

Plan for your best health

2019 Aetna Pharmacy Drug Guide Aetna Small Group ACA – California

Visit www.aetna.com/formulary for the most up-to-date information. For a summary of your coverage or benefits plan log in to your secure member site. Or call the toll-free number on your member ID card.

The formulary is updated the first week of each month. The formulary is subject to change. Previous versions are no longer in effect.

The Medical plan names to which this document applies to in the state of California are listed below:

Aetna Plan Name

Aetna Value Network HMO Gold
Aetna Value Network HMO Silver

AWH PrimeCare HMO Bronze
AWH PrimeCare HMO Gold



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2019 Aetna Small Group ACA Plan: CA

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Definitions

Brand name drug means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.

Coinsurance 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 one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

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

Exception request 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 or **prescription drug list** means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

Generic drug means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.

Medically Necessary means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

Non-formulary drug means a prescription drug 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 to be provided to a specific individual.

Prescription drug means a drug that by law requires a prescription.

Prior Authorization means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

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

How to use this guide

Your guide includes a list of commonly used drugs covered on your pharmacy plan. The amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the prescription's price after you meet your deductible, if applicable. Preferred generic drugs cost less. Preferred brand drugs will have a higher cost.

Refer to the Summary of Benefits for differences and information about the prescription drugs covered under your Outpatient prescription drugs and medical benefit in your plan.

A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the brand or generic name of the drug in the alphabetical index; and

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.

- A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs;
- The generic name for a brand name drug is included after the brand name in parentheses and all lowercase italicized letters. (For example: COREG, *carvedilol*)
- 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 lowercase italicized letters; and (For example: *carvedilol*)
- 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. (For example: *desogestrel-ethinyl estradiol*, *Azurette*)
- Inclusion of a prescription drug on the formulary does not guarantee that your provider will prescribe the drug for a particular medical condition.

Your plan includes

- Brand and generic drugs that are hand-picked for their quality and effectiveness
- A specialty pharmacy fills specialty drug prescriptions (ones that are injected, infused or taken by mouth) — and provides services that include personal support, helpful resources and training, and free secure home delivery
- A home delivery pharmacy that delivers maintenance drugs to your home or wherever you choose (for drugs that are taken regularly to treat conditions like diabetes or asthma)

What you can expect to pay

With your pharmacy plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the drug's/medicine price.

Each drug is grouped as a generic, a brand or a specialty drug. The preferred drugs within these groups will generally save you money compared to a non-preferred drug. Generic drugs are less expensive than brands.

Specialty prescription drugs typically include higher-cost drugs that require special handling, special storage or monitoring. These types of drugs may include, but are not limited to, drugs that are injected, infused, inhaled or taken by mouth.

You're covered for all types of medicine — some more expensive, and some less.

- **Generic – G (tier 1):** the lowest cost share
- **Preferred brand – PB (tier 2):** a slightly higher cost share
- **Non-preferred brand – NPB (tier 3):** a higher cost share
- **Specialty – SP (tier 4):** lower cost share for specialty drugs
- **Copay Exception – CE:** Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

Your pharmacy plan may not have all the coverage levels listed above so check your plan documents to see how much you will pay, for example your copayments and maximum dollar amounts.

For your exact coverage and cost, and to learn more about your plan

Visit the website that's on your member ID card. Then log in to your account, where you can:

- Find out the coverage and estimate of cost for specific drugs
- View your deductibles and plan limits
- Order medications
- Check your pharmacy order status
- Get a member ID card
- View your claims, Explanation of Benefits and more

Have more questions about your pharmacy benefits?

We're here to help. There are several ways you can learn more about your benefits:

- Check your Plan Design and Benefits Summary in your enrollment kit.
- Call the toll-free number on your member ID card.
- Review our pharmacy frequently asked questions (FAQs) and answers. Just visit the website that's on your member ID card to search for the "Pharmacy FAQ".

Specialty Pharmacy Network

An in-network specialty pharmacy can fill your prescriptions for specialty drugs. These are the types of drugs that may be injected, infused or taken by mouth. They often need special storage and handling. And they need to be delivered quickly. A nurse or pharmacist may monitor your treatment, if needed. With this type of pharmacy, you can get this medicine sent right to our mailbox.

How to get started with a specialty pharmacy

Ordering your prescriptions through our specialty pharmacy is easy. And we typically offer a 30-day medicine supply.

- **To transfer your prescription,** just call us toll-free at **1-866-353-1892**.
- **For a new prescription,** your doctor can send it to us in one of four ways:
 - 1. Electronically:** Through e-prescribe
 - 2. Fax: 1-866-FAX-ASRX (1-866-329-2779)**
 - 3. Phone: 1-866-782-ASRX (1-866-782-2779), option 2**

If you mail in your own prescription, please send it with a completed Patient Profile Form. To find this form, just visit the website that's on your member ID card, to search for the "Patient Profile Form".

CVS Caremark Mail Service Pharmacy®

You can have maintenance drugs sent right to your home or anywhere else you choose with CVS Caremark Mail Service Pharmacy. These are drugs that are taken regularly for chronic conditions like diabetes or asthma. Depending on your plan, you can get up to a 90-day supply of medicine for less cost. It's fast and convenient, and standard shipping is always free.

Get started right away

You can submit your order using one of these options:

- 1. Online** — Visit your secure member website and sign in to your account. There you can add or remove your prescriptions.
- 2. Phone** — Call us toll-free, 24/7 at **1-888-792-3862**. If you need the help of a telephone device for the deaf, call **1-877-833-2779**.
- 3. Mail** — Get a new prescription from your doctor. Then mail it to us with a completed order form. You can find the form on your secure member website. The mailing address is on the form.

Your doctor can submit your order using one of these options:

- 1. Online** — They can submit your prescriptions using the e-prescribe services on our provider website.
- 2. Fax** — They can fax your prescription to **1-877-270-3317**. Make sure they include your member ID number, date of birth and mailing address on the fax cover sheet. Only a doctor may fax a prescription.

Frequently asked questions

How can I save on prescriptions?

Here are some tips to pay less out of pocket for your prescription drugs:

- Ask your doctor to consider prescribing drugs that are on the Pharmacy Drug Guide (formulary).
- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Check to see if your plan includes our home delivery pharmacy service. Depending upon your plan, our home delivery service may save you money. For more information, visit the website on your member ID card and log in to your account.
- Remind your doctor to check your plan to make sure you get maximum coverage.

What are generic drugs?

Generic drugs are proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name drugs and work the same way. So they have the same risks and benefits as brand-name drugs. However, they typically cost less.

When appropriate, your doctor may decide to prescribe a generic drug or allow the pharmacist to substitute a generic drug.

What is precertification?

Precertification is one way that we can help you and your doctor find safe, appropriate drugs and keep costs down. Precertification means that you or your doctor need to get approval from the plan before certain drugs will be covered. Generally, precertification applies to drugs that:

- Are often taken in the wrong way
- Should only be used for certain conditions
- Often cost more than other drugs that are proven to be just as effective

Keep in mind that your doctor must contact us to request approval of coverage for these drugs.

What is step therapy?

Some drugs require step therapy. This means that you must try one or more prerequisite drug(s) before a step therapy drug is covered.

The prerequisite drugs are equally effective, have U.S. Food and Drug Administration (FDA) approval and may cost less. They treat the same condition as the step therapy drug.

If you don't try the appropriate alternative drug first, you may need to pay full cost for the brand-name version.

What are quantity limits?

Quantity limits help your doctor and pharmacist make sure that you use your drug correctly and safely. We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- **Dose efficiency edits** — Limits prescription coverage to one dose per day for drugs that have approval for once-daily dosing
- **Maximum daily dose** — If a prescription is lower than the minimum or higher than the maximum allowed dose, a message is sent to the pharmacy
- **Quantity limits over time** — Limits prescription coverage to a specific number of units over a specific amount of time

What if I need a drug that requires an exception to the precertification, step therapy or quantity limits requirements? Or what if I need a drug that's not covered under my plan?

In certain cases, you or your prescriber can request a medical exception to the precertification, step therapy or quantity limits requirements. And also for a drug that's not covered in your plan. Coverage determinations will be made within 72 hours of receiving non-urgent requests. If you ask for your request to be expedited based on exigent circumstances, a coverage determination will be made within 24 hours of receiving it.

We'll then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

Medical exceptions which are approved for non-urgent requests will cover the duration of the prescription, including refills. Approved medical exceptions for exigent circumstances will provide coverage for the duration of the exigency.

If your request is denied you have the right to file an appeal using the process described in the notification letter.

If a determination is not made for a prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved and we may not deny the request thereafter.

In accordance with state law, members who are covered under small group health insurance policies and who have previously received approval for coverage of medications for the members' medical conditions will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the member's medical condition.

How can your provider request a medical exception?

The following options will provide detail to help request a medical exception.

- Submit their request through our secure provider website on NaviNet®.
- Call the Aetna Pharmacy Precertification Unit at **1-855-240-0535**.
- Fax the completed request form to **1-877-269-9916**.
- Mail the completed request form to:
Aetna Pharmacy Management
1300 East Campbell Road
Richardson, TX 75081

How is the formulary (drug list) developed?

Our Pharmacy and Therapeutics Committee meets regularly to review new drugs and new information about current drugs. We review them for their safety, effectiveness and current use in therapy.

This committee includes licensed pharmacists and doctors. They are currently in practice or are Aetna employees.

Once we complete our clinical review, we also consider overall value before adding or removing a drug from the formulary. We may recommend moving a drug to our Formulary Exclusions List and no longer be covered.

Can the formulary change during the year?

The formulary can change throughout the year. Some reasons why they can change include:

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the brand-name drug is likely to be covered at a higher cost. And the generic versions cost less. See the "what are generic drugs?" section above for more information.

How do you find a pharmacy?

You can find a pharmacy in two ways:

- **Online:** By logging onto your secure member website at **www.aetna.com**.
- **By phone:** Call the toll-free number on your ID card. During regular business hours, a representative can assist you. Our automated telephone assistant can give you this information 24 hours a day.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-888-802-3862.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable California and Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, ancestry, religion, sex, marital status, age, gender, gender identity, sexual orientation or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on race, color, national origin, ancestry, religion, sex, marital status, age, gender, gender identity, sexual orientation or disability, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator
P.O. Box 24030, Fresno, CA 93779
1-800-648-7817, TTY: 711, Fax: 860-262-7705
CRCoordinator@aetna.com.

You can also file a complaint with the California Department of Insurance at www.insurance.ca.gov, or at: Consumer Services Division, 300 Spring Street South Tower, Los Angeles CA 90013, or at 1-800-927-HELP (4357), TDD: 1-800-482-4TDD (4833).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex. You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

Hawaiian	No ka wala'au 'ana me ka lawelawe 'olelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၢ်ဂၢ်တၢ်မၤစၢအတၢ်ဖဲတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အီၤအဂီၢ်,ကိးဘၣ်လီၤတဖၣ်နီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၤ (ID) အလိၤန့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بو دەسپێرێت گەشتن بە خزمەتگوزاری زمان بەی ئیچوون بو تو، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໃບຫາເບີໂທລະສັບໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjelōk wōņean nan kwe, kwōn kallok nōmba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo búáh ílínígóó naaltsoos bee atah nílįigo nanitinígíí bee néého'dółzinígíí béesh bee hane'í biká'ígíí áajj' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cìn wëu kor keek tēncŋ yin. Ke yin col ran ye koc kuony në namba de abac tō në ID kard duñ de tīt de nyin de panakim kōu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.

Remember to visit the website on your member ID card.
Then sign in to your account for the most up-to-date information.

Please note that if your prescription drug benefits plan changes, the information here may no longer apply.

A copayment is a flat fee. Coinsurance is a percentage of the rate that Aetna negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Aetna Drug List may be subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug. Louisiana members: depending on your specific plan and the prescription medication in question, you may in some instances be subject to an excess consumer cost burden for prescription drugs as defined by your state.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through specialty pharmacy prescription fulfillment.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna may receive rebates from certain drug manufacturers. Generally, such rebates do not directly reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change.

The drugs on the Pharmacy Drug (formulary) Guide, Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. For example, step therapy programs do not apply to fully insured members in Indiana. Step therapy does not apply to fully-insured members in New Jersey. However, these programs are available to self-funded plans.

In accordance with state law, commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Pharmacy Drug (formulary) Guide, Precertification, Quantity Limits or Step-Therapy Lists during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, precertification approval is known as "pre-service utilization review." It is not "verification" as defined by Texas law.

In accordance with state law, fully insured Commercial California health maintenance organization (HMO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the Precertification or Step-Therapy Lists will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. In accordance with state law, fully insured Commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the Precertification or Step-Therapy Lists will continue to have those medications covered for as long as the treating physician prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. Aetna and CVS Caremark Mail Service Pharmacy are part of the CVS Health family of companies.



List of Abbreviations

CE: Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

NF: Non-formulary, not covered unless exception request granted

Tier 1: Generics

Tier 2: Preferred Brands

Tier 3: Non-Preferred Brands

Tier 4: Specialty

#: Brand-name drug expected to become available generically in the near future. After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the non-formulary list. The brand-name drug may also be subject to precertification and/or step-therapy.

AL: Age Limit

LGC: Lowest Generic Copay Applies

N2: Drug tier when CE does not apply

NPL: (National Precertification List) – Prior authorization, also called preauthorization or precertification, is required for all plans. Your doctor must contact us to request approval for coverage.

OTC: OTC Covered

PA: Prior Authorization

QL: Quantity Limit

SP Pharmacy: You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.

ST: Step Therapy

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase italics: Generic drugs

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The formulary is updated the first week of each month.

