oral tablet 0.1 mg	1	
flunisolide nasal solution 25 mcg/act (0.025%)	1	SL (75mL (3 bottles) per prescription)
fluticasone propionate nasal suspension 50 mcg/act	1	SL (16 g (1 bottle) per prescription)
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	SL (12g (1 inhaler) per month)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	SL (1 inhaler per 30 days)
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
INTRAROSA VAGINAL INSERT 6.5 MG (prasterone)	3	PA; SL (1 insert per day)
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (methylprednisolone)	3	
MEDROL ORAL TABLET 2 MG (methylprednisolone)	2	
MEDROL ORAL TABLET THERAPY PACK 4 MG (methylprednisolone)	3	
MEDROLOAN II SUIK COMBINATION KIT 40 MG/ML (methylprednisolone & anesth)	3	
MEDROLOAN SUIK COMBINATION KIT 40 MG/ML (methylprednisolone & anesth)	3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablet therapy pack 4 mg	1	
MILLIPRED ORAL TABLET 5 MG (prednisolone)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
mometasone furoate nasal suspension 50 mcg/act	3	SL (34g (2 bottles) per month)
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate)	3	
P-CARE K40G COMBINATION KIT 40 MG/ML	3	
P-CARE K80G COMBINATION KIT 40 MG/ML	3	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML (prednisolone sodium phosphate)	3	
prednisolone oral solution 15 mg/5ml	1	
prednisolone oral tablet 5 mg	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	3	
prednisone intensol oral concentrate 5 mg/ml	1	
prednisone oral solution 5 mg/5ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (budesonide)	1	SL (2 inhalers per month)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (budesonide-formoterol fumarate)	3	SL (0.34 grams per day)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (dexamethasone)	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21) (dexamethasone)	3	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (budesonide)	3	PA; SL (4 capsules per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	2	SL (60 blisters (1 pack) per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	2	
TRILOAN II SUIK COMBINATION KIT 40 MG/ML (triamcinolone acet & anesth)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRILOAN SUIK COMBINATION KIT 40 MG/ML (triamcinolone acet & anesth)	3	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (budesonide)	3	
ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	3	
AMYLINOMIMETICS - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (pramlintide acetate)	3	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (pramlintide acetate)	3	PA
ANDROGENS - Hormones		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (testosterone)	2	PA; SL (1 patch per day)
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (testosterone)	3	PA; SL (5 gm per day)
COVARYX HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	2	SL (2 tablets per day)
COVARYX ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	SL (2 tablets per day)
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
EEMT HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	2	SL (2 tablets per day)
EEMT ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	SL (2 tablets per day)
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	1	SL (2 tablets per day)
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	1	SL (2 tablets per day)
est estrogens-methyltest oral tablet 1.25-2.5 mg	1	SL (2 tablets per day)
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (testosterone)	3	PA; SL (120g (2 bottles) per month)
METHITEST ORAL TABLET 10 MG	3	
methyltestosterone oral capsule 10 mg	3	
NATESTO NASAL GEL 5.5 MG/ACT (testosterone)	3	PA; SL (3 bottles (21.96 grams) per month)
oxandrolone oral tablet 10 mg, 2.5 mg	3	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (testosterone)	3	PA; SL (2 packets (10 grams) per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	1	PA; SL (5 gm per day)
testosterone transdermal gel 10 mg/act (2%)	3	PA; SL (120g (2 bottles) per month)
testosterone transdermal gel 12.5 mg/act (1%)	1	PA; SL (4 bottles (300 grams) per month)
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	1	PA; SL (1.25 g (1 packet) per day)
testosterone transdermal gel 25 mg/2.5gm (1%)	3	PA; SL (2.5 gms (1 packet) per day)
testosterone transdermal gel 40.5 mg/2.5gm (1.62%)	1	PA; SL (5 g (2 packets) per day)
testosterone transdermal gel 50 mg/5gm (1%)	3	PA; SL (2 packets (10 grams) per day)
testosterone transdermal solution 30 mg/act	3	PA; SL (180mL (2 bottles) per month)
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (testosterone)	3	PA; SL (4 bottles (300 grams) per month)
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (testosterone)	3	PA; SL (2 packets (10 grams) per day)
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
CYCLOSET ORAL TABLET 0.8 MG (bromocriptine mesylate)	3	ST
KORLYM ORAL TABLET 300 MG (mifepristone)	3	PA
WELCHOL ORAL PACKET 3.75 GM (colesevelam hcl)	2	SL (1 pack per day)
WELCHOL ORAL TABLET 625 MG (colesevelam hcl)	2	
ANTIESTROGENS - Drugs for Women		
anastrozole oral tablet 1 mg	1	CM
ARIMIDEX ORAL TABLET 1 MG (anastrozole)	3	CM
exemestane oral tablet 25 mg	1	CM
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (ribociclib-letrozole)	3	PA; SL (1 pack (91 tablets) per 28 days); CM
letrozole oral tablet 2.5 mg	1	CM
ANTIGONADTROPINS - Hormones		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	2	PA; SL (1 tablet per day)
ORGOVYX ORAL TABLET 120 MG (relugolix)	3	PA; SL (1 tablet per day); CM
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	2	PA; SL (2 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORLISSA ORAL TABLET 150 MG (elagolix sodium)	2	PA; SL (1 tablet per day)
ORLISSA ORAL TABLET 200 MG (elagolix sodium)	2	PA; SL (2 tablets per day)
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
diazoxide oral suspension 50 mg/ml	1	
ANTIPARATHYROID AGENTS - Drugs for Bones		
calcitonin (salmon) nasal solution 200 unit/act	1	SL (3.8mL (2 bottles) per month)
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	3	PA
ANTITHYROID AGENTS - Drugs for the Thyroid		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
BIGUANIDES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (pioglitazone hcl-metformin hcl)	3	SL (3 tablets per day)
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (metformin hcl)	3	PA
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin hcl)	2	SL (2 tablets per day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (linagliptin-metformin hcl)	2	SL (2 tablet per day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (linagliptin-metformin hcl)	2	SL (1 tablet per day)
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (alogliptin-metformin hcl)	2	SL (2 tablets per day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (saxagliptin-metformin)	2	SL (2 tablets per day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG (saxagliptin-metformin)	2	SL (1 tablet per day)
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	3	PA
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	1	
metformin hcl oral solution 500 mg/5ml	3	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	SL (3 tablets per day)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (empagliflozin-metformin hcl)	2	SL (2 tablets per day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG (empagliflozin-metformin hcl)	2	SL (1 tablet per day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG (empagliflozin-metformin hcl)	2	SL (2 tablets per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (empagliflozin-linagliptin-metformin)	2	SL (1 tablet per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (empagliflozin-linagliptin-metformin)	2	SL (2 tablets per day)
CONTRACEPTIVES - Drugs for Women		
afirmelle oral tablet 0.1-20 mg-mcg	1	H
aftera oral tablet 1.5 mg	1	H
altavera oral tablet 0.15-30 mg-mcg	1	H
alyacen 1/35 oral tablet 1-35 mg-mcg	1	H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
amethia oral tablet 0.15-0.03 & 0.01 mg	3	SL (90 days supply max per prescription); H
amethyst oral tablet 90-20 mcg	3	H
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (segesterone-ethinyl estradiol)	3	SL (1 vaginal ring per year); H
apri oral tablet 0.15-30 mg-mcg	1	H
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 0.15-0.03 & 0.01 mg	3	SL (90 days supply max per prescription); H
aubra eq oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela 1/20 oral tablet 1-20 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	H
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	H
aviane oral tablet 0.1-20 mg-mcg	1	H
ayuna oral tablet 0.15-30 mg-mcg	1	H
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (levonorgest-eth estrad-fe bisg)	3	H
balziva oral tablet 0.4-35 mg-mcg	1	H
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	H
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	H
briellyn oral tablet 0.4-35 mg-mcg	1	H
camila oral tablet 0.35 mg	1	H
camrese lo oral tablet 0.1-0.02 & 0.01 mg	3	SL (90 days supply max per prescription); H
camrese oral tablet 0.15-0.03 & 0.01 mg	3	SL (90 days supply max per prescription); H
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
chateal eq oral tablet 0.15-30 mg-mcg	1	H
cryselle-28 oral tablet 0.3-30 mg-mcg	1	H
curae oral tablet 1.5 mg	1	H
cyred eq oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35 oral tablet 1-35 mg-mcg	1	H
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
daysee oral tablet 0.15-0.03 & 0.01 mg	3	SL (90 days supply max per prescription); H
deblitane oral tablet 0.35 mg	1	H
delyla oral tablet 0.1-20 mg-mcg	1	H
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (medroxyprogesterone acetate)	2	SL (3.25 mL per year); H
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
dolishale oral tablet 90-20 mcg	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	3	H
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	H
econtra one-step oral tablet 1.5 mg	1	H
elinest oral tablet 0.3-30 mg-mcg	1	H
ELLA ORAL TABLET 30 MG (ulipristal acetate)	1	SL (1 tablet per prescription); H
eluryng vaginal ring 0.12-0.015 mg/24hr	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce oral tablet 0.15-30 mg-mcg	1	H
errin oral tablet 0.35 mg	1	H
estarylla oral tablet 0.25-35 mg-mcg	1	H
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	1	H
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	H
falmina oral tablet 0.1-20 mg-mcg	1	H
fayosim oral tablet 42-21-21-7 days	3	SL (90 days supply max per prescription); H
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
gemmily oral capsule 1-20 mg-mcg(24)	3	SL (1 tablet per day); H
GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG (norethin-eth estradiol-fe)	3	
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	H
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H
heather oral tablet 0.35 mg	1	H
her style oral tablet 1.5 mg	1	H
iclevia oral tablet 0.15-0.03 mg	1	SL (90 days supply max per prescription); H
incassia oral tablet 0.35 mg	1	H
introvale oral tablet 0.15-0.03 mg	1	SL (90 days supply max per prescription); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
isibloom oral tablet 0.15-30 mg-mcg	1	H
jaimiess oral tablet 0.15-0.03 & 0.01 mg	3	SL (90 days supply max per prescription); H
jasmiel oral tablet 3-0.02 mg	1	H
jencycla oral tablet 0.35 mg	1	H
jolessa oral tablet 0.15-0.03 mg	1	SL (90 days supply max per prescription); H
juleber oral tablet 0.15-30 mg-mcg	1	H
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel fe 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	H
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	3	H
kalliga oral tablet 0.15-30 mg-mcg	1	H
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
kelnor 1/35 oral tablet 1-35 mg-mcg	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
kurvelo oral tablet 0.15-30 mg-mcg	1	H
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin 1/20 oral tablet 1-20 mg-mcg	1	H
larin 24 fe oral tablet 1-20 mg-mcg(24)	1	H
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin fe 1/20 oral tablet 1-20 mg-mcg	1	H
layolis fe oral tablet chewable 0.8-25 mg-mcg	3	H
leena oral tablet 0.5/1/0.5-35 mg-mcg	1	H
lessina oral tablet 0.1-20 mg-mcg	1	H
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	3	SL (90 days supply max per prescription); H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	SL (90 days supply max per prescription); H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	1	SL (90 days supply max per prescription); H
levonorgestrel oral tablet 1.5 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	3	H
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	H
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphas)	1	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	3	SL (90 days supply max per prescription); H
loryna oral tablet 3-0.02 mg	1	H
low-ogestrel oral tablet 0.3-30 mg-mcg	1	H
lo-zumandimine oral tablet 3-0.02 mg	1	H
lutera oral tablet 0.1-20 mg-mcg	1	H
lyleq oral tablet 0.35 mg	1	H
lyza oral tablet 0.35 mg	1	H
marlissa oral tablet 0.15-30 mg-mcg	1	H
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	1	SL (5 mL per year); H
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	1	SL (5 mL per year); H
merzee oral capsule 1-20 mg-mcg(24)	3	SL (1 tablet per day); H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (norethin ace-eth estrad-fe)	3	
mono-linyah oral tablet 0.25-35 mg-mcg	1	H
my choice oral tablet 1.5 mg	1	H
my way oral tablet 1.5 mg	1	H
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
new day oral tablet 1.5 mg	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-estetrol)	3	H
nikki oral tablet 3-0.02 mg	1	H
nora-be oral tablet 0.35 mg	1	H
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	3	SL (1 tablet per day); H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone oral tablet 0.35 mg	1	H
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	3	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc oral tablet 0.35 mg	1	H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (etonogestrel-ethinyl estradiol)	3	
nylia 1/35 oral tablet 1-35 mg-mcg	1	H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella oral tablet 3-0.03 mg	1	H
opcicon one-step oral tablet 1.5 mg	1	H
option 2 oral tablet 1.5 mg	1	H
philith oral tablet 0.4-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
pirmella 1/35 oral tablet 1-35 mg-mcg	1	H
pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	1	H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
QUARTETTE ORAL TABLET 42-21-21-7 DAYS (levonorgest-eth estrad 91-day)	3	SL (90 days supply max per prescription)
react oral tablet 1.5 mg	1	H
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivelsa oral tablet 42-21-21-7 days	3	SL (90 days supply max per prescription); H
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (drospiren-eth estrad-levomefol)	3	
setlakin oral tablet 0.15-0.03 mg	1	SL (90 days supply max per prescription); H
sharobel oral tablet 0.35 mg	1	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
simpesse oral tablet 0.15-0.03 & 0.01 mg	3	SL (90 days supply max per prescription); H
SLYND ORAL TABLET 4 MG (drospirenone)	3	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	H
syeda oral tablet 3-0.03 mg	1	H
take action oral tablet 1.5 mg	1	H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	3	SL (1 tablet per day); H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	1	H
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (levonorgestrel-eth estradiol)	3	H
tyblume oral tablet chewable 0.1-20 mg-mcg	1	H
tydemy oral tablet 3-0.03-0.451 mg	3	H
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 3-0.02 mg	1	H
vienva oral tablet 0.1-20 mg-mcg	1	H
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
vyfemla oral tablet 0.4-35 mg-mcg	1	H
vylibra oral tablet 0.25-35 mg-mcg	1	H
wera oral tablet 0.5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 0.4-35 mg-mcg	3	H
xulane transdermal patch weekly 150-35 mcg/24hr	1	SL (3 patches/1 carton per prescription); H
zafemy transdermal patch weekly 150-35 mcg/24hr	1	SL (3 patches/1 carton per prescription); H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	H
zumandimine oral tablet 3-0.03 mg	1	H
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (empagliflozin-linagliptin)	2	ST; SL (1 tablet per day)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin hcl)	2	SL (2 tablets per day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (linagliptin-metformin hcl)	2	SL (2 tablet per day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (linagliptin-metformin hcl)	2	SL (1 tablet per day)
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (alogliptin-metformin hcl)	2	SL (2 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (saxagliptin-metformin)	2	SL (2 tablets per day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG (saxagliptin-metformin)	2	SL (1 tablet per day)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (alogliptin benzoate)	2	SL (1 tablet per day)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (saxagliptin hcl)	2	SL (1 tablet per day)
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG (alogliptin-pioglitazone)	2	SL (1 tablet per day)
TRADJENTA ORAL TABLET 5 MG (linagliptin)	2	SL (1 tablet per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (empagliflozin-linagliptin-metformin)	2	SL (1 tablet per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (empagliflozin-linagliptin-metformin)	2	SL (2 tablets per day)
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
CLOMID ORAL TABLET 50 MG (clomiphene citrate)	2	
DUAVEE ORAL TABLET 0.45-20 MG (conj estrogens-basedoxifene)	2	SL (1 tablet per day)
OSPHENA ORAL TABLET 60 MG (ospemifene)	3	PA; SL (1 tablet per day)
raloxifene hcl oral tablet 60 mg	1	H
SOLTAMOX ORAL SOLUTION 10 MG/5ML (tamoxifen citrate)	3	CM
tamoxifen citrate oral tablet 10 mg	1	CM
tamoxifen citrate oral tablet 20 mg	1	H; CM
toremifene citrate oral tablet 60 mg	1	CM
ESTROGENS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	3	
afirmelle oral tablet 0.1-20 mg-mcg	1	H
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	3	SL (8 patches per month)
altavera oral tablet 0.15-30 mg-mcg	1	H
alyacen 1/35 oral tablet 1-35 mg-mcg	1	H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amethia oral tablet 0.15-0.03 &0.01 mg	3	SL (90 days supply max per prescription); H
amethyst oral tablet 90-20 mcg	3	H
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (drospirenone-estradiol)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (segesterone-ethinyl estradiol)	3	SL (1 vaginal ring per year); H
apri oral tablet 0.15-30 mg-mcg	1	H
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 0.15-0.03 &0.01 mg	3	SL (90 days supply max per prescription); H
aubra eq oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela 1/20 oral tablet 1-20 mg-mcg	1	H
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	H
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	H
aviane oral tablet 0.1-20 mg-mcg	1	H
ayuna oral tablet 0.15-30 mg-mcg	1	H
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (levonorgest-eth estrad-fe bisg)	3	H
balziva oral tablet 0.4-35 mg-mcg	1	H
BIJUVA ORAL CAPSULE 1-100 MG (estradiol-progesterone)	3	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	H
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	H
briellyn oral tablet 0.4-35 mg-mcg	1	H
camrese lo oral tablet 0.1-0.02 & 0.01 mg	3	SL (90 days supply max per prescription); H
camrese oral tablet 0.15-0.03 &0.01 mg	3	SL (90 days supply max per prescription); H
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
chateal eq oral tablet 0.15-30 mg-mcg	1	H
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (estradiol-levonorgestrel)	2	SL (4 patches (1 box) per month)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; AE: Age edit - prior authorization may be required; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; E = Excluded from coverage unless covered as part of health care reform preventive; CM: Orally administered anticancer medication.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (estradiol-norethindrone acet)	3	SL (8 patches (1 box) per month)
COVARYX HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	2	SL (2 tablets per day)
COVARYX ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	SL (2 tablets per day)
cryselle-28 oral tablet 0.3-30 mg-mcg	1	H
cyred eq oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35 oral tablet 1-35 mg-mcg	1	H
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
daysee oral tablet 0.15-0.03 & 0.01 mg	3	SL (90 days supply max per prescription); H
delyla oral tablet 0.1-20 mg-mcg	1	H
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (estradiol)	3	
dolishale oral tablet 90-20 mcg	3	H
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	SL (8 patches per month)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	3	H
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	H
DUAVEE ORAL TABLET 0.45-20 MG (conj estrogens-bazedoxifene)	2	SL (1 tablet per day)
EEMT HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	2	SL (2 tablets per day)
EEMT ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	SL (2 tablets per day)
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (estradiol)	3	
elinest oral tablet 0.3-30 mg-mcg	1	H
eluryng vaginal ring 0.12-0.015 mg/24hr	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce oral tablet 0.15-30 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	1	SL (2 tablets per day)
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	1	SL (2 tablets per day)
est estrogens-methyltest oral tablet 1.25-2.5 mg	1	SL (2 tablets per day)
estarylla oral tablet 0.25-35 mg-mcg	1	H
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	SL (8 patches per month)
estradiol patch twice weekly 0.025 mg/24hr transdermal	3	SL (8 patches per month)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	SL (8 patches per month)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	3	SL (8 patches per month)
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	SL (8 patches per month)
estradiol patch twice weekly 0.05 mg/24hr transdermal	3	SL (8 patches per month)
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	SL (8 patches per month)
estradiol patch twice weekly 0.075 mg/24hr transdermal	3	SL (8 patches per month)
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	SL (8 patches per month)
estradiol patch twice weekly 0.1 mg/24hr transdermal	3	SL (8 patches per month)
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	SL (4 patches (1 box) per month)
estradiol vaginal cream 0.1 mg/gm	3	
estradiol vaginal tablet 10 mcg	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ESTRING VAGINAL RING 7.5 MCG/24HR (estradiol)	3	SL (1 ring/3 months (90 days) per prescription)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (estradiol)	3	SL (50 gm (1 bottle) per month)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	1	H
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	H
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (estradiol)	3	
falmina oral tablet 0.1-20 mg-mcg	1	H
fayosim oral tablet 42-21-21-7 days	3	SL (90 days supply max per prescription); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (estradiol acetate)	3	SL (1 ring per 3 months)
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
fyavolv oral tablet 0.5-2.5 mg-mcg	3	
fyavolv oral tablet 1-5 mg-mcg	1	
gemmily oral capsule 1-20 mg-mcg(24)	3	SL (1 tablet per day); H
GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG (norethin-eth estradiol-fe)	3	
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	H
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H
iclevia oral tablet 0.15-0.03 mg	1	SL (90 days supply max per prescription); H
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (estradiol)	2	SL (0.29 vaginal inserts per day)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (estradiol)	2	SL (18 inserts per year)
introvale oral tablet 0.15-0.03 mg	1	SL (90 days supply max per prescription); H
isibloom oral tablet 0.15-30 mg-mcg	1	H
jaimiess oral tablet 0.15-0.03 & 0.01 mg	3	SL (90 days supply max per prescription); H
jasmiel oral tablet 3-0.02 mg	1	H
jinteli oral tablet 1-5 mg-mcg	1	
jolessa oral tablet 0.15-0.03 mg	1	SL (90 days supply max per prescription); H
juleber oral tablet 0.15-30 mg-mcg	1	H
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel fe 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	H
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	3	H
kalliga oral tablet 0.15-30 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
kelnor 1/35 oral tablet 1-35 mg-mcg	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
kurvelo oral tablet 0.15-30 mg-mcg	1	H
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin 1/20 oral tablet 1-20 mg-mcg	1	H
larin 24 fe oral tablet 1-20 mg-mcg(24)	1	H
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin fe 1/20 oral tablet 1-20 mg-mcg	1	H
layolis fe oral tablet chewable 0.8-25 mg-mcg	3	H
leena oral tablet 0.5/1/0.5-35 mg-mcg	1	H
lessina oral tablet 0.1-20 mg-mcg	1	H
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	3	SL (90 days supply max per prescription); H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	SL (90 days supply max per prescription); H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	1	SL (90 days supply max per prescription); H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	3	H
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	H
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphas)	1	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	3	SL (90 days supply max per prescription); H
loryna oral tablet 3-0.02 mg	1	H
low-ogestrel oral tablet 0.3-30 mg-mcg	1	H
lo-zumandimine oral tablet 3-0.02 mg	1	H
lutera oral tablet 0.1-20 mg-mcg	1	H
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	SL (8 patches per month)
marlissa oral tablet 0.15-30 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (esterified estrogens)	2	
merzee oral capsule 1-20 mg-mcg(24)	3	SL (1 tablet per day); H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H
mimvey oral tablet 1-0.5 mg	1	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (norethin ace-eth estrad-fe)	3	
mono-linyah oral tablet 0.25-35 mg-mcg	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	2	PA; SL (1 tablet per day)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	1	H
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-estetrol)	3	H
nikki oral tablet 3-0.02 mg	1	H
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	3	SL (1 tablet per day); H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	3	
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	3	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (etonogestrel-ethinyl estradiol)	3	
nylia 1/35 oral tablet 1-35 mg-mcg	1	H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella oral tablet 3-0.03 mg	1	H
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	2	PA; SL (2 tablets per day)
philith oral tablet 0.4-35 mg-mcg	1	H
pimtreea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
pirmella 1/35 oral tablet 1-35 mg-mcg	1	H
pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (estradiol-norgestimate)	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens conjugated)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (estrogens, conjugated)	2	
PREMPHASE ORAL TABLET 0.625-5 MG (conj estrog-medroxyprogest ace)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (conj estrog-medroxyprogest ace)	2	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS (levonorgest-eth estrad 91-day)	3	SL (90 days supply max per prescription)
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivelsa oral tablet 42-21-21-7 days	3	SL (90 days supply max per prescription); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (drospiren-eth estrad-levomefol)	3	
setlakin oral tablet 0.15-0.03 mg	1	SL (90 days supply max per prescription); H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
simpesse oral tablet 0.15-0.03 &0.01 mg	3	SL (90 days supply max per prescription); H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	H
syeda oral tablet 3-0.03 mg	1	H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	3	SL (1 tablet per day); H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	1	H
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (levonorgestrel-eth estradiol)	3	H
tyblume oral tablet chewable 0.1-20 mg-mcg	1	H
tydemy oral tablet 3-0.03-0.451 mg	3	H
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 3-0.02 mg	1	H
vienva oral tablet 0.1-20 mg-mcg	1	H
violele oral tablet 0.15-0.02/0.01 mg (21/5)	1	H

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; AE: Age edit - prior authorization may be required; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; E = Excluded from coverage unless covered as part of health care reform preventive; CM: Orally administered anticancer medication.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	2	SL (8 patches per month)
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
vyfemla oral tablet 0.4-35 mg-mcg	1	H
vylibra oral tablet 0.25-35 mg-mcg	1	H
wera oral tablet 0.5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 0.4-35 mg-mcg	3	H
xulane transdermal patch weekly 150-35 mcg/24hr	1	SL (3 patches/1 carton per prescription); H
yuvaferm vaginal tablet 10 mcg	1	
zafemy transdermal patch weekly 150-35 mcg/24hr	1	SL (3 patches/1 carton per prescription); H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	H
zumandimine oral tablet 3-0.03 mg	1	H
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	SL (2 devices per prescription)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	SL (2 devices per prescription)
glucagon emergency kit injection kit 1 mg	1	SL (2 devices per prescription)
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	SL (2 boxes per prescription)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (dasiglucagon hcl)	2	SL (2 auto-injectors per prescription)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (dasiglucagon hcl)	2	SL (2 auto-injectors per prescription)