12/01/2019

CE=Copay Exception | Tier 1=Generics | Tier 2=Preferred Brands | Tier3=Non-Preferred Brands | Tier 4=Specialty | NF=Non-Formulary | PA=Prior Authorization | ST=Step Therapy | QL=Quantity Limits | AL=Age Limits | LGC=Lowest Generic Copay |MST=ST does not apply to MA residents | MPG=PG applies to MA residents | PPA=PA does not apply to PA residents | NPL=National Precertification | #=Generic coming to market | SP=Specialty Network;

30 day supply | N2=Drug tier when CE does not apply | Select OTC=You may have coverage for products noted with a doctor's prescription.

UPPERCASE: Brand name drugs

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30 day supply | N2=Drug tier when CE does not apply | Select OTC=You may have coverage for products noted with a doctor's prescription.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*5-HT4 RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	NF	
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG (<i>methylphenidate hcl</i>)	NF	
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML (<i>amphetamine</i>)	NF	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	NF	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 1	PA; ST; QL (2 capsules per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (4 tablets per 1 day)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NF	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	Tier 1	QL (1 capsule per 1 day)
BELVIQ ORAL TABLET 10 MG (<i>lorcaserin hcl</i>)	Tier 3	PA; ST; QL (2 tablets per 1 day)
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	NF	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	Tier 1	QL (4 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (<i>methylphenidate hcl</i>)	NF	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NF	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	Tier 3	PA; ST; #; QL (1 patch per 1 day)
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	NF	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (<i>dextroamphetamine sulfate</i>)	NF	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	PA; ST; QL (2 capsules per 1 day)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Tier 1	PA; QL (40 milliliters per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (4 tablets per 1 day)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	NF	
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine sulfate</i>)	NF	
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NF	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NF	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	QL (1 tablet per 1 day)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (<i>guanfacine hcl</i>)	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	NF	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (<i>clonidine hcl</i>)	NF	
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (3 tablets per 1 day)
<i>methamphetamine hcl oral tablet 5 mg</i>	Tier 1	PA; ST; QL (4 tablets per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML (<i>methylphenidate hcl</i>)	NF	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	Tier 1	QL (3 tablet per 1 day)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	Tier 1	QL (4 tablets per 1 day)

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30 day supply | N2=Drug tier when CE does not apply | Select OTC=You may have coverage for products noted with a doctor's prescription.

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	Tier 1	QL (1 tablet per 1 Day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Tier 1	QL (30 milliliters per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Tier 1	QL (60 milliliters per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	PA; ST; QL (2 tablets per 1 day)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	NF	#
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (<i>armodafinil</i>)	NF	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>phentermine hcl oral capsule 15 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>phentermine hcl oral capsule 30 mg, 37.5 mg</i>	Tier 1	QL (1 capsule per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5ML (<i>dextroamphetamine sulfate</i>)	NF	
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	NF	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	NF	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>methylphenidate hcl</i>)	Tier 3	PA; ST; #; QL (1 bottle per 1 fill)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (<i>methylphenidate hcl</i>)	Tier 3	QL (1 tablet per 1 Day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	NF	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (<i>methylphenidate hcl</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	NF	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA; ST; QL (2 capsules per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA; ST; QL (2 tablets per 1 day)
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 10 Mg, 5 Mg)	Tier 1	QL (4 tablets per 1 day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	NF	
*AGENTS FOR NARCOTIC WITHDRAWAL*** - DRUGS FOR ADDICTION		
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	Tier 3	QL (192 tablets per 3 courses in 1 years)
*AGENTS FOR OPIOID WITHDRAWAL*** - DRUGS FOR ADDICTION		
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	Tier 3	QL (192 tablets per 3 courses in 1 years)
ALTERNATIVE MEDICINES - VITAMINS AND MINERALS		
<i>hm green tea complex oral tablet 150 mg</i>	NF	
<i>hm melatonin-lemon balm oral tablet 5-500 mg-mcg</i>	NF	
QUINZYME ORAL TABLET DISPERSIBLE 90 MG (<i>coenzyme q10</i>)	NF	
AMEBICIDES - DRUGS FOR INFECTIONS		
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NF	
*AMINO ACIDS*** - DRUGS FOR NUTRITION		
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	NF	
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	NF	
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NF	
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 1	
<i>paromomycin sulfate oral capsule 250 mg</i>	Tier 1	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	NF	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 1	SP Pharmacy; QL (56 vials per 1 fill)
*AMINOMETHYLCYCLINES*** - DRUGS FOR INFECTIONS		
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	NF	
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	Tier 4	PA; ST; NPL; SP Pharmacy; QL (4 pens per 1 month)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	Tier 4	PA; ST; QL (1 syringe per 1 month)
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	NF	
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	NF	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	Tier 4	PA; SP Pharmacy
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	NF	
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (<i>celecoxib</i>)	NF	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	ST; QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	NF	
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Tier 1	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	NF	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	NF	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	Tier 4	PA; ST; SP Pharmacy; QL (8 injections per 1 month)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	Tier 4	PA; ST; SP Pharmacy; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	Tier 4	PA; ST; SP Pharmacy; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG (<i>etanercept</i>)	Tier 4	PA; ST; SP Pharmacy; QL (8 injections per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	Tier 4	PA; ST; SP Pharmacy; QL (4 syringes per 28 days)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	Tier 1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	
FELDENE ORAL CAPSULE 10 MG, 20 MG (<i>piroxicam</i>)	NF	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	Tier 1	
<i>fenoprofen calcium oral tablet 600 mg</i>	Tier 1	
FENORTHO ORAL CAPSULE 200 MG, 400 MG (<i>fenoprofen calcium</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Tier 1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (3 syringes per 1 month)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (2 syringes per 1 month)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (6 syringes per 1 month)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML (<i>adalimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (2 syringes per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML (<i>adalimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (2 injections per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (<i>adalimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (6 syringes per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED 180 MG (<i>canakinumab</i>)	Tier 4	PA; SP Pharmacy
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	Tier 4	PA; SP Pharmacy
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	Tier 3	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	Tier 3	
<i>indomethacin er oral capsule extended release 75 mg</i>	Tier 1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NF	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 1	QL (20 tablets per 5 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	NF	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	NF	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 syringe per 1 day)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	QL (1 tablet per 1 day)
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	NF	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
MOBIC ORAL TABLET 15 MG, 7.5 MG (<i>meloxicam</i>)	NF	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
NALFON ORAL CAPSULE 400 MG (<i>fenoprofen calcium</i>)	NF	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	NF	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAPROSYN ORAL TABLET 500 MG (<i>naproxen</i>)	NF	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral suspension 125 mg/5ml</i>	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg</i>	NF	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
OLUMIANT ORAL TABLET 2 MG (<i>baricitinib</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 tablet per 1 day)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	Tier 4	PA; ST; QL (4 syringes per 1 month)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	Tier 4	PA; ST; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	Tier 4	PA; ST; QL (4 syringes per 1 month)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>)	NF	
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
PONSTEL ORAL CAPSULE 250 MG (<i>mefenamic acid</i>)	NF	
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG (<i>meloxicam</i>)	NF	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	NF	
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	NF	
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	Tier 4	PA; ST; QL (1 pen per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	Tier 4	PA; ST; QL (1 pen per 1 fill)
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NF	#
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
TIVORBEX ORAL CAPSULE 20 MG, 40 MG (<i>indomethacin</i>)	NF	
<i>tolmetin sodium oral capsule 400 mg</i>	Tier 1	
<i>tolmetin sodium oral tablet 200 mg, 600 mg</i>	Tier 1	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	NF	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG (<i>meloxicam</i>)	NF	#
XELJANZ ORAL TABLET 10 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; ST; SP Pharmacy; QL (2 tablets per 1 day)
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; ST; QL (2 tablets per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; ST; QL (1 tablet per 1 day)
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	NF	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (<i>diclofenac</i>)	NF	
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	NF	
<i>aspirin low dose oral tablet chewable 81 mg</i>	CE	N2 (NF); AL
<i>aspirin oral tablet chewable 81 mg</i>	CE	N2 (NF); AL
<i>aspirin oral tablet delayed release 81 mg</i>	CE	N2 (NF); AL
<i>aspirin rectal suppository 120 mg, 200 mg</i>	CE	N2 (NF); AL

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	CE	N2 (NF); AL
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	N2 (NF); AL
BUFFERIN LOW DOSE ORAL TABLET 81 MG (<i>aspirin buf(cacarb-mgcarb-mgo)</i>)	CE	N2 (NF); AL
<i>butalbital-acetaminophen</i> (Bupap Oral Tablet 50-300 Mg)	Tier 1	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	Tier 1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
<i>butalbital-apap-caffeine</i> (Capacet Oral Capsule 50-325-40 Mg)	Tier 1	
<i>childrens aspirin oral tablet chewable 81 mg</i>	CE	N2 (NF); AL
<i>choline-mag trisalicylate oral liquid 500 mg/5ml</i>	Tier 1	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
<i>duraxin oral capsule 300-200-20 mg</i>	Tier 3	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	N2 (NF); AL
<i>butalbital-apap-caffeine</i> (Esgic Oral Capsule 50-325-40 Mg)	Tier 1	
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	NF	
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	NF	
FIORINAL ORAL CAPSULE 50-325-40 MG (<i>butalbital-aspirin-caffeine</i>)	NF	
<i>marten-tab oral tablet 50-325 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>salsalate oral tablet 500 mg</i>	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	N2 (NF); AL
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	NF	
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15ML (<i>butalbital-apap-caffeine</i>)	NF	
<i>butalbital-apap-caffeine</i> (Zebutal Oral Capsule 50-325-40 Mg)	Tier 1	
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NF	#
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	Tier 1	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	Tier 1	PA; QL (12 tablets per 1 day)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	Tier 1	PA; QL (10 tablets per 1 day)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	Tier 1	PA; QL (150 MLS per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	Tier 1	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	PA; QL (10 tablets per 1 day)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NF	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	NF	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	Tier 1	PA; QL (10 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	NF	
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NF	
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	Tier 1	PA; QL (6 capsules per 1 day)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	NF	
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	Tier 1	PA; QL (12 tablets daily per 7 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG (<i>buprenorphine hcl-naloxone hcl</i>)	Tier 3	ST; QL (6 films per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG (<i>buprenorphine hcl-naloxone hcl</i>)	Tier 3	ST; QL (3 films per 1 day)
BUNAVAIL BUCCAL FILM 6.3-1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	Tier 3	ST; QL (2 films per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	QL (3 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcglhr, 15 mcglhr, 20 mcglhr, 5 mcglhr, 7.5 mcglhr</i>	Tier 1	PA; QL (4 patches per 28 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	PA; QL (6 capsules per 1 day)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Tier 1	PA; QL (6 capsules per 1 day)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Tier 1	PA; QL (2 bottles per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	NF	
<i>codeine sulfate oral tablet 15 mg</i>	Tier 1	PA; QL (24 tablets per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	Tier 1	PA; QL (12 tablets per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	PA; QL (6 tablets per 1 day)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>tramadol hcl</i>)	NF	
DEMEROL ORAL TABLET 100 MG, 50 MG (<i>meperidine hcl</i>)	NF	
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	NF	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (<i>hydromorphone hcl</i>)	NF	
DOLOPHINE ORAL TABLET 10 MG, 5 MG (<i>methadone hcl</i>)	NF	
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR (<i>fentanyl</i>)	NF	
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR (<i>fentanyl</i>)	NF	
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR (<i>fentanyl</i>)	NF	
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR (<i>fentanyl</i>)	NF	
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR (<i>fentanyl</i>)	NF	
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG (<i>morphine-naltrexone</i>)	Tier 2	PA; QL (1 capsule per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 20-0.8 MG, 30-1.2 MG (<i>morphine-naltrexone</i>)	Tier 2	PA; QL (2 capsules per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 10-325 Mg)	Tier 1	PA; QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)	Tier 1	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 7.5-325 Mg)	Tier 1	PA; QL (8 tablets per 1 day)
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 12 MG, 16 MG, 32 MG, 8 MG (<i>hydromorphone hcl</i>)	NF	
<i>fentanyl citrate buccal lozenge on a handle</i> 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	PA; ST; QL (120 lozenges per 30 days)
<i>fentanyl citrate buccal tablet</i> 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	PA; QL (120 tablets per 30 days)
<i>fentanyl transdermal patch 72 hour</i> 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	Tier 1	PA; QL (10 patches per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NF	#
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	NF	
FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG (<i>butalbital-asa-caff-codeine</i>)	NF	
HYCET ORAL SOLUTION 7.5-325 MG/15ML (<i>hydrocodone-acetaminophen</i>)	NF	
<i>hydrocodone-acetaminophen oral solution</i> 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	Tier 1	PA; QL (180 MLS per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i> 10-300 mg, 10-325 mg	Tier 1	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i> 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	Tier 1	PA; QL (12 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet</i> 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i> 12 mg, 16 mg, 32 mg, 8 mg	Tier 1	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl oral liquid</i> 1 mg/ml	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydromorphone hcl oral tablet 2 mg</i>	Tier 1	PA; QL (11 tablets per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	Tier 1	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>hydromorphone hcl rectal suppository 3 mg</i>	Tier 1	PA; QL (4 suppositories per 1 day)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	Tier 2	PA; #; QL (1 tablet per 1 day)
IBUDONE ORAL TABLET 10-200 MG (<i>hydrocodone-ibuprofen</i>)	NF	
<i>hydrocodone-ibuprofen</i> (Ibudone Oral Tablet 5-200 Mg)	Tier 1	PA; QL (5 tablets per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG (<i>morphine sulfate</i>)	NF	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 40 MG (<i>morphine sulfate</i>)	Tier 3	PA; ST; QL (1 capsule per 1 day)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT (<i>fentanyl citrate</i>)	NF	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Hd Oral Tablet 10-325 Mg)	Tier 1	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Oral Tablet 5-325 Mg)	Tier 1	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Plus Oral Tablet 7.5-325 Mg)	Tier 1	PA; QL (12 tablets per 1 day)
LORTAB ORAL ELIXIR 10-300 MG/15ML (<i>hydrocodone-acetaminophen</i>)	NF	
<i>meperidine hcl oral solution 50 mg/5ml</i>	NF	
<i>meperidine hcl oral tablet 100 mg</i>	Tier 1	PA; QL (9 tablets per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>	Tier 1	PA; QL (18 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	Tier 1	PA; QL (3 MLS per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	Tier 1	PA; QL (3 MLS per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>	Tier 1	PA; QL (15 MLS per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	Tier 1	PA; QL (30 MLS per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	Tier 1	PA; QL (6 tablets per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NF	
<i>methadone hcl</i> (Methadose Oral Tablet Soluble 40 Mg)	Tier 1	PA
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NF	
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NF	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	Tier 1	PA; QL (4.5 MLS per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	PA; ST; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	PA; ST; QL (1 capsule per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>	Tier 1	PA; QL (45 MLS per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>	Tier 1	PA; QL (22.5 MLS per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>morphine sulfate rectal suppository 10 mg, 5 mg</i>	Tier 1	PA; QL (6 suppositories per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine sulfate rectal suppository 20 mg</i>	Tier 1	PA; QL (4 suppositories per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>	Tier 1	PA; QL (3 suppositories per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NF	
<i>nalocet oral tablet 2.5-300 mg</i>	NF	
NORCO ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG (<i>hydrocodone-acetaminophen</i>)	NF	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	Tier 3	PA; ST; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	Tier 3	PA; ST; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	Tier 3	PA; ST; QL (4 tablets per 1 day)
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	Tier 3	PA; ST; QL (3 tablets per 1 day)
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG (<i>oxymorphone hcl</i>)	Tier 3	PA; ST; QL (2 tablets per 1 day)
OPANA ORAL TABLET 10 MG, 5 MG (<i>oxymorphone hcl</i>)	NF	
OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG (<i>oxycodone hcl</i>)	Tier 3	PA; QL (6 tablets per 1 day)
OXAYDO ORAL TABLET ABUSE-DETERRENT 7.5 MG (<i>oxycodone hcl</i>)	Tier 3	PA; QL (8 tablets per 1 day)
<i>oxycodone hcl oral capsule 5 mg</i>	Tier 1	PA; QL (6 capsules per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Tier 1	PA; QL (3 MLS per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Tier 1	PA; QL (60 MLS per 1 day)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone hcl oral tablet 20 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	NF	
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	Tier 1	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	Tier 1	PA; QL (8 tablets per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	PA; QL (12 tablets per 1 day)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	Tier 1	PA; QL (12 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	NF	
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	Tier 1	PA; ST; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	Tier 1	PA; ST; QL (3 tablets per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	Tier 1	PA; ST; QL (6 tablets per 1 day)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	Tier 1	PA; QL (5 tablets per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	NF	
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NF	
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	NF	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	NF	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	NF	