GONADOTROPINS - Hormones		
SYNAREL NASAL SOLUTION 2 MG/ML (nafarelin acetate)	2	
INCRETIN MIMETICS - Drugs for Diabetes		
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (exenatide)	2	PA
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (exenatide)	2	PA; SL (4 vials per pen-inj per 28 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (exenatide)	2	PA; SL (4 vials per pen-inj per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (semaglutide)	2	PA
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML (semaglutide)	2	PA; SL (3 mL per month)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (semaglutide)	2	PA; SL (1 tablet per day)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (insulin glargine-lixisenatide)	2	SL (18 mL (6 pens) per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (dulaglutide)	2	PA; SL (4 pens (2 mL) per 28 days)
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (liraglutide)	2	PA; SL (0.3mL per day)
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (liraglutide)	3	PA; SL (0.3mL per day)
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (insulin nph isophane & regular)	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (insulin nph isophane & regular)	1	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (insulin nph human (isophane))	2	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (insulin nph human (isophane))	1	
LONG-ACTING INSULINS - Drugs for Diabetes		
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin glargine)	1	SL (75 mL per prescription)
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine)	1	SL (70 mL per prescription)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin glargine-aglr)	2	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (insulin glargine-lixisenatide)	2	SL (18 mL (6 pens) per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (insulin glargine)	2	SL (37.5 mL per prescription)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (insulin glargine)	2	SL (37.5 mL per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MEGLITINIDES - Drugs for Diabetes		
nateglinide oral tablet 120 mg, 60 mg	1	SL (3 tablets per day)
repaglinide oral tablet 0.5 mg, 1 mg	1	SL (4 tablets per day)
repaglinide oral tablet 2 mg	1	SL (8 tablets per day)
PITUITARY - Hormones		
desmopressin ace spray refrig nasal solution 0.01 %	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate spray nasal solution 0.01 %	1	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (desmopressin acetate)	3	PA; SL (1 tablet per day)
PROGESTINS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	3	
afirmelle oral tablet 0.1-20 mg-mcg	1	H
aftera oral tablet 1.5 mg	1	H
altavera oral tablet 0.15-30 mg-mcg	1	H
alyacen 1/35 oral tablet 1-35 mg-mcg	1	H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
amethia oral tablet 0.15-0.03 & 0.01 mg	3	SL (90 days supply max per prescription); H
amethyst oral tablet 90-20 mcg	3	H
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (drospirenone-estradiol)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (segesterone-ethinyl estradiol)	3	SL (1 vaginal ring per year); H
apri oral tablet 0.15-30 mg-mcg	1	H
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 0.15-0.03 & 0.01 mg	3	SL (90 days supply max per prescription); H
aubra eq oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela 1/20 oral tablet 1-20 mg-mcg	1	H
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	H
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	H
aviane oral tablet 0.1-20 mg-mcg	1	H
AYGESTIN ORAL TABLET 5 MG (norethindrone acetate)	3	
ayuna oral tablet 0.15-30 mg-mcg	1	H
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (levonorgest-eth estrad-fe bisg)	3	H
balziva oral tablet 0.4-35 mg-mcg	1	H
BIJUVA ORAL CAPSULE 1-100 MG (estradiol-progesterone)	3	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	H
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	H
briellyn oral tablet 0.4-35 mg-mcg	1	H
camila oral tablet 0.35 mg	1	H
camrese lo oral tablet 0.1-0.02 & 0.01 mg	3	SL (90 days supply max per prescription); H
camrese oral tablet 0.15-0.03 & 0.01 mg	3	SL (90 days supply max per prescription); H
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
chateal eq oral tablet 0.15-30 mg-mcg	1	H
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (estradiol-levonorgestrel)	2	SL (4 patches (1 box) per month)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (estradiol-norethindrone acet)	3	SL (8 patches (1 box) per month)
CRINONE VAGINAL GEL 4 %, 8 % (progesterone)	3	
cryselle-28 oral tablet 0.3-30 mg-mcg	1	H
curae oral tablet 1.5 mg	1	H
cyred eq oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35 oral tablet 1-35 mg-mcg	1	H
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
daysee oral tablet 0.15-0.03 & 0.01 mg	3	SL (90 days supply max per prescription); H
deblitane oral tablet 0.35 mg	1	H
delyla oral tablet 0.1-20 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (medroxyprogesterone acetate)	2	SL (3.25 mL per year); H
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
dolishale oral tablet 90-20 mcg	3	H
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	3	H
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	H
econtra one-step oral tablet 1.5 mg	1	H
elinest oral tablet 0.3-30 mg-mcg	1	H
ELLA ORAL TABLET 30 MG (ulipristal acetate)	1	SL (1 tablet per prescription); H
eluryng vaginal ring 0.12-0.015 mg/24hr	1	H
ENDOMETRIN VAGINAL INSERT 100 MG (progesterone)	2	
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce oral tablet 0.15-30 mg-mcg	1	H
errin oral tablet 0.35 mg	1	H
estarylla oral tablet 0.25-35 mg-mcg	1	H
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	1	H
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	H
falmina oral tablet 0.1-20 mg-mcg	1	H
fayosim oral tablet 42-21-21-7 days	3	SL (90 days supply max per prescription); H
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (progesterone)	3	PA
fyavolv oral tablet 0.5-2.5 mg-mcg	3	
fyavolv oral tablet 1-5 mg-mcg	1	
gemmily oral capsule 1-20 mg-mcg(24)	3	SL (1 tablet per day); H
GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG (norethin-eth estradiol-fe)	3	
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	H
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H
heather oral tablet 0.35 mg	1	H
her style oral tablet 1.5 mg	1	H
iclevia oral tablet 0.15-0.03 mg	1	SL (90 days supply max per prescription); H
incassia oral tablet 0.35 mg	1	H
introvale oral tablet 0.15-0.03 mg	1	SL (90 days supply max per prescription); H
isibloom oral tablet 0.15-30 mg-mcg	1	H
jaimiess oral tablet 0.15-0.03 &0.01 mg	3	SL (90 days supply max per prescription); H
jasmiel oral tablet 3-0.02 mg	1	H
jencycla oral tablet 0.35 mg	1	H
jinteli oral tablet 1-5 mg-mcg	1	
jolessa oral tablet 0.15-0.03 mg	1	SL (90 days supply max per prescription); H
juleber oral tablet 0.15-30 mg-mcg	1	H
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel fe 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	H
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	3	H
kalliga oral tablet 0.15-30 mg-mcg	1	H
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
kelnor 1/35 oral tablet 1-35 mg-mcg	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
kurvelo oral tablet 0.15-30 mg-mcg	1	H
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin 1/20 oral tablet 1-20 mg-mcg	1	H
larin 24 fe oral tablet 1-20 mg-mcg(24)	1	H
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
larin fe 1/20 oral tablet 1-20 mg-mcg	1	H
layolis fe oral tablet chewable 0.8-25 mg-mcg	3	H
leena oral tablet 0.5/1/0.5-35 mg-mcg	1	H
lessina oral tablet 0.1-20 mg-mcg	1	H
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	3	SL (90 days supply max per prescription); H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	SL (90 days supply max per prescription); H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	1	SL (90 days supply max per prescription); H
levonorgestrel oral tablet 1.5 mg	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	3	H
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	H
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphas)	1	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	3	SL (90 days supply max per prescription); H
loryna oral tablet 3-0.02 mg	1	H
low-ogestrel oral tablet 0.3-30 mg-mcg	1	H
lo-zumandimine oral tablet 3-0.02 mg	1	H
lutra oral tablet 0.1-20 mg-mcg	1	H
lyleq oral tablet 0.35 mg	1	H
lyza oral tablet 0.35 mg	1	H
marlissa oral tablet 0.15-30 mg-mcg	1	H
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	1	SL (5 mL per year); H
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	1	SL (5 mL per year); H
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	
megestrol acetate oral suspension 40 mg/ml	1	CM
megestrol acetate oral suspension 625 mg/5ml	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
megestrol acetate oral tablet 20 mg, 40 mg	1	CM
merzee oral capsule 1-20 mg-mcg(24)	3	SL (1 tablet per day); H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H
mimvey oral tablet 1-0.5 mg	1	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (norethin ace-eth estrad-fe)	3	
mono-lynyah oral tablet 0.25-35 mg-mcg	1	H
my choice oral tablet 1.5 mg	1	H
my way oral tablet 1.5 mg	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	2	PA; SL (1 tablet per day)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	1	H
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
new day oral tablet 1.5 mg	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-estetrol)	3	H
nikki oral tablet 3-0.02 mg	1	H
nora-be oral tablet 0.35 mg	1	H
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	3	SL (1 tablet per day); H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H
norethindrone acetate oral tablet 5 mg	1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone oral tablet 0.35 mg	1	H
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	3	
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	3	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc oral tablet 0.35 mg	1	H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (etonogestrel-ethinyl estradiol)	3	
nylia 1/35 oral tablet 1-35 mg-mcg	1	H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella oral tablet 3-0.03 mg	1	H
opcicon one-step oral tablet 1.5 mg	1	H
option 2 oral tablet 1.5 mg	1	H
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	2	PA; SL (2 tablets per day)
philith oral tablet 0.4-35 mg-mcg	1	H
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
pirmella 1/35 oral tablet 1-35 mg-mcg	1	H
pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	1	H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (estradiol-norgestimate)	3	
PREMPHASE ORAL TABLET 0.625-5 MG (conj estrog-medroxyprogest ace)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (conj estrog-medroxyprogest ace)	2	
progesterone oral capsule 100 mg, 200 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone acetate)	3	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS (levonorgestrel eth estrad 91-day)	3	SL (90 days supply max per prescription)
react oral tablet 1.5 mg	1	H
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivelsa oral tablet 42-21-21-7 days	3	SL (90 days supply max per prescription); H
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (drospiren-eth estrad-levomefol)	3	
setlakin oral tablet 0.15-0.03 mg	1	SL (90 days supply max per prescription); H
sharobel oral tablet 0.35 mg	1	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
simpesse oral tablet 0.15-0.03 & 0.01 mg	3	SL (90 days supply max per prescription); H
SLYND ORAL TABLET 4 MG (drospirenone)	3	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	H
syeda oral tablet 3-0.03 mg	1	H
take action oral tablet 1.5 mg	1	H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	3	SL (1 tablet per day); H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (levonorgestrel-eth estradiol)	3	H
tyblume oral tablet chewable 0.1-20 mg-mcg	1	H
tydemy oral tablet 3-0.03-0.451 mg	3	H
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 3-0.02 mg	1	H
vienva oral tablet 0.1-20 mg-mcg	1	H
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
vyfemla oral tablet 0.4-35 mg-mcg	1	H
vylibra oral tablet 0.25-35 mg-mcg	1	H
wera oral tablet 0.5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 0.4-35 mg-mcg	3	H
xulane transdermal patch weekly 150-35 mcg/24hr	1	SL (3 patches/1 carton per prescription); H
zafemy transdermal patch weekly 150-35 mcg/24hr	1	SL (3 patches/1 carton per prescription); H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	H
zumandimine oral tablet 3-0.03 mg	1	H
RAPID-ACTING INSULINS - Drugs for Diabetes		
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT (insulin regular human)	3	PA; SL (900 cartridges per prescription)
AFREZZA INHALATION POWDER 60X4 &60X8 & 60X12 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (insulin regular human)	3	PA; SL (1800 cartridges per prescription)
HUMALOG INJECTION SOLUTION 100 UNIT/ML (insulin lispro)	1	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (insulin lispro)	2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (insulin lispro prot & lispro)	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (insulin lispro prot & lispro)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (insulin lispro prot & lispro)	2	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (insulin lispro prot & lispro)	1	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (insulin lispro)	2	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin lispro)	2	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (insulin lispro-aabc)	2	SL (75 mL per prescription)
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML (insulin lispro-aabc)	1	SL (70 mL per prescription)
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (insulin nph isophane & regular)	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (insulin nph isophane & regular)	1	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (insulin regular human)	2	SL (75mL per prescription)
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML (insulin regular human)	1	
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (insulin regular human)	1	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (empagliflozin-linagliptin)	2	ST; SL (1 tablet per day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (empagliflozin)	2	SL (1 tablet per day)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (empagliflozin-metformin hcl)	2	SL (2 tablets per day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG (empagliflozin-metformin hcl)	2	SL (1 tablet per day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG (empagliflozin-metformin hcl)	2	SL (2 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (empagliflozin-linagliptin-metformin)	2	SL (1 tablet per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (empagliflozin-linagliptin-metformin)	2	SL (2 tablets per day)
SULFONYLUREAS - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone hcl-glimepiride)	3	SL (1 tablet per day)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG (glipizide)	3	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG (glyburide micronized)	3	
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	1	SL (1 tablet per day)
THIAZOLIDINEDIONES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (pioglitazone hcl-metformin hcl)	3	SL (3 tablets per day)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone hcl-glimepiride)	3	SL (1 tablet per day)
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG (alogliptin-pioglitazone)	2	SL (1 tablet per day)
pioglitazone hcl oral tablet 15 mg	1	SL (2 tablets per day)
pioglitazone hcl oral tablet 30 mg, 45 mg	1	SL (1 tablet per day)
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	1	SL (1 tablet per day)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	SL (3 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THYROID AGENTS - Drugs for the Thyroid		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (thyroid)	3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (thyroid)	3	
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	3	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine sodium)	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (levothyroxine sodium)	2	PA
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
ACCUCAINE COMBINATION KIT 1 % (lido-pentaf-tetrafl-ultrasound)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MARVONA SUIK COMBINATION KIT 0.5 % (bupivacaine hcl & anesthetic)	3	
ZTLIDO EXTERNAL PATCH 1.8 % (lidocaine)	3	PA; SL (3 patches per day)
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
dutasteride oral capsule 0.5 mg	1	
finasteride oral tablet 5 mg	1	
ALCOHOL DETERRENTS - Drugs for Alcohol Dependence		
disulfiram oral tablet 250 mg, 500 mg	1	
naltrexone hcl oral tablet 50 mg	1	
ANTIDOTES - Drugs for Overdose or Poisoning		
acetylcysteine inhalation solution 10 %, 20 %	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	SL (2 devices per prescription)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	SL (2 devices per prescription)
CHEMET ORAL CAPSULE 100 MG (succimer)	3	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (lanthanum carbonate)	3	ST
glucagon emergency kit injection kit 1 mg	1	SL (2 devices per prescription)
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	SL (2 boxes per prescription)
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	3	ST
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	CM
naltrexone hcl oral tablet 50 mg	1	
phytonadione oral tablet 5 mg	3	SL (5 tablets per day)
RADIOGARDASE ORAL CAPSULE 0.5 GM (prussian blue insoluble)	3	
REVELA ORAL PACKET 0.8 GM, 2.4 GM (sevelamer carbonate)	3	PA
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	PA
sevelamer carbonate oral tablet 800 mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	3	
sodium polystyrene sulfonate oral powder	1	
sps oral suspension 15 gm/60ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VISTOGARD ORAL PACKET 10 GM (uridine triacetate)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (dasiglucagon hcl)	2	SL (2 auto-injectors per prescription)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (dasiglucagon hcl)	2	SL (2 auto-injectors per prescription)
ANTIGOUT AGENTS - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet 0.6 mg	1	
colchicine-probenecid oral tablet 0.5-500 mg	1	
COLCRYS ORAL TABLET 0.6 MG (colchicine)	2	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (naproxen)	3	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
febuxostat oral tablet 40 mg, 80 mg	1	ST; SL (1 tablet per day)
INDOCIN ORAL SUSPENSION 25 MG/5ML (indomethacin)	3	PA
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	3	PA
indomethacin er oral capsule extended release 75 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (naproxen sodium)	3	
naproxen oral suspension 125 mg/5ml	3	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	3	
naproxen sodium oral tablet 275 mg, 550 mg	1	
probenecid oral tablet 500 mg	1	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG (allopurinol)	3	
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
alendronate sodium oral solution 70 mg/75ml	1	SL (300mL (4 bottles) per month)
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	SL (4 tablets per 28 days)
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	3	SL (8 patches per month)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (alendronate sodium)	3	SL (4 tablets per 28 days)
calcitonin (salmon) nasal solution 200 unit/act	1	SL (3.8mL (2 bottles) per month)
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (estradiol)	3	
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	SL (8 patches per month)
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (estradiol)	3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	SL (8 patches per month)
estradiol patch twice weekly 0.025 mg/24hr transdermal	3	SL (8 patches per month)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	SL (8 patches per month)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	3	SL (8 patches per month)
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	SL (8 patches per month)
estradiol patch twice weekly 0.05 mg/24hr transdermal	3	SL (8 patches per month)
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	SL (8 patches per month)
estradiol patch twice weekly 0.075 mg/24hr transdermal	3	SL (8 patches per month)
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	SL (8 patches per month)
estradiol patch twice weekly 0.1 mg/24hr transdermal	3	SL (8 patches per month)
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	SL (4 patches (1 box) per month)
estradiol vaginal cream 0.1 mg/gm	3	
estradiol vaginal tablet 10 mcg	1	
ESTRING VAGINAL RING 7.5 MCG/24HR (estradiol)	3	SL (1 ring/3 months (90 days) per prescription)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (estradiol)	3	SL (50 gm (1 bottle) per month)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (estradiol)	3	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (estradiol acetate)	3	SL (1 ring per 3 months)
FOSAMAX ORAL TABLET 70 MG (alendronate sodium)	3	SL (4 tablets per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (alendronate-cholecalciferol)	3	SL (4 tablets per 28 days)
ibandronate sodium oral tablet 150 mg	1	
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	SL (8 patches per month)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (esterified estrogens)	2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens conjugated)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (estrogens, conjugated)	2	
raloxifene hcl oral tablet 60 mg	1	H
risedronate sodium oral tablet 150 mg	3	SL (1 tablet per month)
risedronate sodium oral tablet 30 mg, 5 mg	3	
risedronate sodium oral tablet 35 mg	3	SL (4 tablets per month)
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	2	SL (8 patches per month)
yuvafem vaginal tablet 10 mcg	1	
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
dichlorphenamide oral tablet 50 mg	3	PA; SL (4 tablets per day)
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	3	PA; SL (4 tablets per day)
CARIOSTATIC AGENTS - Vitamins and Fluoride		
easygel dental gel 0.4 %	3	
COMPLEMENT INHIBITORS		
TAVNEOS ORAL CAPSULE 10 MG (avacopan)	3	PA; SL (6 capsules per day)
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	3	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	3	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	2	PA; SL (1 tablet per day)
cyclosporine intravenous solution 50 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cyclosporine modified oral capsule 100 mg, 50 mg	1	
cyclosporine modified oral capsule 25 mg	3	
cyclosporine modified oral solution 100 mg/ml	3	
cyclosporine oral capsule 100 mg, 25 mg	1	
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	2	
gengraf oral capsule 100 mg	1	
gengraf oral capsule 25 mg	3	
gengraf oral solution 100 mg/ml	3	
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
leflunomide oral tablet 10 mg, 20 mg	1	
methotrexate oral tablet 2.5 mg	1	CM
methotrexate sodium oral tablet 2.5 mg	1	CM
OLUMIANT ORAL TABLET 1 MG, 4 MG (baricitinib)	2	SL (1 tablet per day)
OLUMIANT ORAL TABLET 2 MG (baricitinib)	2	PA; SL (1 tablet per day)
OTEZLA ORAL TABLET 30 MG (apremilast)	2	PA; SL (2 tablets per day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	2	PA; SL (27 tablets per 1 year)
penicillamine oral tablet 250 mg	1	
RIDAURA ORAL CAPSULE 3 MG (auranofin)	3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (upadacitinib)	2	PA; SL (1 tablet per day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (upadacitinib)	2	PA; SL (56 tablets per year)
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	2	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	3	PA; SL (4 mL per day); CM
XELJANZ ORAL SOLUTION 1 MG/ML (tofacitinib citrate)	2	PA; SL (8 mL per day)
XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib citrate)	2	PA; SL (2 tablets per day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (tofacitinib citrate)	2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (tofacitinib citrate)	2	PA; SL (1 tablet per day)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; AE: Age edit - prior authorization may be required; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; E = Excluded from coverage unless covered as part of health care reform preventive; CM: Orally administered anticancer medication.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
AUBAGIO ORAL TABLET 14 MG, 7 MG (teriflunomide)	3	PA; SL (1 tablet per day)
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	3	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	3	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	3	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (monomethyl fumarate)	2	PA; SL (4 capsules per day)
cyclosporine intravenous solution 50 mg/ml	1	
cyclosporine modified oral capsule 100 mg, 50 mg	1	
cyclosporine modified oral capsule 25 mg	3	
cyclosporine modified oral solution 100 mg/ml	3	
cyclosporine oral capsule 100 mg, 25 mg	1	
dimethyl fumarate oral capsule delayed release 120 mg	1	PA; SL (56 capsules per year)
dimethyl fumarate oral capsule delayed release 240 mg	1	PA; SL (2 tablets per day)
dimethyl fumarate starter pack oral 120 & 240 mg	1	PA; SL (1 kit per year)
gengraf oral capsule 100 mg	1	
gengraf oral capsule 25 mg	3	
gengraf oral solution 100 mg/ml	3	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (fingolimod hcl)	3	PA; SL (1 capsule per day)
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
leflunomide oral tablet 10 mg, 20 mg	1	
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	4	PA; SL (1 capsule per day); CM
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (cladribine)	3	PA; SL (40 tablets per 720 days)
MAYZENT ORAL TABLET 0.25 MG (siponimod fumarate)	3	PA; SL (4 tablets per day)
MAYZENT ORAL TABLET 1 MG, 2 MG (siponimod fumarate)	3	PA; SL (1 tablet per day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG (siponimod fumarate)	3	PA; SL (7 tablets per year)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (siponimod fumarate)	3	PA; SL (1 starter pack (12 tablets) per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methotrexate oral tablet 2.5 mg	1	CM
methotrexate sodium oral tablet 2.5 mg	1	CM
OTEZLA ORAL TABLET 30 MG (apremilast)	2	PA; SL (2 tablets per day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	2	PA; SL (27 tablets per 1 year)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	4	PA; SL (1 capsule per day); CM
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	4	PA; SL (1 capsule per day); CM
RIDAURA ORAL CAPSULE 3 MG (auranofin)	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	2	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
teriflunomide oral tablet 14 mg, 7 mg	3	PA; SL (1 tablet per day)
THALOMID ORAL CAPSULE 100 MG, 50 MG (thalidomide)	4	PA; SL (4 capsules per day); CM
THALOMID ORAL CAPSULE 150 MG, 200 MG (thalidomide)	4	PA; SL (8 capsules per day); CM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	3	PA; SL (4 mL per day); CM
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (ozanimod hcl)	3	PA; SL (1 starter pack per year)
ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hcl)	3	PA; SL (1 capsule per day)
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (tacrolimus)	4	
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	3	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)	4	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (mycophenolate mofetil)	4	
CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)	4	
cyclophosphamide oral capsule 25 mg, 50 mg	3	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cyclosporine intravenous solution 50 mg/ml	1	
cyclosporine modified oral capsule 100 mg, 50 mg	1	
cyclosporine modified oral capsule 25 mg	3	
cyclosporine modified oral solution 100 mg/ml	3	
cyclosporine oral capsule 100 mg, 25 mg	1	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
gengraf oral capsule 100 mg	1	
gengraf oral capsule 25 mg	3	
gengraf oral solution 100 mg/ml	3	
leflunomide oral tablet 10 mg, 20 mg	1	
LUPKYNIS ORAL CAPSULE 7.9 MG (voclosporin)	4	PA; SL (6 capsules per day)
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (cladribine)	3	PA; SL (40 tablets per 720 days)
mercaptopurine oral tablet 50 mg	1	CM
methotrexate oral tablet 2.5 mg	1	CM
methotrexate sodium oral tablet 2.5 mg	1	CM
mycophenolate mofetil oral capsule 250 mg	4	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	4	
mycophenolate mofetil oral tablet 500 mg	4	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	3	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (mycophenolate sodium)	4	
pimecrolimus external cream 1 %	3	ST; SL (100g per month)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (tacrolimus)	3	PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML (mercaptopurine)	3	CM
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	4	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (sirolimus)	4	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	2	
sirolimus oral solution 1 mg/ml	3	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	3	
tacrolimus external ointment 0.03 %, 0.1 %	1	ST; SL (100g per month)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	3	PA; SL (4 mL per day); CM
ZORTRESS ORAL TABLET 1 MG (everolimus)	3	
KALLIKREIN-KININ SYSTEM INHIBITORS		
TAVNEOS ORAL CAPSULE 10 MG (avacopan)	3	PA; SL (6 capsules per day)
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
betaine oral powder	3	
CERDELGA ORAL CAPSULE 84 MG (eliglustat tartrate)	3	PA
CYSTADANE ORAL POWDER (betaine)	3	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (cysteamine bitartrate)	2	
dalfampridine er oral tablet extended release 12 hour 10 mg	1	PA; SL (2 tablets per day)
DEMSEER ORAL CAPSULE 250 MG (metyrosine)	3	
ELMIRON ORAL CAPSULE 100 MG (pentosan polysulfate sodium)	3	ST
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa-omega)	2	