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SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	Tier 3	QL (3 films per 1 day)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl</i>)	NF	
SYNALGOS-DC ORAL CAPSULE 356.4-30-16 MG (<i>dihydrocodeine compound</i>)	NF	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	PA; ST; QL (1 tablet per 1 day)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 150 mg, 200 mg, 300 mg</i>	NF	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	PA; ST; QL (1 tablet per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	PA; QL (8 tablets per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	PA; QL (8 tablets per 1 day)
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	NF	
TYLENOL WITH CODEINE #3 ORAL TABLET 300-30 MG (<i>acetaminophen-codeine</i>)	NF	
TYLENOL WITH CODEINE #4 ORAL TABLET 300-60 MG (<i>acetaminophen-codeine</i>)	NF	
ULTRACET ORAL TABLET 37.5-325 MG (<i>tramadol-acetaminophen</i>)	NF	
ULTRAM ORAL TABLET 50 MG (<i>tramadol hcl</i>)	NF	
VERDROCET ORAL TABLET 2.5-325 MG (<i>hydrocodone-acetaminophen</i>)	Tier 1	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen (Vicodin Es Oral Tablet 7.5-300 Mg)</i>	Tier 1	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen (Vicodin Hp Oral Tablet 10-300 Mg)</i>	Tier 1	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen (Vicodin Oral Tablet 5-300 Mg)</i>	Tier 1	PA; QL (12 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XODOL ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>hydrocodone-acetaminophen</i>)	NF	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (<i>oxycodone</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>hydrocodone-ibuprofen</i> (Xylon Oral Tablet 10-200 Mg)	Tier 1	PA; QL (5 tablets per 1 day)
ZAMICET ORAL SOLUTION 10-325 MG/15ML (<i>hydrocodone-acetaminophen</i>)	NF	
ZOXYDOL ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>hydrocodone bitartrate</i>)	NF	#
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NF	#
ANDROGENS-ANABOLIC - HORMONES		
ANADROL-50 ORAL TABLET 50 MG (<i>oxymetholone</i>)	Tier 3	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (<i>testosterone</i>)	NF	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	NF	
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
ANDROID ORAL CAPSULE 10 MG (<i>methyltestosterone</i>)	NF	
ANDROXY ORAL TABLET 10 MG (<i>fluoxymesterone</i>)	Tier 3	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (<i>testosterone cypionate</i>)	NF	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (<i>testosterone</i>)	NF	
<i>methitest oral tablet 10 mg</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	NF	
OXANDRIN ORAL TABLET 10 MG, 2.5 MG (<i>oxandrolone</i>)	NF	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	Tier 1	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
TESTOPEL IMPLANT PELLETT 75 MG (<i>testosterone</i>)	Tier 3	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 1	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 1	
<i>testosterone transdermal gel 10 mg/lact (2%)</i>	Tier 1	PA; QL (4 grams per 1 month)
<i>testosterone transdermal gel 12.5 mg/lact (1%)</i>	Tier 1	PA; QL (10 grams per 1 day)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 40.5 mg/2.5gm (1.62%)</i>	Tier 1	QL (5 grams per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	Tier 1	PA; QL (2.5 grams per 1 day)
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	Tier 1	PA; QL (10 grams per 1 fill)
<i>testosterone transdermal solution 30 mg/lact</i>	Tier 1	PA; QL (6 milliliters per 1 Day)
TESTRED ORAL CAPSULE 10 MG (<i>methyltestosterone</i>)	NF	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	NF	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANORECTAL AGENTS - RECTAL PREPARATIONS		
ANALPRAM-HC RECTAL CREAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	NF	
ANALPRAM-HC RECTAL LOTION 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	NF	
ANUSOL-HC RECTAL CREAM 2.5 % (<i>hydrocortisone</i>)	NF	
<i>hydrocortisone</i> (Colocort Rectal Enema 100 Mg/60ML)	Tier 1	
CORTENEMA RECTAL ENEMA 100 MG/60ML (<i>hydrocortisone</i>)	NF	
CORTIFOAM RECTAL FOAM 10 % (<i>hydrocortisone acetate</i>)	Tier 3	QL (30 grams per 30 days)
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	Tier 1	
<i>hydrocortisone rectal cream 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Tier 1	
<i>pramcort rectal cream 1-1 %</i>	Tier 1	
PROCTOCORT RECTAL CREAM 1 % (<i>hydrocortisone</i>)	NF	
PROCTOFOAM HC RECTAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	Tier 3	QL (20 grams per 30 days)
<i>hydrocortisone</i> (Procto-Med Hc Rectal Cream 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Procto-Pak Rectal Cream 1 %)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc Rectal Cream 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Proctozone-Hc Rectal Cream 2.5 %)	Tier 1	
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	Tier 3	QL (30 grams per 1 fill)
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	NF	#
ANTHELMINTICS - DRUGS FOR INFECTIONS		
<i>albendazole oral tablet 200 mg</i>	NF	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	NF	
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	Tier 3	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	Tier 1	QL (6 tablets per 3 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
<i>praziquantel oral tablet 600 mg</i>	Tier 1	
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG (<i>isosorbide dinitrate</i>)	Tier 3	
GONITRO SUBLINGUAL PACKET 400 MCG (<i>nitroglycerin</i>)	NF	
ISORDIL TITRADOSE ORAL TABLET 40 MG (<i>isosorbide dinitrate</i>)	Tier 3	
ISORDIL TITRADOSE ORAL TABLET 5 MG (<i>isosorbide dinitrate</i>)	NF	
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>nitroglycerin</i> (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2% (<i>nitroglycerin</i>)	Tier 3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>nitroglycerin</i>)	NF	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	Tier 3	
<i>nitroglycerin er oral capsule extended release 2.5 mg, 6.5 mg, 9 mg</i>	Tier 1	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin translingual aerosol solution 400 mcg/spray</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	Tier 1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (<i>nitroglycerin</i>)	NF	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY (<i>nitroglycerin</i>)	NF	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (<i>nitroglycerin</i>)	NF	
<i>nitroglycerin</i> (Nitro-Time Oral Capsule Extended Release 2.5 Mg)	Tier 1	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 6.5 MG, 9 MG (<i>nitroglycerin</i>)	Tier 1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG (<i>ranolazine</i>)	NF	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Tier 1	QL (2 tablets per 1 day)
ANTI-ANXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (2 tablets per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	Tier 3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (2 tablets per 1 day)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	NF	
<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 1 mg/ml</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	NF	
<i>lorazepam oral concentrate 2 mg/ml</i>	NF	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
TRANXENE-T ORAL TABLET 7.5 MG (<i>clorazepate dipotassium</i>)	NF	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	NF	
VISTARIL ORAL CAPSULE 25 MG, 50 MG (<i>hydroxyzine pamoate</i>)	NF	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	NF	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (<i>alprazolam</i>)	NF	
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	Tier 3	QL (2 tablets per 1 day)
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORPACE ORAL CAPSULE 100 MG, 150 MG (disopyramide phosphate)	NF	
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	Tier 1	QL (2 capsules per 1 day)
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	Tier 1	
quinidine gluconate er oral tablet extended release 324 mg	Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG (propafenone hcl)	NF	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (dofetilide)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
ACCOLATE ORAL TABLET 10 MG, 20 MG (zafirlukast)	NF	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE (fluticasone-salmeterol)	NF	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/DOSE (fluticasone-salmeterol)	Tier 3	ST; QL (1 diskus per 1 month)
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/DOSE (fluticasone-salmeterol)	Tier 3	ST; QL (2 inhalers per 1 month)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (fluticasone-salmeterol)	Tier 3	ST; QL (1 inhaler per 1 month)
AEROSPAN INHALATION AEROSOL SOLUTION 80 MCG/ACT (flunisolide hfa)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT <i>(fluticasone-salmeterol)</i>	NF	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT <i>(fluticasone-salmeterol)</i>	NF	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT <i>(fluticasone-salmeterol)</i>	NF	
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	Tier 1	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Tier 1	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier 1	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT <i>(ciclesonide)</i>	Tier 3	ST; QL (2 inhalers per 1 month)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT <i>(ciclesonide)</i>	Tier 3	ST; QL (1 inhaler per 1 month)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH <i>(umeclidinium-vilanterol)</i>	Tier 2	QL (1 kit per 1 fill)
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG <i>(indacaterol maleate)</i>	Tier 3	PA; ST; QL (1 capsule per 1 day)
ARMONAIR RESPICLICK 113 INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT <i>(fluticasone propionate (inhal))</i>	NF	
ARMONAIR RESPICLICK 232 INHALATION AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT <i>(fluticasone propionate (inhal))</i>	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARMONAIR RESPICLICK 55 INHALATION AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	NF	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	Tier 3	ST; #; QL (1 inhaler per 1 month)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	Tier 3	ST; #; QL (1 inhaler per 1 month)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH (<i>mometasone furoate</i>)	Tier 3	ST; #; QL (1 inhaler per 1 month)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	Tier 3	ST; #; QL (1 inhaler per 1 month)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH (<i>mometasone furoate</i>)	Tier 3	ST; #; QL (1 inhaler per 1 month)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT (<i>mometasone furoate</i>)	Tier 3	ST; QL (1 inhaler per 1 month)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	Tier 3	QL (2 inhalers per 1 month)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	NF	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	Tier 3	ST; QL (2 blisters per 1 day)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (<i>arformoterol tartrate</i>)	Tier 3	PA; ST; QL (60 vials per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Tier 1	PA; QL (4 mls per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	Tier 3	QL (3 inhalers per 1 month)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 1	
DALIRESP ORAL TABLET 250 MCG (<i>roflumilast</i>)	Tier 3	PA; ST; #; QL (1 tablet per 1 Day)
DALIRESP ORAL TABLET 500 MCG (<i>roflumilast</i>)	Tier 3	PA; ST; #; QL (1 tablet per 1 day)
<i>dyphylline-guaifenesin</i> (Difil-G Forte Oral Liquid 100-100 Mg/5Ml)	NF	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium br-formoterol fum</i>)	NF	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	Tier 2	#; QL (1 inhaler per 1 fill)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML (<i>theophylline</i>)	Tier 3	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	Tier 3	ST; #; QL (2 blisters per 1 day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	Tier 3	ST; #; QL (1 inhaler per 1 month)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 1	QL (2 inhalations per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/lact, 232-14 mcg/lact, 55-14 mcg/lact</i>	Tier 1	QL (1 inhaler per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH (<i>umeclidinium bromide</i>)	Tier 2	QL (1 blister per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 1	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	Tier 1	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Tier 1	ST; QL (2 inhalers per 1 fill)
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML (<i>glycopyrrolate</i>)	NF	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML (<i>glycopyrrolate</i>)	NF	
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	Tier 1	
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>montelukast sodium oral packet 4 mg</i>	Tier 1	QL (1 pack per 1 day)
<i>montelukast sodium oral tablet 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	Tier 3	PA; QL (60 vials per 1 fill)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 MCG/ACT (<i>albuterol sulfate</i>)	NF	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	Tier 3	PA; ST; QL (1 inhaler per 1 month)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	NF	
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone dipropionate</i>)	Tier 2	QL (1 inhaler per 1 month)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	Tier 2	QL (1 inhaler per 1 month)
SEEBRI NEOHALER INHALATION CAPSULE 15.6 MCG (<i>glycopyrrolate</i>)	NF	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE (<i>salmeterol xinafoate</i>)	Tier 3	QL (1 box per 1 fill)
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	NF	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	Tier 3	ST; QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	Tier 3	ST; QL (1 inhaler per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	Tier 3	ST; QL (1 inhaler per 1 month)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	Tier 3	PA; ST; QL (1 inhaler per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	Tier 3	ST; QL (1 inhaler per 1 fill)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	Tier 1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	Tier 3	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (<i>theophylline</i>)	Tier 1	
<i>theophylline</i> (Theochron Oral Tablet Extended Release 12 Hour 300 Mg)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 1	
<i>theophylline oral solution 80 mg/15ml</i>	Tier 1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH (<i>fluticasone-umeclidin-vilant</i>)	NF	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	Tier 3	PA; ST; QL (1 inhaler per 1 fill)
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG (<i>indacaterol-glycopyrrolate</i>)	NF	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	Tier 2	
VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 4 MG, 8 MG (<i>albuterol sulfate</i>)	NF	
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	Tier 1	QL (2 inhalations per 1 day)
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML (<i>levalbuterol hcl</i>)	NF	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	NF	
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML (<i>levalbuterol hcl</i>)	NF	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	NF	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	Tier 1	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>zileuton</i>)	NF	
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	Tier 3	QL (4 tablets per 1 day)
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
ANTICOAGULANT COMPOUND IN VITRO SOLUTION (<i>anticoag cit phos dex soln</i>)	Tier 3	
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	NF	
BEVYXXA ORAL CAPSULE 40 MG, 80 MG (<i>betrixaban maleate</i>)	NF	
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (<i>warfarin sodium</i>)	NF	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	Tier 3	ST
ELIQUIS STARTER PACK ORAL TABLET 5 MG (<i>apixaban</i>)	Tier 3	ST; QL (1 pack per 365 Days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 1	QL (2 syringes per 1 day)
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Tier 1	QL (2 syringes per 1 day)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 1	QL (2 syringes per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	Tier 3	QL (2 syringes per 1 day)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	Tier 1	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	NF	
IPIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG (<i>desirudin</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>warfarin sodium</i> (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	NF	
LOVENOX SUBCUTANEOUS SOLUTION 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (<i>enoxaparin sodium</i>)	NF	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	Tier 2	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	Tier 2	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (<i>anticoagulant sodium citrate</i>)	Tier 3	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	Tier 3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	Tier 3	
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
APTIOM ORAL TABLET 200 MG (<i>eslicarbazepine acetate</i>)	Tier 3	QL (6 tablets per 1 day)
APTIOM ORAL TABLET 400 MG, 800 MG (<i>eslicarbazepine acetate</i>)	Tier 3	QL (1 tablet per 1 day)
APTIOM ORAL TABLET 600 MG (<i>eslicarbazepine acetate</i>)	Tier 3	QL (2 tablets per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	Tier 3	
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	Tier 3	QL (8 tablets per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	NF	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	NF	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet chewable 100 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	NF	
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	Tier 3	
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
DEPAKENE ORAL CAPSULE 250 MG (<i>valproic acid</i>)	NF	
DEPAKENE ORAL SOLUTION 250 MG/5ML (<i>valproate sodium</i>)	NF	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	NF	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	NF	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	NF	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	Tier 4	PA; SP Pharmacy; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	Tier 4	PA; SP Pharmacy; QL (6 packets per 1 day)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (<i>diazepam</i>)	NF	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (<i>diazepam</i>)	NF	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Tier 1	QL (1 pack per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	NF	
DILANTIN ORAL CAPSULE 100 MG (<i>phenytoin sodium extended</i>)	NF	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	Tier 3	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	NF	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Tier 1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	Tier 4	PA; ST; SP Pharmacy; QL (20 ml per 1 day)
<i>carbamazepine (Epilex Oral Tablet 200 Mg)</i>	Tier 1	
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 1	
<i>felbamate oral suspension 600 mg/5ml</i>	Tier 1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 1	
FELBATOL ORAL SUSPENSION 600 MG/5ML (<i>felbamate</i>)	NF	
FELBATOL ORAL TABLET 400 MG, 600 MG (<i>felbamate</i>)	NF	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	Tier 3	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	Tier 3	QL (1 tablet per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	QL (6 capsules per 1 day)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Tier 1	QL (40 milliliters per 1 day)
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	QL (6 tablets per 1 day)
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG (<i>tiagabine hcl</i>)	NF	