ENDARI ORAL PACKET 5 GM (glutamine (sickle cell))	3	PA; SL (6 packets per day)
EVOTAZ ORAL TABLET 300-150 MG (atazanavir-cobicistat)	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (risdiplam)	2	PA; SL (1280 mL per 180 days)
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)	2	PA; SL (8 tablets per day)
GALAFOLD ORAL CAPSULE 123 MG (migalastat hcl)	3	PA; SL (14 capsules (1 pack) per 21 days)
IMUBOLIC ORAL CAPSULE	3	
ISTURISA ORAL TABLET 1 MG (osilodrostat phosphate)	3	PA; SL (8 tablets per day)
ISTURISA ORAL TABLET 5 MG (osilodrostat phosphate)	3	PA; SL (2 tablets per day)
me/naphos/mb/hyo1 oral tablet 81.6 mg	3	
metyrosine oral capsule 250 mg	3	
miglustat oral capsule 100 mg	4	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (fe asp gly-succ-c-thre-b12-fa)	2	
NEONATAL + DHA ORAL 29-1 & 200 MG	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NESTABS ONE ORAL CAPSULE 38-1-225 MG (prenat-fe-methylfol-dha w/o a)	2	
NUTRIDOX ORAL KIT 75 MG (doxycycline monohyd-omega 3-e)	3	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (prenatal-fe-cbn-fa-dha w/o a)	2	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	2	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (nitisinone)	2	PA
PHOSPHASAL ORAL TABLET 81.6 MG (meth-hyo-m bl-na phos-ph sal)	2	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
PRASTERA ORAL KIT 200 & 400 MG (prasterone & ibuprofen)	3	
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa-ginger)	2	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	2	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	2	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	2	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	2	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	2	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	2	
PREZCOBIX ORAL TABLET 800-150 MG (darunavir-cobicistat)	2	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (cysteamine bitartrate)	4	PA
PROCYSBI ORAL PACKET 300 MG, 75 MG (cysteamine bitartrate)	4	PA
RELNATE DHA ORAL CAPSULE 28-1-200 MG	2	
REZUROCK ORAL TABLET 200 MG (belumosudil mesylate)	3	PA; SL (1 tablet per day); CM
sapropterin dihydrochloride oral packet 500 mg	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sapropterin dihydrochloride oral tablet 100 mg	1	PA; SL (16mL per day)
sapropterin dihydrochloride packet 100 mg oral	1	
sapropterin dihydrochloride packet 100 mg oral	1	PA
SODIUM SULFACETAMIDE-BAKUCHIOL EXTERNAL LIQUID 10 %	3	
STRIBILD ORAL TABLET 150-150-200-300 MG (elviteg-cobic-emtricit-tenofdf)	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG (darun-cobic-emtricit-tenofaf)	2	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (tiopronin)	3	
THIOLA ORAL TABLET 100 MG (tiopronin)	4	
tiopronin oral tablet 100 mg	4	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	2	
TYBOST ORAL TABLET 150 MG (cobicistat)	2	
ULTRA HERS RX ORAL CAPSULE	3	
ULTRA HIS ORAL CAPSULE	3	
ULTRA PCOS ORAL CAPSULE	3	
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
uretron d/s oral tablet 81.6 mg	1	
URIMAR-T ORAL CAPSULE 120 MG (meth-hyo-m bl-na phos-ph sal)	3	
URIMAR-T ORAL TABLET 120 MG (meth-hyo-m bl-na phos-ph sal)	3	
urin ds oral tablet 81.6 mg	1	
URNEVA ORAL CAPSULE 120 MG	3	
URO-458 ORAL TABLET 81 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG (methen-hyosc-meth blue-na phos)	3	
USTELL ORAL CAPSULE 120 MG (meth-hyo-m bl-na phos-ph sal)	3	
UTIRA-C ORAL TABLET 81.6 MG (meth-hyo-m bl-na phos-ph sal)	2	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (alpelisib)	3	PA; SL (28 tablets per month)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (alpelisib)	3	PA; SL (56 tablets per month)
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phosph sal)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	2	
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	2	PA; SL (1 capsule per day)
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine (cardiac))	2	PA; SL (4 capsules per day)
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	2	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	2	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	2	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	2	
XURIDEN ORAL PACKET 2 GM (uridine triacetate)	2	PA; SL (30 packets per prescription)
XYZMUNE ORAL CAPSULE	3	
ZAVESCA ORAL CAPSULE 100 MG (miglustat)	4	
ZOKINVY ORAL CAPSULE 50 MG (lonafarnib)	2	PA; SL (5 tablets per day)
ZOKINVY ORAL CAPSULE 75 MG (lonafarnib)	2	PA; SL (4 capsules per day)
PROTECTIVE AGENTS		
MESNEX ORAL TABLET 400 MG (mesna)	4	CM
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
CAYA VAGINAL DIAPHRAGM (diaphragm arc-spring)	1	H
FC2 FEMALE CONDOM (condoms - female)	E	H
FEMCAP VAGINAL DEVICE 22 MM (cervical caps)	1	H
FEMCAP VAGINAL DEVICE 26 MM, 30 MM (cervical caps)	3	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (nonoxynol-9)	E	H
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (copper)	1	H
PHEXXI VAGINAL GEL 1.8-1-0.4 % (lactic ac-citric ac-pot bitart)	3	PA; H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (nonoxynol-9)	E	H
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (nonoxynol-9)	E	H
vcf vaginal contraceptive vaginal gel 4 %	E	H
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	1	H
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	1	H
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	1	H
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	1	H
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	1	H
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	1	H
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	1	H
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	1	H
OXYTOCICS - Drugs for Women		
OXYTOCICS - Drugs for Women		
CERVIDIL VAGINAL INSERT 10 MG (dinoprostone)	3	
methergine oral tablet 0.2 mg	1	SL (28 per 365 days)
methylergonovine maleate oral tablet 0.2 mg	1	SL (28 per 365 days)
MIFEPREX ORAL TABLET 200 MG (mifepristone)	3	
mifepristone oral tablet 200 mg	1	
PREPIDIL VAGINAL GEL 0.5 MG/3GM (dinoprostone)	3	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
ADRENALIN NASAL SOLUTION 0.1 % (epinephrine hcl (nasal))	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
epinephrine (anaphylaxis) injection solution 1 mg/ml	3	SL (2 single units or 1 two pack per prescription)
epinephrine hcl (nasal) nasal solution 0.1 %	3	
epinephrine injection solution auto-injector 0.15 mg/0.3ml	1	SL (4 single units or 2 two-pack per prescription)
epinephrine solution auto-injector 0.15 mg/0.15ml injection	3	SL (4 single units or 2 two-pack per prescription)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	SL (2 single units or 1 two pack per prescription)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	SL (2 single units or 1 two-pack per prescription)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	SL (4 single units or 2 two-pack per prescription)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (epinephrine)	2	SL (2 pens per prescription)
ANTICHOLINERGIC AGENTS (RESPIR. TRACT) - Drugs for Asthma/COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (ipratropium bromide hfa)	3	SL (0.87 gm per day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	2	SL (8 g (2 inhalers) per month)
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (tiotropium bromide monohydrate)	2	SL (1 capsule per day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (tiotropium bromide monohydrate)	2	SL (1 inhaler (4 grams) per month)
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
ESBRIET ORAL CAPSULE 267 MG (pirfenidone)	3	PA; SL (9 capsules per day)
ESBRIET ORAL TABLET 267 MG (pirfenidone)	3	PA; SL (9 capsules per day)
ESBRIET ORAL TABLET 801 MG (pirfenidone)	3	PA; SL (3 tablets per day)
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)	4	PA; SL (2 capsules per day)
pirfenidone oral capsule 267 mg	3	PA; SL (9 capsules per day)
pirfenidone oral tablet 267 mg	3	PA; SL (9 capsules per day)
pirfenidone oral tablet 801 mg	3	PA; SL (3 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTITUSSIVES - Drugs for Cough and Cold		
allergy childrens oral liquid 12.5 mg/5ml	3	
allergy relief oral capsule 25 mg	3	
banophen oral capsule 25 mg	3	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (diphenhydramine hcl)	3	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	3	
codeine sulfate oral tablet 30 mg, 60 mg	1	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	3	
diphenhydramine hcl oral capsule 25 mg, 50 mg	3	
diphenhydramine hcl oral elixir 12.5 mg/5ml	3	
diphenhydramine hcl oral liquid 12.5 mg/5ml	3	
geri-dryl oral liquid 12.5 mg/5ml	3	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine oral solution 100-10 mg/5ml	1	
hydrocod poli-chlorophe poli er oral suspension extended release 10-8 mg/5ml	3	PA; SL (120 mL per prescription)
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	SL (120 mL per prescription)
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	
hydromet oral solution 5-1.5 mg/5ml	1	SL (120 mL per prescription)
liquid allergy relief oral liquid 12.5 mg/5ml	3	
maxi-tuss ac oral solution 100-10 mg/5ml	1	
m-dryl oral liquid 12.5 mg/5ml	3	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	1	PA; SL (120 mL per prescription)
promethazine-codeine oral solution 6.25-10 mg/5ml	1	PA; SL (120 mL per prescription)
promethazine-codeine oral syrup 6.25-10 mg/5ml	1	PA; SL (120 mL per prescription)
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	3	
sleep-aid oral capsule 25 mg, 50 mg	3	
sm allergy relief childrens oral liquid 12.5 mg/5ml	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (chlorpheniramine-codeine)	3	SL (30 tablets per month); AE

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (lumacaftor-ivacaftor)	2	PA; SL (2 packets per day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor-ivacaftor)	2	PA; SL (4 tablets per day)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (tezacaftor-ivacaftor)	2	PA; SL (2 tablets per day)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (elexacaftor-tezacaftor-ivacaftor)	2	PA; SL (3 tablets per day)
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (ivacaftor)	3	PA; SL (2 packets per day)
KALYDECO ORAL TABLET 150 MG (ivacaftor)	3	PA; SL (2 tablets per day)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (lumacaftor-ivacaftor)	2	PA; SL (2 packets per day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor-ivacaftor)	2	PA; SL (4 tablets per day)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (tezacaftor-ivacaftor)	2	PA; SL (2 tablets per day)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (elexacaftor-tezacaftor-ivacaftor)	2	PA; SL (3 tablets per day)
ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs		
ambrisentan oral tablet 10 mg, 5 mg	1	PA; SL (1 tablet per day)
bosentan oral tablet 125 mg, 62.5 mg	1	PA; SL (2 tablets per day)
OPSUMIT ORAL TABLET 10 MG (macitentan)	2	PA; SL (one tablet per day)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	3	PA; SL (2 tablets per day)
TRACLEER ORAL TABLET SOLUBLE 32 MG (bosentan)	2	PA; SL (112 tablets per 28 days)
EXPECTORANTS - Drugs for the Lungs		
GILPHEX TR ORAL TABLET 10-388 MG (phenylephrine-guaifenesin)	3	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine oral solution 100-10 mg/5ml	1	
iodine strong oral solution 5 %	3	
maxi-tuss ac oral solution 100-10 mg/5ml	1	
potassium iodide oral solution 1 gm/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SSKI ORAL SOLUTION 1 GM/ML (potassium iodide (expectorant))	2	
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
allergy childrens oral liquid 12.5 mg/5ml	3	
allergy relief oral capsule 25 mg	3	
banophen oral capsule 25 mg	3	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (diphenhydramine hcl)	3	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral syrup 0.67 mg/5ml	3	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	3	
diphenhydramine hcl oral capsule 25 mg, 50 mg	3	
diphenhydramine hcl oral elixir 12.5 mg/5ml	3	
diphenhydramine hcl oral liquid 12.5 mg/5ml	3	
geri-dryl oral liquid 12.5 mg/5ml	3	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (carbinoxamine maleate)	3	
liquid allergy relief oral liquid 12.5 mg/5ml	3	
m-dryl oral liquid 12.5 mg/5ml	3	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
sleep-aid oral capsule 25 mg, 50 mg	3	
sm allergy relief childrens oral liquid 12.5 mg/5ml	3	
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
ACCOLATE ORAL TABLET 10 MG, 20 MG (zafirlukast)	3	
montelukast sodium oral packet 4 mg	3	SL (1 packet per day)
montelukast sodium oral tablet 10 mg	1	SL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
montelukast sodium oral tablet chewable 4 mg, 5 mg	1	SL (1 tablet per day)
zafirlukast oral tablet 10 mg, 20 mg	1	
zileuton er oral tablet extended release 12 hour 600 mg	3	
ZYFLO ORAL TABLET 600 MG (zileuton)	3	
MAST-CELL STABILIZERS - Drugs for Inflammation		
ALOCRILOPHTHALMIC SOLUTION 2 % (nedocromil sodium)	3	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	
MUCOLYTIC AGENTS - Drugs for the Lungs		
acetylcysteine inhalation solution 10 %, 20 %	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % (sodium chloride)	2	
nebusal inhalation nebulization solution 3 %	1	
pulmosal inhalation nebulization solution 7 %	1	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (dornase alfa)	2	PA; SL (5 mL per day)
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (beclomethasone diprop monohyd)	3	SL (50g (2 bottles) per prescription)
flunisolide nasal solution 25 mcg/act (0.025%)	1	SL (75mL (3 bottles) per prescription)
fluticasone propionate nasal suspension 50 mcg/act	1	SL (16 g (1 bottle) per prescription)
mometasone furoate nasal suspension 50 mcg/act	3	SL (34g (2 bottles) per month)
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (triamcinolone acetonide)	3	SL (16.5g (1 bottle) per month)
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (beclomethasone diprop (nasal))	3	SL (1 canister (6.8 grams) per month)
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (beclomethasone diprop (nasal))	3	SL (10.6 (1 inhaler) per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (fluticasone furoate)	1	SL (1 inhaler (30 blisters) per month)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	1	SL (120 mL (60 respules) per prescription)
budesonide inhalation suspension 1 mg/2ml	1	SL (2 mL per day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT (fluticasone propionate (inhal))	1	SL (4 blisters per day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT (fluticasone propionate (inhal))	1	SL (8 blisters per day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT (fluticasone propionate hfa)	1	SL (12 grams (1 inhaler) per month)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT (fluticasone propionate hfa)	1	SL (24 grams (2 inhalers) per month)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT (fluticasone propionate hfa)	1	SL (11 grams (1 inhaler) per month)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (budesonide)	1	SL (2 inhalers per month)
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