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	NF	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	NF	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	Tier 3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	NF	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	Tier 1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 25 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 50 mg</i>	Tier 1	QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	Tier 1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	Tier 1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	Tier 1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	NF	#
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	NF	#
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	NF	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	NF	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	NF	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	NF	
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	NF	
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	NF	
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	NF	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>oxcarbazepine</i>)	Tier 3	ST; QL (2 tablets per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG (<i>oxcarbazepine</i>)	Tier 3	ST; QL (4 tablets per 1 day)
PEGANONE ORAL TABLET 250 MG (<i>ethotoin</i>)	Tier 3	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (<i>phenytoin sodium extended</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phenytoin</i> (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	Tier 1	
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 1	
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG (<i>ezogabine</i>)	Tier 3	QL (3 tablets per 1 Day)
POTIGA ORAL TABLET 50 MG (<i>ezogabine</i>)	Tier 3	QL (6 tablets per 1 Day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	PA; QL (3 capsules per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 1	PA; QL (2 capsules per 1 day)
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	PA; QL (30 ML per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NF	
<i>levetiracetam</i> (Roweepra Oral Tablet 500 Mg)	Tier 1	
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	NF	SP Pharmacy
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	Tier 4	PA; SP Pharmacy; QL (6 tablets per 1 day)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	NF	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	NF	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	NF	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	NF	
<i>tiagabine hcl oral tablet 12 mg</i>	Tier 1	QL (4 tablets per 1 Day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tiagabine hcl oral tablet 16 mg</i>	Tier 1	QL (3 tablets per 1 Day)
<i>tiagabine hcl oral tablet 2 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>tiagabine hcl oral tablet 4 mg</i>	Tier 1	QL (4 tablets per 1 day)
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NF	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (<i>topiramate</i>)	NF	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NF	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	NF	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	NF	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NF	#
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	Tier 1	
<i>valproate sodium oral solution 250 mg/5ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
<i>valproic acid oral solution 250 mg/5ml</i>	Tier 1	
<i>vigabatrin oral packet 500 mg</i>	Tier 4	PA; SP Pharmacy; QL (6 packets per 1 Day)
<i>vigabatrin oral tablet 500 mg</i>	Tier 4	PA; SP Pharmacy; QL (6 tablets per 1 day)
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	Tier 4	PA; SP Pharmacy; QL (6 packets per 1 day)
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	NF	#
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	Tier 3	#; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZARONTIN ORAL CAPSULE 250 MG (<i>ethosuximide</i>)	NF	
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	NF	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	NF	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	Tier 2	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	Tier 2	PA
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (<i>clomipramine hcl</i>)	NF	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	NF	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NF	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	QL (6 tablets per 1 day)
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (<i>citalopram hydrobromide</i>)	NF	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	NF	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	NF	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 1	
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	Tier 1	QL (1 tablet per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	NF	
ELAVIL ORAL TABLET 25 MG (<i>amitriptyline hcl</i>)	NF	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	Tier 3	PA; #; QL (1 patch per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg</i>	Tier 1	QL (1.5 tablets per 1 day)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	Tier 3	ST; QL (1 capsule per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	Tier 3	ST; QL (1 capsule per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	Tier 1	QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluoxetine hcl oral capsule 20 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	Tier 1	QL (4 capsules per 1 month)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 1	
<i>fluoxetine hcl oral tablet 10 mg, 60 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fluoxetine hcl oral tablet 20 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	NF	
<i>fluvoxamine maleate oral tablet 100 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	Tier 1	QL (1 tablet per 1 day)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (<i>bupropion hcl</i>)	NF	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG (<i>desvenlafaxine</i>)	NF	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (<i>escitalopram oxalate</i>)	NF	
<i>maprotiline hcl oral tablet 25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>maprotiline hcl oral tablet 50 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>maprotiline hcl oral tablet 75 mg</i>	Tier 1	QL (3 tablets per 1 day)
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	Tier 3	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Tier 1	QL (1 tablet per 1 day)
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	NF	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	Tier 1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>)	NF	
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	NF	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	NF	
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	NF	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	NF	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine mesylate</i>)	NF	
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NF	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (<i>fluoxetine hcl</i>)	NF	
REMERON ORAL TABLET 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	NF	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	NF	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline hcl oral tablet 100 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>sertraline hcl oral tablet 25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>sertraline hcl oral tablet 50 mg</i>	Tier 1	QL (1.5 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>trimipramine maleate</i>)	NF	
TOFRANIL ORAL TABLET 10 MG, 25 MG, 50 MG (<i>imipramine hcl</i>)	NF	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Tier 1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	Tier 3	PA; ST; QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg, 75 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>venlafaxine hcl oral tablet 37.5 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>venlafaxine hcl oral tablet 50 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>venlafaxine hcl oral tablet 75 mg</i>	Tier 1	QL (5 tablets per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	Tier 3	#; QL (1 tablet per 1 day)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (<i>vilazodone hcl</i>)	Tier 3	ST; #
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG (<i>bupropion hcl</i>)	NF	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>bupropion hcl</i>)	NF	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (<i>sertraline hcl</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sertraline hcl</i>)	NF	
ANTIDIABETICS - HORMONES		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	NF	
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 15-1000 MG (<i>pioglitazone hcl- metformin hcl</i>)	Tier 3	ST; QL (2 tablets per 1 day)
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30-1000 MG (<i>pioglitazone hcl- metformin hcl</i>)	Tier 3	ST; QL (1 tablet per 1 day)
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (<i>pioglitazone hcl</i>)	NF	
ADLYXIN STARTER PACK SUBCUTANEOUS PEN- INJECTOR KIT 10 & 20 MCG/0.2ML (<i>lixisenatide</i>)	NF	
ADLYXIN SUBCUTANEOUS SOLUTION PEN- INJECTOR 20 MCG/0.2ML (<i>lixisenatide</i>)	NF	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
AFREZZA INHALATION POWDER 12 UNIT, 30 X 4 UNIT & 60X8 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 60 X 4 UNIT & 30X8 UNIT, 60 X 8 UNIT & 30X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	NF	
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5- 45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Tier 1	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG (<i>glimepiride</i>)	NF	
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	Tier 3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	Tier 3	ST
AVANDIA ORAL TABLET 2 MG, 4 MG (<i>rosiglitazone maleate</i>)	Tier 3	QL (1 tablet per 1 day)
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	NF	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	NF	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NF	
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM (<i>dextrose (diabetic use)</i>)	Tier 3	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (<i>exenatide</i>)	Tier 3	PA; ST; QL (4 pens per 1 month)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG (<i>exenatide</i>)	Tier 3	PA; ST; QL (4 pens per 1 month)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG (<i>exenatide</i>)	Tier 3	PA; ST; QL (4 pens per 1 month)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (<i>exenatide</i>)	Tier 3	PA; ST; #; QL (1 pen per 1 fill)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (<i>exenatide</i>)	Tier 3	PA; ST; #; QL (1 pen per 1 fill)
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	Tier 1	
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	Tier 3	QL (6 tablets per 1 day)
DEX4 GLUCOSE GO-POUCH ORAL GEL 15 GM/33GM (<i>dextrose (diabetic use)</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEX4 GLUCOSE ORAL LIQUID 15 GM/59ML (<i>dextrose (diabetic use)</i>)	Tier 3	
DEX4 GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG (<i>glucose-vitamin c</i>)	NF	
DEX4 NATURALS ORAL TABLET CHEWABLE 4-6 GM-MG (<i>glucose-vitamin c</i>)	NF	
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG (<i>glucose-vitamin c</i>)	NF	
DEX4 POUCH PACK ORAL TABLET CHEWABLE 4-6 GM-MG (<i>glucose-vitamin c</i>)	NF	
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE 4 GM (<i>dextrose (diabetic use)</i>)	Tier 3	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	NF	
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	Tier 2	QL (1 tablet per 1 day)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	Tier 3	ST
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	Tier 3	ST
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	Tier 3	ST
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	NF	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	Tier 3	QL (1 kit per 1 fill)
GLUCAGON EMERGENCY INJECTION KIT 1 MG (<i>glucagon (rdna)</i>)	Tier 2	QL (2 kits per 1 month)
GLUCO BURST ORAL GEL 40 % (<i>dextrose (diabetic use)</i>)	Tier 1	
GLUCOPHAGE ORAL TABLET 1000 MG, 500 MG, 850 MG (<i>metformin hcl</i>)	NF	
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>metformin hcl</i>)	NF	
<i>glucose instant energy oral tablet chewable 4-6 gm-mg, 6-4 mg-gm</i>	NF	
<i>glucose oral gel 40 %</i>	Tier 1	
<i>glucose oral liquid 15 gm/59ml</i>	Tier 1	
<i>glucose oral tablet chewable 4 gm</i>	Tier 1	
<i>glucose oral tablet chewable 4-6 gm-mg</i>	NF	
GLUCOTROL ORAL TABLET 10 MG, 5 MG (<i>glipizide</i>)	NF	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG (<i>glipizide</i>)	NF	
GLUCOVANCE ORAL TABLET 2.5-500 MG, 5-500 MG (<i>glyburide-metformin</i>)	NF	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	NF	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG (<i>glyburide micronized</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG (<i>miglitol</i>)	NF	
<i>goodsense glucose oral tablet chewable 4-6 gm-mg</i>	NF	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	Tier 2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	Tier 2	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	Tier 2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	Tier 2	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	Tier 2	
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	Tier 2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	Tier 2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	Tier 2	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	Tier 2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	Tier 2	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	Tier 2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	Tier 2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	Tier 2	
INSTA-GLUCOSE ORAL GEL 77.4 % (<i>dextrose (diabetic use)</i>)	Tier 3	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	Tier 1	
<i>insulin lispro subcutaneous solution pen-injector 100 unit/ml</i>	Tier 1	
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	Tier 3	QL (1 tablet per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (2 tablets per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	Tier 2	QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	Tier 3	QL (1 tablet per 1 day)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	Tier 2	QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>linagliptin-metformin hcl</i>)	Tier 2	QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	Tier 2	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (alogliptin-metformin hcl)	NF	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (saxagliptin-metformin)	Tier 3	ST; QL (2 tablets per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG (saxagliptin- metformin)	Tier 3	ST; QL (1 tablet per 1 day)
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 4	PA; SP Pharmacy; QL (4 tablets per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin glargine)	Tier 3	ST
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine)	Tier 3	ST
leader glucose oral tablet chewable 4-6 gm-mg	NF	
leader quick dissolve glucose oral tablet chewable 4 gm	Tier 3	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin detemir)	Tier 2	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin detemir)	Tier 2	
longs glucose oral tablet chewable 4-6 gm-mg	NF	
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	NF	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	Tier 1	ST; QL (2 tablets per 1 day)
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	Tier 1	ST; QL (3 tablets per 1 day)
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 1	
metformin hcl oral solution 500 mg/5ml	Tier 1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	Tier 1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (<i>alogliptin benzoate</i>)	NF	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	Tier 3	ST
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	Tier 3	ST
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	Tier 3	ST
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	Tier 3	ST
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	Tier 3	ST
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (<i>saxagliptin hcl</i>)	Tier 3	ST; QL (1 tablet per 1 day)
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (<i>alogliptin- pioglitazone</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	NF	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	NF	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	QL (2 tablets per 1 day)
PRANDIN ORAL TABLET 1 MG, 2 MG (<i>repaglinide</i>)	NF	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>acarbose</i>)	NF	
<i>preferred plus glucose oral tablet chewable 4-6 gm-mg</i>	NF	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	Tier 3	
RELION GLUCOSE DRINK ORAL LIQUID 15 GM/59ML (<i>dextrose (diabetic use)</i>)	Tier 1	
RELION GLUCOSE ORAL GEL 15 GM/38GM (<i>dextrose (diabetic use)</i>)	Tier 1	
RELION GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG (<i>glucose-vitamin c</i>)	NF	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	Tier 1	QL (2 tablets per 1 day)
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	NF	
SMART SENSE GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG (<i>glucose-vitamin c</i>)	NF	
STARLIX ORAL TABLET 120 MG, 60 MG (<i>nateglinide</i>)	NF	
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyroglutamicac</i>)	NF	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	Tier 3	PA; QL (4 pens per 1 month)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG, 50 MG (<i>albiglutide</i>)	Tier 3	PA; ST; QL (4 pens per 1 month)
<i>tolazamide oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>tolbutamide oral tablet 500 mg</i>	Tier 1	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	NF	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	NF	
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	Tier 2	QL (1 tablet per 1 day)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	Tier 3	ST
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	Tier 3	ST
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (<i>dulaglutide</i>)	Tier 3	PA; ST; QL (4 injections per 30 days)
<i>up & up glucose oral tablet chewable 4-6 gm-mg</i>	NF	
<i>value plus glucose oral gel 40 %</i>	Tier 1	
<i>value plus glucose oral tablet chewable 4-6 gm-mg</i>	NF	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	Tier 3	PA; ST; QL (9 milliliters per 1 month)
ANTIDIARRHEALS - DRUGS FOR THE STOMACH		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	NF	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	Tier 3	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	Tier 3	PA; ST; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>opium oral tincture 10 mg/ml (1%)</i>	Tier 1	
<i>paregoric oral tincture 2 mg/5ml</i>	Tier 1	
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NF	
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	NF	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	Tier 4	SP Pharmacy; QL (20 packets per 1 prescription)
ANTIDOTES - DRUGS FOR OVERDOSE OR POISONING		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	Tier 3	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Tier 4	PA; SP Pharmacy
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NF	
EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML (<i>naloxone hcl</i>)	Tier 3	
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML (<i>naloxone hcl</i>)	Tier 3	#
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	Tier 4	PA; SP Pharmacy
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	Tier 4	PA; SP Pharmacy
FERRIPROX ORAL TABLET 1000 MG (<i>deferiprone</i>)	Tier 4	PA; SP Pharmacy
FERRIPROX ORAL TABLET 500 MG (<i>deferiprone</i>)	Tier 4	PA; #; SP Pharmacy
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	#
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	#
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	Tier 1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	Tier 1	