DALIRESP ORAL TABLET 250 MCG (roflumilast)	3	PA; SL (31 tablets per 365 days)
DALIRESP ORAL TABLET 500 MCG (roflumilast)	3	PA; SL (1 tablet per day)
roflumilast oral tablet 250 mcg	3	PA; SL (31 tablets per 365 days)
roflumilast oral tablet 500 mcg	3	PA; SL (1 tablet per day)
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
ADCIRCA ORAL TABLET 20 MG (tadalafil (pah))	4	PA; SL (2 tablets per day)
alyq oral tablet 20 mg	4	PA; SL (2 tablets per day)
REVATIO ORAL TABLET 20 MG (sildenafil citrate)	4	SL (0.5 tablets per day)
sildenafil citrate oral suspension reconstituted 10 mg/ml	3	PA; SL (6 mL per day)
sildenafil citrate oral tablet 20 mg	1	SL (0.5 tablets per day)
tadalafil (pah) oral tablet 20 mg	4	PA; SL (2 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tadalafil oral tablet 2.5 mg, 5 mg	3	PA; SL (5 tablets per month)
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES - Drugs for the Lungs		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (treprostinil diolamine)	3	PA; SL (6 tablets per day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	3	PA; SL (112 cartridges per month)
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG (treprostinil)	3	PA; SL (196 cartridges per year)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (treprostinil)	3	PA; SL (252 cartridges per year)
TYVASO INHALATION SOLUTION 0.6 MG/ML (treprostinil)	3	PA; SL (2.9 mL (1 ampule) per day)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (treprostinil)	3	PA; SL (2.9 mL (1 ampule) per day)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (treprostinil)	3	PA; SL (2.9 mL (1 ampule) per day)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (iloprost)	4	PA; SL (9 ampules per day)
PULMONARY SURFACTANTS - Drugs for the Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML (poractant alfa)	3	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (calfactant in nacl)	3	
SURVANTA INTRATRACHEAL SUSPENSION 25-0.9 MG/ML-% (beractant in nacl)	3	
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
BRONCHITOL INHALATION CAPSULE 40 MG (mannitol (cystic fibrosis))	4	PA; SL (20 capsules per day)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (mannitol (cystic fibrosis))	4	PA; SL (20 capsules per day)
ESBRIET ORAL CAPSULE 267 MG (pirfenidone)	3	PA; SL (9 capsules per day)
ESBRIET ORAL TABLET 267 MG (pirfenidone)	3	PA; SL (9 capsules per day)
ESBRIET ORAL TABLET 801 MG (pirfenidone)	3	PA; SL (3 tablets per day)
pirfenidone oral capsule 267 mg	3	PA; SL (9 capsules per day)
pirfenidone oral tablet 267 mg	3	PA; SL (9 capsules per day)
pirfenidone oral tablet 801 mg	3	PA; SL (3 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl ophthalmic solution 0.05 %	1	
cetirizine hcl oral solution 1 mg/ml	3	
CLARINEX ORAL TABLET 5 MG (desloratadine)	3	SL (1 tablet per day)
desloratadine oral tablet 5 mg	3	SL (1 tablet per day)
desloratadine oral tablet dispersible 5 mg	3	SL (1 tablet per day)
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	SL (6.7 g per prescription)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	SL (8.5 g per prescription)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	3	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	3	PA
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	3	SL (120 mL (60 vials) per prescription)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	3	SL (90 mL per prescription)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	3	SL (30 vials per prescription)
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	SL (30 grams (2 inhalers) per month)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	3	SL (120 mL (60 vials) per prescription)
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (albuterol sulfate)	3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (salmeterol xinafoate)	2	SL (1 device per month)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	2	SL (1 inhaler per month)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (levalbuterol tartrate)	3	SL (30 grams (2 inhalers) per month)
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADCIRCA ORAL TABLET 20 MG (tadalafil (pah))	4	PA; SL (2 tablets per day)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (riociguat)	2	PA; SL (3 tablets per day)
alyq oral tablet 20 mg	4	PA; SL (2 tablets per day)
ambrisentan oral tablet 10 mg, 5 mg	1	PA; SL (1 tablet per day)
bosentan oral tablet 125 mg, 62.5 mg	1	PA; SL (2 tablets per day)
OPSUMIT ORAL TABLET 10 MG (macitentan)	2	PA; SL (one tablet per day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (treprostinil diolamine)	3	PA; SL (6 tablets per day)
REVATIO ORAL TABLET 20 MG (sildenafil citrate)	4	SL (0.5 tablets per day)
sildenafil citrate oral suspension reconstituted 10 mg/ml	3	PA; SL (6 mL per day)
sildenafil citrate oral tablet 20 mg	1	SL (0.5 tablets per day)
tadalafil (pah) oral tablet 20 mg	4	PA; SL (2 tablets per day)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	3	PA; SL (2 tablets per day)
TRACLEER ORAL TABLET SOLUBLE 32 MG (bosentan)	2	PA; SL (112 tablets per 28 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	3	PA; SL (112 cartridges per month)
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG (treprostinil)	3	PA; SL (196 cartridges per year)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (treprostinil)	3	PA; SL (252 cartridges per year)
TYVASO INHALATION SOLUTION 0.6 MG/ML (treprostinil)	3	PA; SL (2.9 mL (1 ampule) per day)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (treprostinil)	3	PA; SL (2.9 mL (1 ampule) per day)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (treprostinil)	3	PA; SL (2.9 mL (1 ampule) per day)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (selexipag)	3	PA; SL (2 tablets per day)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (selexipag)	3	PA; SL (400 tablets (2 boxes) per year)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (iloprost)	4	PA; SL (9 ampules per day)
VASODILATING AGENTS, MISC - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (riociguat)	2	PA; SL (3 tablets per day)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (selexipag)	3	PA; SL (2 tablets per day)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (selexipag)	3	PA; SL (400 tablets (2 boxes) per year)
XANTHINE DERIVATIVES - Drugs for Asthma/COPD		
elixophyllin oral elixir 80 mg/15ml	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
naftifine hcl external cream 1 %, 2 %	3	
naftifine hcl external gel 2 %	3	
NAFTIN EXTERNAL GEL 2 % (naftifine hcl)	3	
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ACZONE EXTERNAL GEL 5 % (dapson)	3	
ACZONE EXTERNAL GEL 7.5 % (dapson)	3	SL (60 g per prescription)
ALTABAX EXTERNAL OINTMENT 1 % (retapamulin)	3	SL (15g (1 tube) per prescription)
AMZEEQ EXTERNAL FOAM 4 % (minocycline hcl micronized)	3	PA; SL (30 grams per prescription)
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (sulfacetamide sodium-sulfur)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (sulfacetamide sodium-sulfur)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (sulfacetamide sodium-sulfur)	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 % (sulfacetamide sodium-sulfur)	3	
AVAR-E LS EXTERNAL CREAM 10-2 % (sulfacetamide sodium-sulfur)	3	
BENZAMYCIN EXTERNAL GEL 5-3 % (benzoyl peroxide-erythromycin)	3	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
bp 10-1 external emulsion 10-1 %	3	
bp cleansing wash external emulsion 10-4 %	3	
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (clindamycin phosphate)	2	
CLEOCIN-T EXTERNAL LOTION 1 % (clindamycin phosphate)	3	
CLINDACIN ETZ EXTERNAL KIT 1 % (clindamycin phos & cleanser)	3	
clindacin etz external swab 1 %	1	
clindacin external foam 1 %	3	
CLINDACIN PAC EXTERNAL KIT 1 % (clindamycin phos & cleanser)	3	
clindacin-p external swab 1 %	1	
clindamycin phosphate external foam 1 %	3	
clindamycin phosphate external gel 1 %	3	
clindamycin phosphate external lotion 1 %	3	
clindamycin phosphate external solution 1 %	1	SL (30 mL per prescription)
clindamycin phosphate external swab 1 %	1	
clindamycin phosphate vaginal cream 2 %	1	
CLINDESSE VAGINAL CREAM 2 % (clindamycin phosphate (1 dose))	3	
ery external pad 2 %	1	
ERYGEL EXTERNAL GEL 2 % (erythromycin)	3	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gentamicin sulfate external cream 0.1 %	1	SL (30 g per prescription)
gentamicin sulfate external ointment 0.1 %	1	SL (30 g per prescription.)
KLARON EXTERNAL LOTION 10 % (sulfacetamide sodium (acne))	3	
METROCREAM EXTERNAL CREAM 0.75 % (metronidazole)	3	
METROLOTION EXTERNAL LOTION 0.75 % (metronidazole)	3	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %	3	
metronidazole external lotion 0.75 %	1	
metronidazole vaginal gel 0.75 %	1	
mupirocin calcium external cream 2 %	1	SL (15g per month)
mupirocin external ointment 2 %	1	
NORITATE EXTERNAL CREAM 1 % (metronidazole)	3	
OVACE PLUS EXTERNAL CREAM 10 % (sulfacetamide sodium)	3	
OVACE PLUS EXTERNAL LOTION 9.8 % (sulfacetamide sodium)	3	
OVACE PLUS EXTERNAL SHAMPOO 10 % (sulfacetamide sodium)	3	
OVACE PLUS WASH EXTERNAL GEL 10 % (sulfacetamide sodium)	3	
OVACE PLUS WASH EXTERNAL LIQUID 10 % (sulfacetamide sodium)	2	
OVACE WASH EXTERNAL LIQUID 10 % (sulfacetamide sodium)	2	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (sulfacetamide sodium-sulfur)	3	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (sulfacetamide sodium-sulfur)	3	
PLEXION EXTERNAL CREAM 9.8-4.8 % (sulfacetamide sodium-sulfur)	3	
PLEXION EXTERNAL LOTION 9.8-4.8 % (sulfacetamide sodium-sulfur)	3	
sodium sulfacetamide external shampoo 10 %, 9.8 %	3	
sodium sulfacetamide wash external liquid 10 %	1	
SODIUM SULFACETAMIDE-BAKUCHIOL EXTERNAL LIQUID 10 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sss 10-5 external cream 10-5 %	3	
SSS 10-5 EXTERNAL FOAM 10-5 %	3	
sulfacetamide sodium (acne) external lotion 10 %	3	
sulfacetamide sodium (cleans) external gel 10 %	3	
sulfacetamide sodium external liquid 10 %	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %	3	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	3	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	3	
sulfacetamide sodium-sulfur external pad 10-4 %	3	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	3	
sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 %	3	
sulfacetamide-sulfur in urea external emulsion 10-5 %	3	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % (sulfacetamide sodium-sulfur)	3	
sulfamez wash external emulsion 10-1 %	3	
SUMADAN EXTERNAL KIT 9-4.5 % (sulfacetamide-sulfur-cleanser)	3	
SUMADAN WASH EXTERNAL LIQUID 9-4.5 % (sulfacetamide sodium-sulfur)	3	
SUMADAN XLT EXTERNAL KIT 9-4.5 % (sulfacetamide-sulfur-sunscreen)	3	
SUMAXIN CP EXTERNAL KIT 10-4 % (sulfacetamide-sulfur-cleanser)	3	
SUMAXIN EXTERNAL PAD 10-4 % (sulfacetamide sodium-sulfur)	3	
VANAZOLE VAGINAL GEL 0.75 % (metronidazole)	2	
XEPI EXTERNAL CREAM 1 % (ozenoxacin)	3	SL (30 gm per prescription)
ZILXI EXTERNAL FOAM 1.5 % (minocycline hcl micronized)	3	PA; SL (30 grams per prescription)
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC - Drugs for the Skin		
EXODERM EXTERNAL LOTION 25-1 % (sod thiosulfate-salicylic acid)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (crisaborole)	3	ST
VTAMA EXTERNAL CREAM 1 % (tapinarof)	3	PA
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
ACCUCAINE COMBINATION KIT 1 % (lido-pentaf-tetrafl-ultrasound)	3	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)	2	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)	2	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (hydrocortisone ace-pramoxine)	2	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (hydrocortisone ace-pramoxine)	3	
BETALOAN SUIK COMBINATION KIT 30 MG/5ML (betameth sod phos-ace & anesth)	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (hc-pramoxine-chloroxylonol)	3	
DMT SUIK COMBINATION KIT 10 MG/ML (dexameth sod phos & anesthetic)	3	
doxepin hcl external cream 5 %	3	PA; SL (45 grams per prescription)
EPIFOAM EXTERNAL FOAM 1-1 % (pramoxine-hc)	3	
glydo external prefilled syringe 2 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	3	PA; SL (3 patches per day)
lidocaine hcl external solution 4 %	1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	1	
lidocaine-prilocaine external cream 2.5-2.5 %	1	
LIDODERM EXTERNAL PATCH 5 % (lidocaine)	3	PA; SL (3 patches per day)
MARVONA SUIK COMBINATION KIT 0.5 % (bupivacaine hcl & anesthetic)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MEDROLOAN II SUIK COMBINATION KIT 40 MG/ML (methylprednisolone & anesth)	3	
MEDROLOAN SUIK COMBINATION KIT 40 MG/ML (methylprednisolone & anesth)	3	
P-CARE K40G COMBINATION KIT 40 MG/ML	3	
P-CARE K80G COMBINATION KIT 40 MG/ML	3	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PRAMOSONE EXTERNAL CREAM 1-1 %, 1-2.5 % (pramoxine-hc)	2	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (pramoxine-hc)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (pramoxine-hc)	3	
premium lidocaine external ointment 5 %	1	
PROCORT EXTERNAL CREAM 1.85-1.15 % (hydrocortisone ace-pramoxine)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	2	
PYRIDIUM ORAL TABLET 100 MG, 200 MG (phenazopyridine hcl)	2	
TORONOVA II SUIK COMBINATION KIT 30 MG/ML (ketorolac trometh & anesthetic)	3	
TORONOVA SUIK COMBINATION KIT 30 MG/ML (ketorolac trometh & anesthetic)	3	
TRILOAN II SUIK COMBINATION KIT 40 MG/ML (triamcinolone acet & anesth)	3	
TRILOAN SUIK COMBINATION KIT 40 MG/ML (triamcinolone acet & anesth)	3	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
acyclovir external cream 5 %	1	
acyclovir external ointment 5 %	1	
DENAVIR EXTERNAL CREAM 1 % (penciclovir)	3	
penciclovir external cream 1 %	3	
XERESE EXTERNAL CREAM 5-1 % (acyclovir-hydrocortisone)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ASTRINGENTS - Drugs for the Skin		
DRYSOL EXTERNAL SOLUTION 20 % (aluminum chloride)	3	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (miconazole-zinc oxide-petrolat)	3	
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
clotrimazole external cream 1 %	3	
clotrimazole external solution 1 %	3	
clotrimazole mouth/throat troche 10 mg	1	
clotrimazole-betamethasone external cream 1-0.05 %	3	
clotrimazole-betamethasone external lotion 1-0.05 %	3	
econazole nitrate external cream 1 %	3	
ECOZA EXTERNAL FOAM 1 % (econazole nitrate)	3	
ERTACZO EXTERNAL CREAM 2 % (sertaconazole nitrate)	3	
EXELDERM EXTERNAL CREAM 1 % (sulconazole nitrate)	3	
EXELDERM EXTERNAL SOLUTION 1 % (sulconazole nitrate)	3	
GYNAZOLE-1 VAGINAL CREAM 2 % (butoconazole nitrate (1 dose))	3	
JUBLIA EXTERNAL SOLUTION 10 % (efinaconazole)	3	PA
ketoconazole external cream 2 %	1	SL (30 grams per prescription)
ketoconazole external foam 2 %	3	ST
ketoconazole external shampoo 2 %	1	
ketodan external foam 2 %	3	ST
miconazole 3 vaginal suppository 200 mg	1	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
ORAVIG BUCCAL TABLET 50 MG (miconazole)	3	
oxiconazole nitrate external cream 1 %	3	PA
OXISTAT EXTERNAL CREAM 1 % (oxiconazole nitrate)	3	PA