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30 day supply | N2=Drug tier when CE does not apply | Select OTC=You may have coverage for products noted with a doctor's prescription.

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 1	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	Tier 2	
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	NF	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	Tier 4	SP Pharmacy; QL (20 packets per 1 prescription)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	Tier 3	
ANTIEMETICS - DRUGS FOR THE STOMACH		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	Tier 3	ST; QL (2 capsules per 1 month)
ANZEMET ORAL TABLET 100 MG, 50 MG (<i>dolasetron mesylate</i>)	Tier 3	QL (10 tablets per 1 fill)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (5 capsules per 30 days)
<i>aprepitant oral capsule 40 mg, 80 mg</i>	Tier 1	QL (3 capsules per 1 fill)
<i>aprepitant oral capsule 80 & 125 mg</i>	Tier 1	QL (9 tablets per 30 days)
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (<i>doxylamine-pyridoxine</i>)	NF	
CESAMET ORAL CAPSULE 1 MG (<i>nabilone</i>)	Tier 3	QL (2 capsules per 1 day)
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	NF	#
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	NF	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	OTC
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	PA; ST; QL (2 capsules per 1 day)
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG (<i>aprepitant</i>)	NF	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG (<i>aprepitant</i>)	Tier 2	#

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30 day supply | N2=Drug tier when CE does not apply | Select OTC=You may have coverage for products noted with a doctor's prescription.

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (<i>dronabinol</i>)	NF	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	OTC
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 1	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 1	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	Tier 3	QL (1 patch per 1 fill)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 1	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	Tier 3	#; QL (4 mls per 1 day)
TIGAN ORAL CAPSULE 300 MG (<i>trimethobenzamide hcl</i>)	NF	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	NF	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Tier 1	
VARUBI ORAL TABLET 90 MG (<i>rolapitant hcl</i>)	NF	
ZOFRAN ODT ORAL TABLET DISPERSIBLE 4 MG, 8 MG (<i>ondansetron</i>)	NF	
ZOFRAN ORAL SOLUTION 4 MG/5ML (<i>ondansetron hcl</i>)	NF	
ZOFRAN ORAL TABLET 4 MG, 8 MG (<i>ondansetron hcl</i>)	NF	
ZUPLENZ ORAL FILM 4 MG, 8 MG (<i>ondansetron</i>)	NF	
ANTIFUNGALS - DRUGS FOR INFECTIONS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (<i>flucytosine</i>)	NF	
<i>bio-statin oral capsule 1000000 unit, 500000 unit</i>	NF	
<i>bio-statin oral powder</i>	Tier 1	
CRESEMBA ORAL CAPSULE 186 MG (<i>isavuconazonium sulfate</i>)	Tier 3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML (<i>fluconazole</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>fluconazole</i>)	NF	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
GRIS-PEG ORAL TABLET 125 MG, 250 MG (<i>griseofulvin ultramicrosize</i>)	NF	
<i>itraconazole oral capsule 100 mg</i>	Tier 1	PA; ST; QL (4 capsules per 1 day)
<i>itraconazole oral solution 10 mg/ml</i>	Tier 1	
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
LAMISIL ORAL TABLET 250 MG (<i>terbinafine hcl</i>)	NF	
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	Tier 3	PA; ST; #
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (<i>posaconazole</i>)	NF	#
<i>nystatin oral tablet 500000 unit</i>	Tier 1	
ONMEL ORAL TABLET 200 MG (<i>itraconazole</i>)	NF	
<i>posaconazole oral tablet delayed release 100 mg</i>	NF	
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	NF	
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	NF	
SPORANOX PULSEPAK ORAL CAPSULE 100 MG (<i>itraconazole</i>)	NF	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
<i>tolsura oral capsule 65 mg</i>	NF	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>)	NF	
VFEND ORAL TABLET 200 MG, 50 MG (<i>voriconazole</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	NF	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	PA
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	NF	
ANTIHISTAMINES - DRUGS FOR THE LUNGS		
ALAVERT ORAL TABLET 10 MG (<i>loratadine</i>)	Tier 1	OTC
ALAVERT ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	Tier 1	OTC
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (<i>fexofenadine hcl</i>)	Tier 1	OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (<i>fexofenadine hcl</i>)	Tier 1	OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (<i>fexofenadine hcl</i>)	Tier 1	OTC
<i>brompheniramine tannate oral tablet chewable 12 mg</i>	NF	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NF	
<i>cetirizine hcl oral syrup 1 mg/ml</i>	Tier 1	OTC
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	Tier 1	OTC
CLARINEX ORAL SYRUP 0.5 MG/ML (<i>desloratadine</i>)	NF	
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	NF	
CLARITIN CHILDRENS ORAL TABLET CHEWABLE 5 MG (<i>loratadine</i>)	Tier 1	OTC
CLARITIN ORAL SYRUP 5 MG/5ML (<i>loratadine</i>)	Tier 1	OTC
CLARITIN ORAL TABLET 10 MG (<i>loratadine</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLARITIN ORAL TABLET CHEWABLE 5 MG (loratadine)	Tier 1	OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (loratadine)	Tier 1	OTC
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 1	OTC
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Tier 1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 1	
<i>desloratadine oral tablet 5 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible 2.5 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible 5 mg</i>	Tier 1	ST
<i>fexofenadine hcl childrens oral suspension 30 mg/5ml</i>	Tier 1	OTC
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	Tier 1	OTC
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (carbinoxamine maleate)	NF	
<i>loratadine allergy relief oral tablet dispersible 10 mg</i>	Tier 1	OTC
<i>loratadine childrens oral syrup 5 mg/5ml</i>	Tier 1	OTC
<i>loratadine oral tablet 10 mg</i>	Tier 1	OTC
<i>loratadine oral tablet chewable 5 mg</i>	Tier 1	OTC
MUCINEX ALLERGY ORAL TABLET 180 MG (fexofenadine hcl)	Tier 1	OTC
<i>promethazine hcl (Phenadoz Rectal Suppository 12.5 Mg, 25 Mg)</i>	Tier 1	
<i>promethazine hcl (Phenergan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)</i>	Tier 1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	Tier 1	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	Tier 1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYCLORA ORAL SYRUP 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	NF	
RYVENT ORAL TABLET 6 MG (<i>carbinoxamine maleate</i>)	NF	
XYZAL ALLERGY 24HR CHILDRENS ORAL SOLUTION 2.5 MG/5ML (<i>levocetirizine dihydrochloride</i>)	Tier 1	OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (<i>levocetirizine dihydrochloride</i>)	Tier 1	OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (<i>cetirizine hcl</i>)	Tier 1	OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	Tier 1	OTC
ZYRTEC CHILDRENS ALLERGY ORAL SYRUP 1 MG/ML (<i>cetirizine hcl</i>)	Tier 1	OTC
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	Tier 3	ST; #; QL (2 tablets per 1 day)
ANTARA ORAL CAPSULE 30 MG, 90 MG (<i>fenofibrate micronized</i>)	NF	#
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	N2 (Tier 1); QL (1 tablet per 1 day); AL
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>cholestyramine light oral packet 4 gm</i>	Tier 1	
<i>cholestyramine light oral powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine oral packet 4 gm</i>	Tier 1	
<i>cholestyramine oral powder 4 gm/dose</i>	Tier 1	
<i>colesevelam hcl oral packet 3.75 gm</i>	Tier 1	
<i>colesevelam hcl oral tablet 625 mg</i>	Tier 1	
COLESTID FLAVORED ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	NF	
COLESTID FLAVORED ORAL PACKET 5 GM (<i>colestipol hcl</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COLESTID ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	NF	
COLESTID ORAL PACKET 5 GM (<i>colestipol hcl</i>)	NF	
COLESTID ORAL TABLET 1 GM (<i>colestipol hcl</i>)	NF	
<i>colestipol hcl oral granules 5 gm</i>	Tier 1	
<i>colestipol hcl oral packet 5 gm</i>	Tier 1	
<i>colestipol hcl oral tablet 1 gm</i>	Tier 1	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NF	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	NF	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1	QL (1 tablet per 1 day)
FENOGLIDE ORAL TABLET 120 MG, 40 MG (<i>fenofibrate</i>)	NF	
FIBRICOR ORAL TABLET 105 MG, 35 MG (<i>fenofibric acid</i>)	NF	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	NF	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG (<i>lomitapide mesylate</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>mipomersen sodium</i>)	NF	
LESCOL ORAL CAPSULE 20 MG (<i>fluvastatin sodium</i>)	NF	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (<i>fluvastatin sodium</i>)	NF	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (<i>atorvastatin calcium</i>)	NF	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (<i>fenofibrate</i>)	NF	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	Tier 3	ST; QL (1 tablet per 1 day)
LOFIBRA ORAL CAPSULE 134 MG, 67 MG (<i>fenofibrate micronized</i>)	NF	
LOFIBRA ORAL TABLET 54 MG (<i>fenofibrate</i>)	NF	
LOPID ORAL TABLET 600 MG (<i>gemfibrozil</i>)	NF	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	NF	
MEVACOR ORAL TABLET 40 MG (<i>lovastatin</i>)	NF	
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	Tier 1	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	Tier 1	
NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>)	NF	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG (<i>niacin (antihyperlipidemic)</i>)	NF	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Tier 1	QL (4 tablets per 1 day)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG (<i>pravastatin sodium</i>)	NF	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>cholestyramine light (Prevalite Oral Packet 4 Gm)</i>	Tier 1	
<i>cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (cholestyramine light)	NF	
QUESTRAN ORAL PACKET 4 GM (cholestyramine)	NF	
QUESTRAN ORAL POWDER 4 GM/DOSE (cholestyramine)	NF	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	QL (1 tablet per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	CE	N2 (Tier 1); QL (1 tablet per 1 day); AL
simvastatin oral tablet 80 mg	Tier 1	QL (1 tablet per 1 day)
TRICOR ORAL TABLET 145 MG, 48 MG (fenofibrate)	NF	
TRIGLIDE ORAL TABLET 160 MG (fenofibrate)	NF	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG (choline fenofibrate)	NF	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (icosapent ethyl)	NF	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (ezetimibe-simvastatin)	NF	
WELCHOL ORAL PACKET 3.75 GM (colesevelam hcl)	Tier 3	
WELCHOL ORAL TABLET 625 MG (colesevelam hcl)	Tier 3	
ZETIA ORAL TABLET 10 MG (ezetimibe)	NF	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG (simvastatin)	NF	
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin magnesium)	NF	
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (quinapril hcl)	NF	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (quinapril-hydrochlorothiazide)	NF	
ACEON ORAL TABLET 4 MG, 8 MG (perindopril erbumine)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (<i>ramipril</i>)	NF	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	NF	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	NF	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	NF	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (<i>irbesartan</i>)	NF	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	NF	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	NF	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	NF	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	NF	
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG (<i>clonidine hcl</i>)	NF	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	NF	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	NF	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	NF	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	Tier 1	
CLORPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG, 0.3-15 MG (<i>clonidine-chlorthalidone</i>)	Tier 3	
CORZIDE ORAL TABLET 40-5 MG, 80-5 MG (<i>nadolol-bendroflumethiazide</i>)	NF	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	NF	
DEMSER ORAL CAPSULE 250 MG (<i>metirosine</i>)	Tier 4	ST
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	NF	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	NF	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	Tier 3	ST; QL (1 tablet per 1 day)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	Tier 3	ST; QL (1 tablet per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	Tier 3	#; QL (5 ml per 1 day)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>eprosartan mesylate oral tablet 600 mg</i>	Tier 1	QL (1 tablet per 1 day)
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	NF	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	NF	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	NF	
INSPIRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	NF	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
LOPRESSOR HCT ORAL TABLET 50-25 MG (<i>metoprolol-hydrochlorothiazide</i>)	NF	
<i>losartan potassium oral tablet 100 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	NF	
LOTENSIN ORAL TABLET 20 MG, 40 MG (<i>benazepril hcl</i>)	NF	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>)	NF	
MAVIK ORAL TABLET 4 MG (<i>trandolapril</i>)	NF	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
<i>metoprolol-hctz er oral tablet extended release 24 hour 100-12.5 mg, 25-12.5 mg, 50-12.5 mg</i>	NF	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	NF	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (<i>telmisartan</i>)	NF	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (<i>prazosin hcl</i>)	NF	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	Tier 1	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i>	Tier 1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	Tier 4	SP Pharmacy; QL (12 capsules per 1 day)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	Tier 3	#
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG (<i>lisinopril</i>)	NF	
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	NF	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>reserpine oral tablet 0.1 mg, 0.25 mg</i>	Tier 1	
TARKA ORAL TABLET EXTENDED RELEASE 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG (<i>trandolapril-verapamil hcl</i>)	NF	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren-hydrochlorothiazide</i>)	Tier 3	ST; QL (1 tablet per 1 day)
TEKTURNA ORAL TABLET 150 MG, 300 MG (<i>aliskiren fumarate</i>)	Tier 3	ST; QL (1 tablet per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol-chlorthalidone</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol-chlorthalidone</i>)	NF	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (<i>olmesartan-amlodipine-hctz</i>)	NF	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG (<i>telmisartan-amlodipine</i>)	NF	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
VASERETIC ORAL TABLET 10-25 MG (<i>enalapril-hydrochlorothiazide</i>)	NF	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	NF	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	NF	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	NF	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (<i>lisinopril</i>)	NF	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol-hydrochlorothiazide</i>)	NF	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (<i>rifamycin sodium</i>)	Tier 3	QL (12 tablets per 1 fill)
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>nitazoxanide</i>)	Tier 3	#: QL (180 ml per 3 days)
ALINIA ORAL TABLET 500 MG (<i>nitazoxanide</i>)	Tier 3	#: QL (6 tablets per 3 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 1	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	NF	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	NF	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>)	NF	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	NF	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Tier 1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	NF	
FLAGYL ORAL TABLET 250 MG, 500 MG (<i>metronidazole</i>)	NF	
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	Tier 3	PA; QL (3 capsules per 1 day)
KETEK ORAL TABLET 300 MG (<i>telithromycin</i>)	Tier 3	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Tier 1	QL (150 milliliters per 1 fill)
<i>linezolid oral tablet 600 mg</i>	Tier 1	QL (28 tablets per 1 fill)
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	NF	
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	Tier 3	
PRIMSOL ORAL SOLUTION 50 MG/5ML (<i>trimethoprim hcl</i>)	Tier 3	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	Tier 3	ST; QL (6 tablets per 1 fill)
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)</i>	Tier 1	
TINDAMAX ORAL TABLET 500 MG (<i>tinidazole</i>)	NF	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
<i>trimpex oral solution 50 mg/5ml</i>	Tier 3	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	Tier 3	QL (9 tablets per 1 fill)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	Tier 3	PA; QL (3 tablets per 1 day)
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	NF	
ZYVOX ORAL TABLET 600 MG (<i>linezolid</i>)	NF	
ANTIMALARIALS - DRUGS FOR INFECTIONS		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	Tier 3	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	Tier 3	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	Tier 3	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	Tier 3	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>)	NF	
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 1	
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	NF	
<i>primaquine phosphate oral tablet 26.3 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUALAQUIN ORAL CAPSULE 324 MG (<i>quinine sulfate</i>)	NF	
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
ANTIMYASTHENIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	Tier 4	PA; SP Pharmacy; QL (8 tablets per 1 day)
<i>guanidine hcl oral tablet 125 mg</i>	Tier 1	
MESTINON ORAL SYRUP 60 MG/5ML (<i>pyridostigmine bromide</i>)	Tier 3	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NF	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (<i>pyridostigmine bromide</i>)	NF	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	Tier 1	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	Tier 1	
RUZURGI ORAL TABLET 10 MG (<i>amifampridine</i>)	NF	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	Tier 4	PA; SP Pharmacy; QL (8 tablets per 1 day)
<i>guanidine hcl oral tablet 125 mg</i>	Tier 1	
MESTINON ORAL SYRUP 60 MG/5ML (<i>pyridostigmine bromide</i>)	Tier 3	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NF	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (<i>pyridostigmine bromide</i>)	NF	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	Tier 1	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RUZURGI ORAL TABLET 10 MG (<i>amifampridine</i>)	NF	
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 1	
<i>isoniazid oral syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
MYAMBUTOL ORAL TABLET 100 MG, 400 MG (<i>ethambutol hcl</i>)	NF	
MYCOBUTIN ORAL CAPSULE 150 MG (<i>rifabutin</i>)	NF	
PASER ORAL PACKET 4 GM (<i>aminosalicylic acid</i>)	Tier 3	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	Tier 3	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
RIFADIN ORAL CAPSULE 150 MG, 300 MG (<i>rifampin</i>)	NF	
RIFAMATE ORAL CAPSULE 150-300 MG (<i>isoniazid-rifampin</i>)	Tier 3	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
RIFAMPIN+SYRSPEND SF PH4 ORAL SUSPENSION 25 MG/ML (<i>rifampin</i>)	NF	
RIFATER ORAL TABLET 50-120-300 MG (<i>isoniazid-rifamp-pyrazinamide</i>)	Tier 3	
SIRTURO ORAL TABLET 100 MG (<i>bedaquiline fumarate</i>)	Tier 4	PA; SP Pharmacy; QL (188 tablets per 365 days)
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	Tier 3	
*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (<i>venetoclax</i>)	CE	N2 (NF)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	CE	N2 (NF)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** - DRUGS FOR CANCER		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (<i>erdafitinib</i>)	NF	
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (<i>larotrectinib sulfate</i>)	CE	N2 (NF)
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	CE	N2 (NF)
*ANTINEOPLASTIC - XPO1 INHIBITORS*** - DRUGS FOR CANCER		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP Pharmacy; N2 (NF); QL (16 tablets per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP Pharmacy; N2 (NF); QL (16 tablets per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP Pharmacy; N2 (NF); QL (16 tablets per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP Pharmacy; N2 (NF); QL (16 tablets per 28 days)
*ANTINEOPLASTIC OR PREMALIGNANT LESION AGENT - COMB*** - DRUGS FOR CANCER		
<i>hyalucil-0.5 transdermal cream 2-0.5 %</i>	NF	
<i>hyalucil-4 transdermal cream 2-4 %</i>	NF	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; SP Pharmacy; N2 (Tier 1); QL (4 tablets per 1 day)
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (<i>interferon gamma-1b</i>)	Tier 4	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG (<i>everolimus</i>)	CE	N2 (NF); QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG (<i>everolimus</i>)	CE	N2 (NF); QL (3 tablets per 1 day)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	CE	PA; #; SP Pharmacy; N2 (Tier 4); QL (1 tablet per 1 day)
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	CE	N2 (NF)
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (<i>interferon alfa-n3</i>)	NF	
ALKERAN ORAL TABLET 2 MG (<i>melfhalan</i>)	CE	SP Pharmacy; N2 (NF)
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (<i>brigatinib</i>)	CE	N2 (NF)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	CE	N2 (NF)
<i>anastrozole oral tablet 1 mg</i>	CE	N2 (Tier 1)
ARIMIDEX ORAL TABLET 1 MG (<i>anastrozole</i>)	CE	N2 (NF)
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	CE	N2 (NF)
<i>bexarotene oral capsule 75 mg</i>	CE	PA; SP Pharmacy; N2 (Tier 4)
<i>bicalutamide oral tablet 50 mg</i>	CE	N2 (Tier 1); QL (1 tablet per 1 day)
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	CE	PA; ST; SP Pharmacy; N2 (Tier 4); QL (4 tablets per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	CE	PA; ST; SP Pharmacy; N2 (Tier 4); QL (1 tablet per 1 day)
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG (<i>encorafenib</i>)	CE	N2 (NF)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	CE	N2 (NF)
CALQUENCE ORAL CAPSULE 100 MG (<i>acalabrutinib</i>)	CE	N2 (NF)
<i>capecitabine oral tablet 150 mg, 500 mg</i>	CE	PA; SP Pharmacy; N2 (Tier 1)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (2 tablets per 1 day)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (1 tablet per 1 day)
CASODEX ORAL TABLET 50 MG (<i>bicalutamide</i>)	CE	N2 (NF)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (2 capsules per 1 day)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 capsules per 1 day)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (3 capsules per 1 day)
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	CE	N2 (NF)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N2 (Tier 1)
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	CE	N2 (NF)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	Tier 4	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	Tier 4	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	Tier 4	PA; SP Pharmacy
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	CE	N2 (Tier 3)
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (1 capsule per 1 day)
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	CE	N2 (NF)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N2 (Tier 1); QL (1 tablet per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N2 (Tier 1); QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>etoposide oral capsule 50 mg</i>	CE	SP Pharmacy; N2 (Tier 1)
<i>exemestane oral tablet 25 mg</i>	CE	N2 (Tier 1)
FARESTON ORAL TABLET 60 MG (<i>toremifene citrate</i>)	CE	N2 (NF)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (<i>panobinostat lactate</i>)	CE	N2 (NF)
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	CE	N2 (NF)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG (<i>degarelix acetate</i>)	Tier 4	PA; SP Pharmacy
<i>flutamide oral capsule 125 mg</i>	CE	N2 (Tier 1)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (1 tablet per 1 day)
GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>)	CE	N2 (NF)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	CE	PA; N2 (Tier 2)
GLEOSTINE ORAL CAPSULE 5 MG (<i>lomustine</i>)	Tier 2	PA
HEXALEN ORAL CAPSULE 50 MG (<i>altretamine</i>)	Tier 4	SP Pharmacy
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	CE	PA; SP Pharmacy; N2 (Tier 4)
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	CE	N2 (NF)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N2 (Tier 1)
ICLUSIG ORAL TABLET 15 MG (<i>ponatinib hcl</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (2 tablets per 1 day)
ICLUSIG ORAL TABLET 45 MG (<i>ponatinib hcl</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (1 tablet per 1 day)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; SP Pharmacy; N2 (Tier 1); QL (3 tablets per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; SP Pharmacy; N2 (Tier 1); QL (2 tablets per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	CE	N2 (NF)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	CE	N2 (NF)
INLYTA ORAL TABLET 1 MG, 5 MG (<i>axitinib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 tablets per 1 day)
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	CE	SP Pharmacy; N2 (Tier 4); QL (4 capsules per 1 day)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML (<i>interferon alfa-2b</i>)	Tier 3	PA; SP Pharmacy
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT (<i>interferon alfa-2b</i>)	Tier 3	PA; SP Pharmacy
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	CE	N2 (NF)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (2 tablets per 1 day)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	N2 (NF)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	N2 (NF)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	N2 (NF)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	CE	N2 (NF)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	CE	N2 (NF)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>)	CE	N2 (NF)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	N2 (NF)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>)	CE	N2 (NF)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>)	CE	N2 (NF)