OXISTAT EXTERNAL LOTION 1 % (oxiconazole nitrate)	3	
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	3	
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (miconazole-zinc oxide-petrolat)	3	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (ketoconazole-hydrocortisone)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (ketoconazole & pyrithione zinc)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (ketoconazole & pyrithione zinc)	3	
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
ammonium lactate external cream 12 %	3	
ammonium lactate external lotion 12 %	3	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (salicylic acid-lactic acid)	3	
methyl salicylate external liquid	3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (salicylic acid-urea in lactac)	3	
turpentine external spirit	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (benzoyl peroxide-hyaluronate)	3	
BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin		
hydrocortisone external cream 1 %	3	
PROSILK EXTERNAL GEL (silicone)	3	
BASIC POWDERS AND DEMULCENTS - Drugs for the Skin		
benzoin compound external tincture	3	
benzoin external tincture	3	
BENZYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
MENTAX EXTERNAL CREAM 1 % (butenafine hcl)	3	
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	3	SL (20 g per prescription)
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ALA SCALP EXTERNAL LOTION 2 % (hydrocortisone)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ala-cort external cream 1 %	3	
alclometasone dipropionate external cream 0.05 %	1	
alclometasone dipropionate external ointment 0.05 %	1	
amcinonide external lotion 0.1 %	3	
amcinonide external ointment 0.1 %	3	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)	2	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)	2	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (hydrocortisone ace-pramoxine)	2	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (hydrocortisone ace-pramoxine)	3	
anucort-hc rectal suppository 25 mg	1	
ANUSOL-HC EXTERNAL CREAM 2.5 % (hydrocortisone)	3	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	2	
APEXICON E EXTERNAL CREAM 0.05 % (diflorasone diacet emoll base)	3	
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	1	
betamethasone dipropionate aug external ointment 0.05 %	1	
betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	1	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external foam 0.12 %	3	
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
budesonide rectal foam 2 mg	1	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	3	SL (1 60g bottle per month)
CAPEX EXTERNAL SHAMPOO 0.01 % (fluocinolone acetonide)	3	
clobetasol prop emollient base external cream 0.05 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clobetasol propionate e external cream 0.05 %	1	
clobetasol propionate emulsion external foam 0.05 %	3	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam 0.05 %	3	SL (50 g per month)
clobetasol propionate external gel 0.05 %	1	
clobetasol propionate external liquid 0.05 %	3	SL (59 mL per month)
clobetasol propionate external lotion 0.05 %	3	
clobetasol propionate external ointment 0.05 %	1	
clobetasol propionate external shampoo 0.05 %	3	
clobetasol propionate external solution 0.05 %	1	
clocortolone pivalate external cream 0.1 %	3	SL (75 grams per prescription)
CLODAN EXTERNAL KIT 0.05 % (clobetasol prop & cleanser)	3	
clodan external shampoo 0.05 %	3	
clotrimazole-betamethasone external cream 1-0.05 %	3	
clotrimazole-betamethasone external lotion 1-0.05 %	3	
CORDRAN EXTERNAL CREAM 0.05 % (flurandrenolide)	3	SL (60 mL per month)
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (flurandrenolide)	3	SL (1 package per prescription)
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (hc-pramoxine-chloroxylonol)	3	
CORTENEMA RECTAL ENEMA 100 MG/60ML (hydrocortisone)	3	
CORTIFOAM EXTERNAL FOAM 10 % (hydrocortisone acetate)	2	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (fluocinolone acetonide)	3	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (fluocinolone acetonide)	3	
desonide external cream 0.05 %	1	
desonide external gel 0.05 %	3	
desonide external lotion 0.05 %	1	
desonide external ointment 0.05 %	1	
DESOWEN EXTERNAL CREAM 0.05 % (desonide)	3	
desoximetasone external cream 0.05 %, 0.25 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
desoximetasone external gel 0.05 %	1	
desoximetasone external ointment 0.05 %	3	
desoximetasone external ointment 0.25 %	1	
desrx external gel 0.05 %	3	
diflorasone diacetate external cream 0.05 %	3	SL (30 gm per prescription)
DIPROLENE EXTERNAL OINTMENT 0.05 % (betamethasone dipropionate aug)	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	3	SL (7 cans (420 grams) per month)
EPIFOAM EXTERNAL FOAM 1-1 % (pramoxine-hc)	3	
fluocinolone acetonide body external oil 0.01 %	1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	1	
fluocinolone acetonide external ointment 0.025 %	1	
fluocinolone acetonide external solution 0.01 %	1	
fluocinolone acetonide scalp external oil 0.01 %	1	
fluocinonide emulsified base external cream 0.05 %	1	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	3	
fluocinonide external gel 0.05 %	1	
fluocinonide external ointment 0.05 %	1	
fluocinonide external solution 0.05 %	1	
flurandrenolide external cream 0.05 %	3	SL (60 mL per month)
flurandrenolide external lotion 0.05 %	3	SL (120 mL per month)
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external lotion 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
halcinonide external cream 0.1 %	3	
halobetasol propionate external cream 0.05 %	3	
halobetasol propionate external ointment 0.05 %	3	
HALOG EXTERNAL OINTMENT 0.1 % (halcinonide)	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	2	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG (hydrocortisone acetate)	3	
HYDROCORT LOTION COMPLETE KIT EXTERNAL KIT 2 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone (perianal) external cream 1 %	3	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	
hydrocortisone acetate external ointment 1 %	3	
hydrocortisone acetate rectal suppository 25 mg	1	
hydrocortisone acetate rectal suppository 30 mg	3	
hydrocortisone butyr lipo base external cream 0.1 %	3	
hydrocortisone butyrate external cream 0.1 %	1	
hydrocortisone butyrate external ointment 0.1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
hydrocortisone external cream 1 %	3	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %	3	
hydrocortisone external ointment 2.5 %	1	
hydrocortisone rectal enema 100 mg/60ml	1	
hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (hydrocortisone butyr lipo base)	3	
LUXIQ EXTERNAL FOAM 0.12 % (betamethasone valerate)	3	
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 % (hydrocortisone)	3	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
NUCORT EXTERNAL LOTION 2 % (hydrocortisone acetate)	3	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	3	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	3	
OLUX-E EXTERNAL FOAM 0.05 % (clobetasol propionate emulsion)	3	
oralone mouth/throat paste 0.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PANDEL EXTERNAL CREAM 0.1 % (hydrocortisone probutate)	3	
PRAMOSONE EXTERNAL CREAM 1-1 %, 1-2.5 % (pramoxine-hc)	2	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (pramoxine-hc)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (pramoxine-hc)	3	
PREPARATION H EXTERNAL CREAM 1 % (hydrocortisone)	3	
PROCORT EXTERNAL CREAM 1.85-1.15 % (hydrocortisone ace-pramoxine)	3	
PROCTOCORT EXTERNAL CREAM 1 % (hydrocortisone)	3	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (hydrocortisone acetate)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	2	
procto-med hc external cream 2.5 %	1	
proctosol hc external cream 2.5 %	1	
proctozone-hc external cream 2.5 %	1	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (hc & sal acid-sulfur & shampoo)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (calcipotriene-betameth diprop)	3	SL (1 60g bottle per month)
TEXACORT EXTERNAL SOLUTION 2.5 % (hydrocortisone)	3	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (desoximetasone)	3	
TOPICORT EXTERNAL GEL 0.05 % (desoximetasone)	3	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (desoximetasone)	3	
tovet external foam 0.05 %	3	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	3	SL (63 grams per prescription)
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	SL (15 g per prescription)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide mouth/throat paste 0.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
triamcinolone in absorbbase external ointment 0.05 %	1	
TRIANEX EXTERNAL OINTMENT 0.05 % (triamcinolone acetonide)	2	
triderm external cream 0.5 %	1	SL (15 g per prescription)
TRIDESILON EXTERNAL CREAM 0.05 % (desonide)	3	
tritocin external ointment 0.05 %	1	
UCERIS RECTAL FOAM 2 MG/ACT (budesonide)	3	
VANOS EXTERNAL CREAM 0.1 % (fluocinonide)	3	
VANOXIDE-HC EXTERNAL LOTION 5-0.5 % (benzoyl perox-hydrocortisone)	3	
VERDESO EXTERNAL FOAM 0.05 % (desonide)	3	
XERESE EXTERNAL CREAM 5-1 % (acyclovir-hydrocortisone)	3	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (ketoconazole-hydrocortisone)	3	
DETERGENTS - Drugs for the Skin		
CLODAN EXTERNAL KIT 0.05 % (clobetasol prop & cleanser)	3	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS - Drugs for the Skin		
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (benzoyl perox-salicyl ac-vit e)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (benzoyl perox-salicyl ac-vit e)	3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (benzoyl peroxide-vitamin e)	3	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (miconazole-zinc oxide-petrolat)	3	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ciclodan external solution 8 %	1	
ciclopirox external gel 0.77 %	1	
ciclopirox external shampoo 1 %	1	
ciclopirox external solution 8 %	1	
ciclopirox olamine external cream 0.77 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ciclopirox olamine external suspension 0.77 %	1	
ciclopirox treatment external kit 8 %	3	
KERATOLYTIC AGENTS - Drugs for the Skin		
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (sulfacetamide sodium-sulfur)	3	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (sulfacetamide sodium-sulfur)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (sulfacetamide sodium-sulfur)	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 % (sulfacetamide sodium-sulfur)	3	
AVAR-E LS EXTERNAL CREAM 10-2 % (sulfacetamide sodium-sulfur)	3	
AVIDOXY DK COMBINATION KIT 100 MG (doxycycline-sunscreen-sal acid)	3	
bp 10-1 external emulsion 10-1 %	3	
bp cleansing wash external emulsion 10-4 %	3	
cerovel external lotion 40 %	1	
EXODERM EXTERNAL LOTION 25-1 % (sod thiosulfate-salicylic acid)	2	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (salicylic acid-lactic acid)	3	
HYDRO 40 EXTERNAL FOAM 40 % (urea)	3	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (benzoyl perox-salicyl ac-vit e)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (benzoyl perox-salicyl ac-vit e)	3	
KERALYT SCALP EXTERNAL KIT 6 % (salicylic acid)	3	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (sulfacetamide sodium-sulfur)	3	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (sulfacetamide sodium-sulfur)	3	
PLEXION EXTERNAL CREAM 9.8-4.8 % (sulfacetamide sodium-sulfur)	3	
PLEXION EXTERNAL LOTION 9.8-4.8 % (sulfacetamide sodium-sulfur)	3	
PROMISEB EXTERNAL CREAM (antiseborrheic products, misc.)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
salicylic acid er external solution 28.5 %	3	
salicylic acid external solution 26 %	3	
salicylic acid wart remover external liquid 27.5 %	3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (salicylic acid-urea in lactac)	3	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (hc & sal acid-sulfur & shampoo)	3	
selenium sulfide external shampoo 2.25 %	3	
sss 10-5 external cream 10-5 %	3	
SSS 10-5 EXTERNAL FOAM 10-5 %	3	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %	3	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	3	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	3	
sulfacetamide sodium-sulfur external pad 10-4 %	3	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	3	
sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 %	3	
sulfacetamide-sulfur in urea external emulsion 10-5 %	3	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % (sulfacetamide sodium-sulfur)	3	
sulfamez wash external emulsion 10-1 %	3	
SUMADAN EXTERNAL KIT 9-4.5 % (sulfacetamide-sulfur-cleanser)	3	
SUMADAN WASH EXTERNAL LIQUID 9-4.5 % (sulfacetamide sodium-sulfur)	3	
SUMADAN XLT EXTERNAL KIT 9-4.5 % (sulfacetamide-sulfur-sunscreen)	3	
SUMAXIN CP EXTERNAL KIT 10-4 % (sulfacetamide-sulfur-cleanser)	3	
SUMAXIN EXTERNAL PAD 10-4 % (sulfacetamide sodium-sulfur)	3	
ULTRASAL-ER EXTERNAL SOLUTION 28.5 % (salicylic acid)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UMECTA MOUSSE EXTERNAL FOAM 40 % (urea)	3	
URAMAXIN EXTERNAL GEL 45 % (urea)	3	
urea cream 39 % external	3	
UREA EXTERNAL CREAM 39.5 %	3	
urea external cream 40 %, 45 %, 47 %	3	
urea external lotion 40 %	1	
urea nail external gel 45 %	3	
VIRASAL EXTERNAL LIQUID 27.5 % (salicylic acid)	3	
xurea external cream 39 %	3	
KERATOPLASTIC AGENTS - Drugs for the Skin		
coal tar external solution 20 %	3	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	3	SL (45g per month)
BENZAC AC WASH EXTERNAL LIQUID 5 % (benzoyl peroxide)	3	
benzalkonium chloride external solution , 50 %	3	
BENZAMYCIN EXTERNAL GEL 5-3 % (benzoyl peroxide-erythromycin)	3	
BENZEPRO CREAMY WASH EXTERNAL LIQUID 7 % (benzoyl peroxide)	3	
benzebro external foam 5.3 %	3	
BENZEPRO FOAMING CLOTHS EXTERNAL 6 % (benzoyl peroxide)	3	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
bp wash external liquid 2.5 %	3	
chlorhexidine gluconate mouth/throat solution 0.12 %	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (hc-pramoxine-chloroxylenol)	3	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (sulfuric acid-sulf phenolics)	3	
EPIDUO EXTERNAL GEL 0.1-2.5 % (adapalene-benzoyl peroxide)	3	SL (45g per month)
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (adapalene-benzoyl peroxide)	3	SL (45g per month)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid-oxyquinoline)	3	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (benzoyl perox-salicyl ac-vit e)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (benzoyl perox-salicyl ac-vit e)	3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (benzoyl peroxide-vitamin e)	3	
iodine tincture external tincture 2 %	3	
mafenide acetate external packet 5 %	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	3	
periogard mouth/throat solution 0.12 %	3	
PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID 7 % (benzoyl peroxide)	3	
selenium sulfide external lotion 2.5 %	1	
selenium sulfide external shampoo 2.25 %	3	
SILVADENE EXTERNAL CREAM 1 % (silver sulfadiazine)	3	
silver sulfadiazine external cream 1 %	1	