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LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	CE	N2 (NF)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	N2 (NF)
<i>letrozole oral tablet 2.5 mg</i>	CE	N2 (Tier 1)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N2 (Tier 1)
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	CE	SP Pharmacy; N2 (Tier 4)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 1	PA
LONSURF ORAL TABLET 15-6.14 MG (<i>trifluridine-tipiracil</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (100 tablets per 28 days)
LONSURF ORAL TABLET 20-8.19 MG (<i>trifluridine-tipiracil</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (80 tablets per 28 days)
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	CE	N2 (NF)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	Tier 4	PA; #; SP Pharmacy
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA; #; SP Pharmacy
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	Tier 4	PA; #; SP Pharmacy
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	Tier 4	PA; #; SP Pharmacy
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	CE	N2 (Tier 3)
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	CE	SP Pharmacy; N2 (Tier 4)
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	CE	N2 (Tier 1)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N2 (Tier 1)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (3 tablets per 1 day)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	CE	N2 (NF)
<i>melphalan oral tablet 2 mg</i>	CE	N2 (Tier 1)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N2 (Tier 1)
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	CE	N2 (Tier 2)
<i>methotrexate oral tablet 2.5 mg</i>	CE	N2 (Tier 1)
<i>methotrexate sodium (pf) injection solution 200 mg/8ml</i>	NF	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	CE	N2 (Tier 1)
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	CE	SP Pharmacy; N2 (Tier 3)
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	CE	N2 (NF)
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 tablets per 1 day)
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	CE	N2 (NF)
<i>nilutamide oral tablet 150 mg</i>	CE	N2 (Tier 1)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	CE	N2 (NF)
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	CE	N2 (Tier 4)
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (1 capsule per 1 day)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	CE	PA; #; N2 (Tier 4); QL (1 capsule per 1 day)
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	CE	PA; ST; SP Pharmacy; N2 (Tier 4)
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	CE	N2 (NF)
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	CE	#; N2 (NF)
SPRYCEL ORAL TABLET 100 MG, 140 MG (<i>dasatinib</i>)	CE	PA; ST; SP Pharmacy; N2 (Tier 4); QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	CE	PA; ST; SP Pharmacy; N2 (Tier 4); QL (2 tablets per 1 day)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 tablets per 1 day)
SUTENT ORAL CAPSULE 12.5 MG (<i>sunitinib malate</i>)	CE	PA; SP Pharmacy; N2 (Tier 2); QL (4 capsules per 1 day)
SUTENT ORAL CAPSULE 25 MG (<i>sunitinib malate</i>)	CE	PA; SP Pharmacy; N2 (Tier 2); QL (2 capsules per 1 day)
SUTENT ORAL CAPSULE 37.5 MG, 50 MG (<i>sunitinib malate</i>)	CE	PA; SP Pharmacy; N2 (Tier 2); QL (1 capsule per 1 day)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG (<i>peginterferon alfa-2b</i>)	Tier 4	PA; SP Pharmacy
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	CE	N2 (Tier 3)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 capsules per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	CE	N2 (NF)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N2 (Tier 1); AL
TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>)	CE	SP Pharmacy; N2 (NF)
TARCEVA ORAL TABLET 25 MG (<i>erlotinib hcl</i>)	CE	SP Pharmacy; N2 (NF); QL (2 tablets per 1 day)
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	CE	N2 (NF)
TASIGNA ORAL CAPSULE 150 MG, 200 MG (<i>nilotinib hcl</i>)	CE	PA; ST; SP Pharmacy; N2 (Tier 4); QL (4 capsules per 1 day)
TASIGNA ORAL CAPSULE 50 MG (<i>nilotinib hcl</i>)	CE	PA; ST; SP Pharmacy; N2 (Tier 4); QL (4 capsules per 1 Day)
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (<i>temozolomide</i>)	CE	N2 (NF)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; SP Pharmacy; N2 (Tier 1)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N2 (Tier 1)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	Tier 4	PA; #; SP Pharmacy
<i>tretinoin oral capsule 10 mg</i>	CE	SP Pharmacy; N2 (Tier 1)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	CE	N2 (Tier 3)
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	CE	PA; #; SP Pharmacy; N2 (Tier 4)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	CE	N2 (NF)
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 tablets per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (2 capsules per 1 day)
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	CE	PA; N2 (Tier 3)
XELODA ORAL TABLET 150 MG, 500 MG (<i>capecitabine</i>)	CE	N2 (NF)
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	CE	N2 (NF)
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	CE	PA; ST; SP Pharmacy; N2 (Tier 4); QL (4 capsules per 1 day)
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate</i>)	CE	N2 (NF)
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (8 tablets per 1 day)
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 capsules per 1 day)
ZYKADIA ORAL CAPSULE 150 MG (<i>ceritinib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (5 capsules per 1 day)
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYTIGA ORAL TABLET 250 MG (<i>abiraterone acetate</i>)	CE	N2 (NF)
ZYTIGA ORAL TABLET 500 MG (<i>abiraterone acetate</i>)	CE	PA; #; N2 (Tier 2); QL (2 tablets per 1 Day)
ANTIPARKINSON AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	Tier 4	SP Pharmacy
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	NF	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 1	
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>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</i>	Tier 1	
COMTAN ORAL TABLET 200 MG (<i>entacapone</i>)	NF	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	NF	
ELDEPRYL ORAL CAPSULE 5 MG (<i>selegiline hcl</i>)	NF	
<i>entacapone oral tablet 200 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	NF	
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	NF	
LODOSYN ORAL TABLET 25 MG (<i>carbidopa</i>)	NF	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (<i>pramipexole dihydrochloride</i>)	NF	
MIRAPEX ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (<i>pramipexole dihydrochloride</i>)	NF	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	Tier 3	ST; #; QL (1 patch per 1 day)
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG (<i>amantadine hcl</i>)	NF	
PARLODEL ORAL CAPSULE 5 MG (<i>bromocriptine mesylate</i>)	NF	
PARLODEL ORAL TABLET 2.5 MG (<i>bromocriptine mesylate</i>)	NF	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 tablet per 1 day)
REQUIP ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG (<i>ropinirole hcl</i>)	NF	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>ropinirole hcl</i>)	NF	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	NF	#
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG (<i>carbidopa-levodopa</i>)	NF	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG (<i>carbidopa-levodopa</i>)	NF	
STALEVO 100 ORAL TABLET 25-100-200 MG (<i>carbidopa- levodopa-entacapone</i>)	NF	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 200 ORAL TABLET 50-200-200 MG (<i>carbidopa- levodopa-entacapone</i>)	NF	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (<i>carbidopa- levodopa-entacapone</i>)	NF	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (<i>carbidopa- levodopa-entacapone</i>)	NF	
TASMAR ORAL TABLET 100 MG (<i>tolcapone</i>)	NF	
<i>tolcapone oral tablet 100 mg</i>	Tier 1	
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Tier 1	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	Tier 3	ST; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	Tier 3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	Tier 3	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	NF	
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	QL (30 milliliters per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Tier 1	QL (1 tablet per 1 day)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	Tier 2	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	Tier 3	
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	Tier 1	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clozapine oral tablet 100 mg</i>	Tier 1	QL (9 tablets per 1 day)
<i>clozapine oral tablet 200 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>clozapine oral tablet dispersible 100 mg</i>	Tier 1	QL (9 tablets per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>clozapine oral tablet dispersible 150 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>clozapine oral tablet dispersible 25 mg</i>	Tier 1	QL (3 tablets per 1 day)
CLOZARIL ORAL TABLET 100 MG, 25 MG (<i>clozapine</i>)	NF	
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i> (<i>antipsychotic</i>))	Tier 3	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	Tier 3	ST; QL (2 tablets per 1 day)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	Tier 3	ST
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG (<i>clozapine</i>)	NF	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	NF	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NF	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (<i>haloperidol decanoate</i>)	Tier 3	
HALDOL INJECTION SOLUTION 5 MG/ML (<i>haloperidol lactate</i>)	Tier 3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Tier 1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	NF	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (<i>paliperidone palmitate</i>)	Tier 3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML (<i>paliperidone palmitate</i>)	NF	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG (<i>lurasidone hcl</i>)	Tier 3	ST; #; QL (1 tablet per 1 day)
LATUDA ORAL TABLET 60 MG (<i>lurasidone hcl</i>)	Tier 3	ST; #
LATUDA ORAL TABLET 80 MG (<i>lurasidone hcl</i>)	Tier 3	ST; #; QL (2 tablets per 1 day)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Tier 1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium oral solution 8 meq/5ml</i>	Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	NF	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	NF	
NUPLAZID ORAL TABLET 10 MG, 17 MG (<i>pimavanserin tartrate</i>)	NF	
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	Tier 1	
<i>olanzapine oral tablet 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>olanzapine oral tablet 2.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i>	Tier 1	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	NF	
<i>prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 50 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>quetiapine fumarate oral tablet 200 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>quetiapine fumarate oral tablet 25 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	Tier 1	QL (2 tablets per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexipiprazole</i>)	Tier 3	PA; ST; QL (1 tablet per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	Tier 3	
RISPERDAL M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 3 MG, 4 MG (<i>risperidone</i>)	NF	
RISPERDAL ORAL SOLUTION 1 MG/ML (<i>risperidone</i>)	NF	
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	NF	
<i>risperidone (Risperidone M-Tab Oral Tablet Dispersible 0.5 Mg, 1 Mg, 2 Mg)</i>	Tier 1	QL (2 tablets per 1 day)
<i>risperidone (Risperidone M-Tab Oral Tablet Dispersible 3 Mg)</i>	Tier 1	QL (3 tablets per 1 day)
<i>risperidone (Risperidone M-Tab Oral Tablet Dispersible 4 Mg)</i>	Tier 1	QL (4 tablets per 1 day)
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>risperidone oral tablet 3 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>risperidone oral tablet 4 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>risperidone oral tablet dispersible 3 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>risperidone oral tablet dispersible 4 mg</i>	Tier 1	QL (4 tablets per 1 day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	Tier 3	ST; #; QL (2 tablets per 1 day)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	NF	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	NF	
VRAYLAR ORAL CAPSULE 1.5 MG (<i>cariprazine hcl</i>)	Tier 3	PA; ST; QL (4 capsules per 1 day)
VRAYLAR ORAL CAPSULE 3 MG (<i>cariprazine hcl</i>)	Tier 3	PA; ST; QL (2 capsules per 1 day)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	Tier 3	PA; ST; QL (1 capsule per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>)	Tier 3	PA; ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	QL (2 capsules per 1 day)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	Tier 3	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	NF	
*ANTIRETROVIRALS ADJUVANTS*** - DRUGS THAT ALTER METABOLISM		
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	Tier 3	QL (1 tablet per 1 day)
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** - HORMONES		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>)	Tier 4	PA; NPL; SP Pharmacy; QL (4 injections per 1 month)
ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS		
BUCALSEP EXTERNAL SOLUTION (<i>antiseptic products, misc.</i>)	NF	
<i>chlorhexidine gluconate solution 20 %</i>	NF	
<i>hydrogen peroxide solution 30 %</i>	NF	
ANTIVIRALS - DRUGS FOR INFECTIONS		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 1	
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 1	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Tier 1	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Tier 1	
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	Tier 3	#
APTIVUS ORAL SOLUTION 100 MG/ML (<i>tipranavir</i>)	Tier 3	#
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	Tier 1	QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atazanavir sulfate oral capsule 200 mg</i>	Tier 1	QL (2 capsules per 1 day)
ATRIPLA ORAL TABLET 600-200-300 MG (<i>efavirenz-emtricitab-tenofovir</i>)	Tier 2	#; QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	Tier 4	SP Pharmacy
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	NF	
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofov</i>)	Tier 2	
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	Tier 3	QL (1 tablet per 1 Day)
COMBIVIR ORAL TABLET 150-300 MG (<i>lamivudine-zidovudine</i>)	NF	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	Tier 3	QL (1 tablet per 1 day)
COPEGUS ORAL TABLET 200 MG (<i>ribavirin</i>)	NF	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG (<i>indinavir sulfate</i>)	Tier 2	
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG (<i>daclatasvir dihydrochloride</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofov df</i>)	Tier 2	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	Tier 2	QL (1 tablet per 1 day)
<i>didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg</i>	Tier 1	
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	Tier 3	QL (2 tablets per 1 day)
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	Tier 2	QL (1 tablet per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 1	
<i>efavirenz oral tablet 600 mg</i>	Tier 1	
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	Tier 2	QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 tablet per 1 day)
EPIVIR HBV ORAL SOLUTION 5 MG/ML (<i>lamivudine</i>)	Tier 2	#: SP Pharmacy
EPIVIR HBV ORAL TABLET 100 MG (<i>lamivudine</i>)	NF	
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	NF	
EPIVIR ORAL TABLET 150 MG, 300 MG (<i>lamivudine</i>)	NF	
EPZICOM ORAL TABLET 600-300 MG (<i>abacavir sulfate-lamivudine</i>)	NF	
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	Tier 2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	QL (21 tablets per 1 fill)
FLUMADINE ORAL TABLET 100 MG (<i>rimantadine hcl</i>)	NF	
<i>fosamprenavir calcium oral tablet 700 mg</i>	Tier 1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	Tier 4	#: SP Pharmacy
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	Tier 3	QL (1 tablet per 1 day)
HEPSERA ORAL TABLET 10 MG (<i>adefovir dipivoxil</i>)	NF	
INTELENCE ORAL TABLET 100 MG, 25 MG (<i>etravirine</i>)	Tier 2	QL (4 tablets per 1 day)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	Tier 2	QL (2 tablets per 1 day)
INVIRASE ORAL CAPSULE 200 MG (<i>saquinavir mesylate</i>)	Tier 3	
INVIRASE ORAL TABLET 500 MG (<i>saquinavir mesylate</i>)	Tier 3	
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 tablets per 1 day)
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	Tier 2	
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	Tier 2	QL (6 tablets per 1 day)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	Tier 3	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	NF	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (<i>lopinavir-ritonavir</i>)	Tier 3	#
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	Tier 1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	
LEXIVA ORAL SUSPENSION 50 MG/ML (<i>fosamprenavir calcium</i>)	Tier 2	#