ssd external cream 1 %	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (mafenide acetate)	3	
SULFAMYLON EXTERNAL PACKET 5 % (mafenide acetate)	3	
VANOXIDE-HC EXTERNAL LOTION 5-0.5 % (benzoyl perox-hydrocortisone)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (ketoconazole & pyrithione zinc)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (ketoconazole & pyrithione zinc)	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (benzoyl peroxide-hyaluronate)	3	
ZACLIR CLEANSING EXTERNAL LOTION 8 %	3	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
diclofenac sodium external gel 1 %	3	
diclofenac sodium external gel 3 %	2	PA; SL (100g per prescription)
diclofenac sodium external solution 1.5 %, 2 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PENNSAID EXTERNAL SOLUTION 2 % (diclofenac sodium)	3	
OXABOROLES - Drugs for the Skin		
tavaborole external solution 5 %	3	PA; SL (4 mL per month)
PIGMENTING AGENTS - Drugs for the Skin		
methoxsalen rapid oral capsule 10 mg	3	
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
nyamyc external powder 100000 unit/gm	1	SL (120 g per prescription)
nystatin external cream 100000 unit/gm	1	SL (90 g per prescription)
nystatin external ointment 100000 unit/gm	1	SL (90 g per prescription)
nystatin external powder 100000 unit/gm	1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	3	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	3	
nystop external powder 100000 unit/gm	1	SL (120 g per prescription)
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
CROTAN EXTERNAL LOTION 10 % (crotamiton)	2	
lindane external shampoo 1 %	1	
malathion external lotion 0.5 %	3	
NATROBA EXTERNAL SUSPENSION 0.9 % (spinosad)	3	
OVIDE EXTERNAL LOTION 0.5 % (malathion)	3	
permethrin external cream 5 %	1	
SOOLANTRA EXTERNAL CREAM 1 % (ivermectin)	3	SL (45 grams per prescription)
spinosad external suspension 0.9 %	3	
sulfurated lime external solution	3	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (isotretinoin)	3	PA
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
ACZONE EXTERNAL GEL 5 % (dapsone)	3	
ACZONE EXTERNAL GEL 7.5 % (dapsone)	3	SL (60 g per prescription)
ADAPALENE EXTERNAL PAD 0.1 %	3	SL (1 pad per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	3	SL (45g per month)
amnestem oral capsule 10 mg, 20 mg, 40 mg	1	
ARTISS EXTERNAL SOLUTION (fibrin sealant component)	3	
azelaic acid external gel 15 %	1	
AZELEX EXTERNAL CREAM 20 % (azelaic acid)	3	
B & C EXTERNAL OINTMENT	3	
balsam peru-castor oil external ointment	3	
brimonidine tartrate external gel 0.33 %	1	SL (30 gm per month)
calcipotriene external cream 0.005 %	1	SL (60g per month)
calcipotriene external ointment 0.005 %	3	
calcipotriene external solution 0.005 %	1	SL (60g per month)
calcipotriene-betameth diprop external suspension 0.005-0.064 %	3	SL (1 60g bottle per month)
CALCITRENE EXTERNAL OINTMENT 0.005 % (calcipotriene)	3	
calcitriol external ointment 3 mcg/gm	1	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	2	PA; SL (1 tablet per day)
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
CONDYLOX EXTERNAL GEL 0.5 % (podofilox)	3	
DERMELLE EXTERNAL GEL (scar treatment products)	3	
diclofenac sodium external gel 1 %	3	
diclofenac sodium external solution 1.5 %, 2 %	3	
EFUDEX EXTERNAL CREAM 5 % (fluorouracil)	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	3	SL (7 cans (420 grams) per month)
EPIDUO EXTERNAL GEL 0.1-2.5 % (adapalene-benzoyl peroxide)	3	SL (45g per month)
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (adapalene-benzoyl peroxide)	3	SL (45g per month)
FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid-oxyquinoline)	3	
FINACEA EXTERNAL FOAM 15 % (azelaic acid)	3	ST
FINACEA EXTERNAL GEL 15 % (azelaic acid)	3	ST
fluorouracil external cream 5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluorouracil external solution 2 %, 5 %	1	
HYDROCORT LOTION COMPLETE KIT EXTERNAL KIT 2 %	3	
imiquimod external cream 3.75 %	3	
imiquimod external cream 5 %	1	
imiquimod pump external cream 3.75 %	3	
isotretinoin capsule 10 mg oral	1	
isotretinoin capsule 10 mg oral	3	PA
isotretinoin capsule 20 mg oral	1	
isotretinoin capsule 20 mg oral	3	PA
isotretinoin capsule 30 mg oral	1	
isotretinoin capsule 30 mg oral	3	PA
isotretinoin capsule 40 mg oral	1	
isotretinoin capsule 40 mg oral	3	PA
isotretinoin oral capsule 25 mg, 35 mg	3	PA
JUVAZIN EXTERNAL GEL (scar treatment products)	3	
KLISYRI EXTERNAL OINTMENT 1 % (tirbanibulin)	3	ST; SL (5 units per prescription)
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (aminolevulinic acid hcl)	3	
MIRVASO EXTERNAL GEL 0.33 % (brimonidine tartrate)	3	SL (30 gm per month)
NEOSALUS EXTERNAL LOTION (dermatological products, misc.)	3	
NUVAIL EXTERNAL SOLUTION (dermatological products, misc.)	3	
OPZELURA EXTERNAL CREAM 1.5 % (ruxolitinib phosphate)	3	PA; SL (540 grams per year)
OTEZLA ORAL TABLET 30 MG (apremilast)	2	PA; SL (2 tablets per day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	2	PA; SL (27 tablets per 1 year)
PANRETIN EXTERNAL GEL 0.1 % (alitretinoin)	3	
PENNSAID EXTERNAL SOLUTION 2 % (diclofenac sodium)	3	
pimecrolimus external cream 1 %	3	ST; SL (100g per month)
PODOCON-25 EXTERNAL SOLUTION 25 % (podophyllum resin)	3	
PODOFILOX EXTERNAL SOLUTION 0.5 %	2	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QUTENZA (2 PATCH) EXTERNAL KIT 8 % (capsaicin-cleansing gel)	4	
QUTENZA (4 PATCH) EXTERNAL KIT 8 % (capsaicin-cleansing gel)	4	
QUTENZA EXTERNAL KIT 8 % (capsaicin-cleansing gel)	4	
RECTIV RECTAL OINTMENT 0.4 % (nitroglycerin)	3	
REGRANEX EXTERNAL GEL 0.01 % (becaplermin)	3	PA; SL (30 g (2 tubes) per month)
RHOFADE EXTERNAL CREAM 1 % (oxymetazoline hcl)	3	PA; SL (30 packets per prescription)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (collagenase)	3	SL (60g per prescription)
SCARSILK EXTERNAL GEL	3	
STRATA TRIZ EXTERNAL GEL (scar treatment products)	3	
TACHOSIL EXTERNAL PATCH 4.8 X 4.8 CM, 9.5 X 4.8 CM (absorbable fibrin sealant)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (calcipotriene-betameth diprop)	3	SL (1 60g bottle per month)
tacrolimus external ointment 0.03 %, 0.1 %	1	ST; SL (100g per month)
TARGRETIN EXTERNAL GEL 1 % (bexarotene)	3	SL (60 grams per prescription)
tazarotene external cream 0.1 %	3	SL (30g per month); AE
tazarotene external gel 0.05 %, 0.1 %	3	SL (30g per month); AE
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (tazarotene)	3	SL (30g per month); AE
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (tazarotene)	3	SL (30g per month); AE
VALCHLOR EXTERNAL GEL 0.016 % (mechlorethamine hcl (topical))	3	PA
VENELEX EXTERNAL OINTMENT (balsam peru-castor oil)	3	
VEREGEN EXTERNAL OINTMENT 15 % (sinecatechins)	3	ST; SL (30 grams per prescription)
VTAMA EXTERNAL CREAM 1 % (tapinarof)	3	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ZYCLARA PUMP EXTERNAL CREAM 2.5 % (imiquimod)	3	SL (15 grams per 45 days)
SUNSCREEN AGENTS - Drugs for the Skin		
AVIDOXY DK COMBINATION KIT 100 MG (doxycycline-sunscreen-sal acid)	3	
SUMADAN XLT EXTERNAL KIT 9-4.5 % (sulfacetamide-sulfur-sunscreen)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	1	
oxybutynin chloride oral syrup 5 mg/5ml	1	
oxybutynin chloride oral tablet 5 mg	1	
solifenacin succinate oral tablet 10 mg, 5 mg	3	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	3	
tolterodine tartrate oral tablet 1 mg, 2 mg	1	
tropium chloride oral tablet 20 mg	3	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
elixophyllin oral elixir 80 mg/15ml	1	
REVATIO ORAL TABLET 20 MG (sildenafil citrate)	4	SL (0.5 tablets per day)
sildenafil citrate oral suspension reconstituted 10 mg/ml	3	PA; SL (6 mL per day)
sildenafil citrate oral tablet 20 mg	1	SL (0.5 tablets per day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
ATABEX OB ORAL TABLET 29-1 MG (prenatal vit w/ fe bisg-fa)	2	
ELITE-OB ORAL TABLET 50-1.25 MG (prenatal vit-iron carbonyl-fa)	2	
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa-omega)	2	
M-NATAL PLUS ORAL TABLET 27-1 MG	2	
NEONATAL + DHA ORAL 29-1 & 200 MG	2	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEONATAL PLUS ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	2	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG	2	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (prenat-fe-methylfol-dha w/o a)	2	
NESTABS ORAL TABLET 32-1 MG (prenat-fe bisgly-fa-w/o vit a)	2	
OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG (prenatal vit-iron carbonyl-fa)	2	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (prenatal-fe cbn-fa-dha w/o a)	2	
ONE VITE WOMENS ORAL TABLET 27-0.8 MG	2	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	2	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa-ginger)	2	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
PRENATAL ESSENTIALS ORAL CAPSULE 0.272 MG (prenatal multivit-min-fe-fa)	2	
prenatal oral tablet 27-0.8 mg, 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	2	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (prenatal-feaspgly-methylfol-fa)	2	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	2	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	2	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	2	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	2	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	2	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RELNATE DHA ORAL CAPSULE 28-1-200 MG	2	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (prenatal vit-fe psac cmplx-fa)	2	
TRINATE ORAL TABLET (prenatal vit-fe fumarate-fa)	2	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	2	
VINATE ONE ORAL TABLET 60-1 MG (prenatal vit-fe fumarate-fa)	2	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL STRIPS ORAL FILM 1 MG (prenatal-b6-b12-d3-folic acid)	2	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (prenatal-fe fum-methf-fa w/o a)	2	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	2	
VITA-PAC ORAL CAPSULE 0.9 MG	2	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	2	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	2	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	2	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	2	
WESTAB PLUS ORAL TABLET 27-1 MG	2	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	2	
VITAMIN B COMPLEX		
ATABEX OB ORAL TABLET 29-1 MG (prenatal vit w/ fe bisg-fa)	2	
CALCIFOL ORAL WAFER 1342-1.6 MG (ca carb-fa-d-b6-b12-boron-mg)	3	
CITRANATAL BLOOM ORAL TABLET 90-1 MG (prenatal-dss-fecb-fegl-fa)	2	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	3	H
ELITE-OB ORAL TABLET 50-1.25 MG (prenatal vit-iron carbonyl-fa)	2	
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa-omega)	2	
ferrocite plus oral tablet 106-1 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	E	H
hematinic plus vit/minerals oral tablet 106-1 mg	3	
hematinic/folic acid oral tablet 324-1 mg	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	CM
M-NATAL PLUS ORAL TABLET 27-1 MG	2	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (fe asp gly-succ-c-thre-b12-fa)	2	
NEONATAL + DHA ORAL 29-1 & 200 MG	2	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	2	
NEONATAL PLUS ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	2	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG	2	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (prenat-fe-methylfol-dha w/o a)	2	
NESTABS ORAL TABLET 32-1 MG (prenat-fe bisgly-fa-w/o vit a)	2	
OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG (prenatal vit-iron carbonyl-fa)	2	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (prenatal-fe cbn-fa-dha w/o a)	2	
ONE VITE WOMENS ORAL TABLET 27-0.8 MG	2	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	2	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa-ginger)	2	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
PRENATAL ESSENTIALS ORAL CAPSULE 0.272 MG (prenatal multivit-min-fe-fa)	2	
prenatal oral tablet 27-0.8 mg, 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	2	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (prenatal-feaspgly-methylfol-fa)	2	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	2	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; AE: Age edit - prior authorization may be required; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; E = Excluded from coverage unless covered as part of health care reform preventive; CM: Orally administered anticancer medication.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	2	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	2	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	2	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	2	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	2	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (drospiren-eth estrad-levomefol)	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (prenatal vit-fe psac cmplx-fa)	2	
TRINATE ORAL TABLET (prenatal vit-fe fumarate-fa)	2	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	2	
tydemy oral tablet 3-0.03-0.451 mg	3	H
VINATE ONE ORAL TABLET 60-1 MG (prenatal vit-fe fumarate-fa)	2	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (prenatal-fe fum-methf-fa w/o a)	2	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	2	
VITA-PAC ORAL CAPSULE 0.9 MG	2	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	2	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	2	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	2	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	2	
WESTAB PLUS ORAL TABLET 27-1 MG	2	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAMIN C		
CITRANATAL BLOOM ORAL TABLET 90-1 MG (prenatal-dss-fecb-fegl-fa)	2	
ferrocite plus oral tablet 106-1 mg	3	
hematinic plus vit/minerals oral tablet 106-1 mg	3	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (peg-kcl-nacl-nasulf-na asc-c)	3	SL (1 box per prescription)
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (fe asp gly-succ-c-thre-b12-fa)	2	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	3	SL (1 box per prescription)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	3	SL (1 box per prescription)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (peg-kcl-nacl-nasulf-na asc-c)	3	SL (3 cartons per prescription)
VITAMIN D		
CALCIFOL ORAL WAFER 1342-1.6 MG (ca carb-fa-d-b6-b12-boron-mg)	3	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
DECARA ORAL CAPSULE 1.25 MG (50000 UT) (cholecalciferol)	3	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	3	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (ergocalciferol)	3	
ergocalciferol oral capsule 1.25 mg (50000 ut)	1	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (alendronate-cholecalciferol)	3	SL (4 tablets per 28 days)
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (calcitriol)	3	
ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)	3	
VITAMIN E		
NUTRIDOX ORAL KIT 75 MG (doxycycline monohyd-omega 3-e)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAMIN K ACTIVITY		
phytonadione oral tablet 5 mg	3	SL (5 tablets per day)

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