LEXIVA ORAL TABLET 700 MG (<i>fosamprenavir calcium</i>)	NF	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Tier 1	
MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG (<i>ribavirin</i>)	Tier 3	
MODERIBA 800 DOSE PACK ORAL TABLET 400 MG (<i>ribavirin</i>)	Tier 3	
<i>ribavirin (Moderiba Oral Tablet 200 Mg)</i>	Tier 1	
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	
NORVIR ORAL CAPSULE 100 MG (<i>ritonavir</i>)	Tier 2	#
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	Tier 2	
NORVIR ORAL SOLUTION 80 MG/ML (<i>ritonavir</i>)	Tier 2	#
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	NF	
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine-rilpivir-tenofovir af</i>)	Tier 3	QL (1 tablet per 1 day)
OLYSIO ORAL CAPSULE 150 MG (<i>simeprevir sodium</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 capsule per 1 day)
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 1	QL (20 capsules per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 1	QL (480 MLS per 365 Days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	Tier 2	PA; SP Pharmacy
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML (<i>peginterferon alfa-2a</i>)	Tier 2	PA; SP Pharmacy
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	Tier 3	
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	NF	
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	Tier 2	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir ethanolate</i>)	Tier 2	QL (2 bottles per 30 days)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG (<i>darunavir ethanolate</i>)	Tier 2	QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 800 MG (<i>darunavir ethanolate</i>)	Tier 2	QL (1 tablet per 1 day)
REBETOL ORAL CAPSULE 200 MG (<i>ribavirin</i>)	NF	
REBETOL ORAL SOLUTION 40 MG/ML (<i>ribavirin</i>)	Tier 2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER (<i>zanamivir</i>)	Tier 3	QL (20 inhalations per 1 fill)
RESCRIPTOR ORAL TABLET 100 MG, 200 MG (<i>delavirdine mesylate</i>)	Tier 3	
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	NF	
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	NF	
REYATAZ ORAL CAPSULE 100 MG (<i>atazanavir sulfate</i>)	NF	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NF	#
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	Tier 2	#
<i>ribavirin</i> (Ribasphere Oral Capsule 200 Mg)	Tier 1	
<i>ribavirin</i> (Ribasphere Oral Tablet 200 Mg)	Tier 1	
RIBASPHERE ORAL TABLET 400 MG (<i>ribavirin</i>)	Tier 1	
RIBASPHERE ORAL TABLET 600 MG (<i>ribavirin</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG (<i>ribavirin</i>)	Tier 1	
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
<i>rimantadine hcl oral tablet 100 mg</i>	Tier 1	
<i>ritonavir oral tablet 100 mg</i>	Tier 1	
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	Tier 3	QL (8 bottles per 1 month)
SELZENTRY ORAL TABLET 150 MG, 75 MG (<i>maraviroc</i>)	Tier 3	QL (2 tablets per 1 day)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	Tier 3	QL (8 tablets per 1 day)
SELZENTRY ORAL TABLET 300 MG (<i>maraviroc</i>)	Tier 3	
SITAVIG BUCCAL TABLET 50 MG (<i>acyclovir</i>)	NF	
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	Tier 4	PA; SP Pharmacy; QL (1 tablet per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elvitegravir-cobic-emtricit-tenofdf</i>)	Tier 3	QL (1 tablet per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (<i>efavirenz</i>)	NF	#
SUSTIVA ORAL TABLET 600 MG (<i>efavirenz</i>)	NF	#
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	Tier 2	#
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	Tier 2	#
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darunavir-cobic-emtricit-tenofaf</i>)	Tier 3	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	NF	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (<i>oseltamivir phosphate</i>)	NF	#
TEMIXYS ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	Tier 3	QL (1 tablet per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (2 tablets per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivudine</i>)	Tier 2	QL (1 tablet per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG (<i>abacavir-lamivudine-zidovudine</i>)	NF	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofovir df</i>)	Tier 2	
TRUVADA ORAL TABLET 200-300 MG (<i>emtricitabine-tenofovir df</i>)	Tier 2	#
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 1	
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	NF	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 1	PA; QL (1000 milliliters per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 1	PA; QL (102 tablets per 30 days)
VALTREX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	NF	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	Tier 4	PA; QL (1 tablet per 1 day)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG, 200 MG, 250 MG, 400 MG (<i>didanosine</i>)	NF	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM (<i>didanosine</i>)	Tier 3	
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	Tier 2	
VIRAMUNE ORAL SUSPENSION 50 MG/5ML (<i>nevirapine</i>)	NF	
VIRAMUNE ORAL TABLET 200 MG (<i>nevirapine</i>)	NF	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 400 MG (<i>nevirapine</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	Tier 2	#
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	#; QL (1 tablet per 1 day)
VIREAD ORAL TABLET 300 MG (<i>tenofovir disoproxil fumarate</i>)	NF	#
ZERIT ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG (<i>stavudine</i>)	NF	
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML (<i>stavudine</i>)	NF	
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	NF	
ZIAGEN ORAL TABLET 300 MG (<i>abacavir sulfate</i>)	NF	
<i>zidovudine oral capsule 100 mg</i>	Tier 1	
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 1	
<i>zidovudine oral tablet 300 mg</i>	Tier 1	
ZOVIRAX ORAL CAPSULE 200 MG (<i>acyclovir</i>)	NF	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML (<i>acyclovir</i>)	NF	
ZOVIRAX ORAL TABLET 400 MG, 800 MG (<i>acyclovir</i>)	NF	
*ANTI-VON WILLEBRAND FACTOR AGENTS*** - DRUGS FOR THE BLOOD		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	Tier 4	PA; NPL; SP Pharmacy; QL (1 vial per day, 2 courses (58 day supply) per 1 lifetime)
ASSORTED CLASSES - VITAMINS AND MINERALS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NF	#
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	Tier 4	SP Pharmacy
<i>azathioprine oral tablet 50 mg</i>	Tier 1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (4 injections per 1 month)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (4 injections per 1 month)
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	NF	
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	NF	
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NF	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	SP Pharmacy
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	Tier 4	PA; SP Pharmacy
<i>d-penamamine oral tablet 125 mg</i>	Tier 4	PA; SP Pharmacy
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	NF	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg, 50 Mg)	Tier 1	SP Pharmacy
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 1	SP Pharmacy
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	NF	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Powder)	Tier 1	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension 15 Gm/60ML)	Tier 1	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	NF	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Tier 1	SP Pharmacy
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	NF	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	NF	
<i>penicillamine oral capsule 250 mg</i>	Tier 4	PA; SP Pharmacy
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	Tier 1	
<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	Tier 1	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NF	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	NF	
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	Tier 4	SP Pharmacy
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	Tier 4	PA; #; SP Pharmacy; QL (1 capsule per 1 day)
<i>ringers irrigation irrigation solution</i>	Tier 1	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	NF	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	NF	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 4	SP Pharmacy
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>skin tag remover external liquid</i>	NF	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml</i>	Tier 1	
<i>sodium polystyrene sulfonate</i> (Sps Oral Suspension 15 Gm/60Ml)	Tier 1	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	NF	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (<i>thalidomide</i>)	Tier 2	PA; #; SP Pharmacy
<i>ringers irrigation</i> (Tis-U-Sol Irrigation Solution)	Tier 1	
<i>trientine hcl oral capsule 250 mg</i>	Tier 1	PA; SP Pharmacy
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	Tier 3	PA; QL (1 packet per 1 day)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG (<i>everolimus</i>)	Tier 4	#
ZORTRESS ORAL TABLET 1 MG (<i>everolimus</i>)	Tier 4	#; SP Pharmacy
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE LUNGS		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	NF	
*BETA BLOCKER & ANGIOTENSIN II RECEPTOR ANTAGONIST COMB*** - DRUGS FOR THE HEART		
BYVALSON ORAL TABLET 5-80 MG (<i>nebivolol-valsartan</i>)	NF	
BETA BLOCKERS - DRUGS FOR THE HEART		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Tier 1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
ATENOLOL+SYRSPEND SF PH4 ORAL SUSPENSION 1 MG/ML (<i>atenolol</i>)	NF	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	NF	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>nebivolol hcl</i>)	Tier 3	QL (1 tablet per 1 day)
BYSTOLIC ORAL TABLET 20 MG (<i>nebivolol hcl</i>)	Tier 3	QL (2 tablets per 1 day)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	ST; QL (1 capsule per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	NF	#
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	NF	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	NF	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	Tier 3	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	NF	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NF	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NF	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	Tier 3	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	NF	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	Tier 1	QL (1.5 tablets per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Tier 1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>sotalol hcl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)</i>	Tier 1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	NF	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	NF	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NF	
*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	NF	
BIOLOGICALS MISC - BIOLOGICAL AGENTS		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML (<i>pegademase bovine</i>)	Tier 4	PA; SP Pharmacy
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	Tier 3	PA; ST
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM		
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	Tier 3	PA; ST; QL (2 pens per 1 month)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>ereumab-aooe</i>)	Tier 3	PA; ST; QL (1 pen per 1 month)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (<i>ereumab-aooe</i>)	Tier 3	PA; ST; QL (2 pens per 1 month)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	Tier 3	PA; ST; QL (1 injection per 1 month)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	NF	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 3	PA; ST; QL (1 injection per 1 month)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 3	PA; ST; QL (1 injection per 1 month)
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	NF	
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg)	Tier 1	QL (1 tablet per 1 day)
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 60 Mg)	Tier 1	QL (2 tablets per 1 day)
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>amlodipine besylate</i>)	NF	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
CALAN ORAL TABLET 120 MG, 80 MG (<i>verapamil hcl</i>)	NF	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (<i>verapamil hcl</i>)	NF	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl coated beads</i>)	NF	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	NF	
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 300 Mg)	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	Tier 1	QL (2 capsules per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 300 mg, 360 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 420 mg</i>	Tier 1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	Tier 1	
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg</i>	Tier 1	
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	NF	
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 300 Mg, 360 Mg)</i>	Tier 1	QL (1 tablet per 1 day)
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg)</i>	Tier 1	QL (2 tablets per 1 day)
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 420 Mg)</i>	Tier 1	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine (Nifediac Cc Oral Tablet Extended Release 24 Hour 30 Mg)</i>	Tier 1	QL (1 tablet per 1 day)
<i>nifedipine (Nifedical Xl Oral Tablet Extended Release 24 Hour 60 Mg)</i>	Tier 1	QL (2 tabs per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 60 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg</i>	Tier 1	
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>	Tier 1	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (amlodipine besylate)	NF	
NYMALIZE ORAL SOLUTION 60 MG/20ML (nimodipine)	NF	#
PROCARDIA ORAL CAPSULE 10 MG (nifedipine)	NF	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (nifedipine)	NF	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (nisoldipine)	NF	
diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 300 Mg, 360 Mg)	Tier 1	QL (1 capsule per 1 day)
diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	Tier 1	QL (2 capsules per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	NF	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg	Tier 1	QL (1 capsule per 1 day)
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	Tier 1	
verapamil hcl er oral capsule extended release 24 hour 200 mg	Tier 1	QL (2 capsules per 1 day)
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	NF	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (verapamil hcl)	NF	
CARDIOTONICS - DRUGS FOR THE HEART		
digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	
digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	
digoxin oral solution 0.05 mg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 1	
LANOXIN ORAL TABLET 125 MCG, 187.5 MCG, 250 MCG, 62.5 MCG (<i>digoxin</i>)	NF	
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	Tier 4	PA; ST; QL (2 tablets per 1 day)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	Tier 4	PA; ST; SP Pharmacy; QL (3 tablets per 1 day)
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	Tier 4	PA; NPL; SP Pharmacy; QL (2 tablets per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 4	PA; NPL; SP Pharmacy
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	NF	
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	Tier 3	#
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 4	PA; NPL; SP Pharmacy
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (<i>amlodipine-atorvastatin</i>)	NF	
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	Tier 1	PA; SP Pharmacy
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NF	
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	Tier 4	PA; SP Pharmacy
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	Tier 4	PA; SP Pharmacy; QL (2 tablets per 1 day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	Tier 4	PA; SP Pharmacy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (<i>treprostinil sodium</i>)	Tier 4	PA; #; SP Pharmacy
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	NF	#
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	NF	
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	Tier 4	PA; SP Pharmacy; QL (2 tablets per 1 day)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	NF	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	Tier 4	PA; NPL; SP Pharmacy
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NF	
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NF	
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NF	
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NF	#
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	Tier 4	PA; SP Pharmacy
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
CEDAX ORAL CAPSULE 400 MG (<i>ceftibuten</i>)	NF	
CEDAX ORAL SUSPENSION RECONSTITUTED 180 MG/5ML (<i>ceftibuten</i>)	NF	
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	Tier 1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gm</i>	Tier 1	
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 1	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>ceftibuten oral capsule 400 mg</i>	Tier 1	
<i>ceftibuten oral suspension reconstituted 180 mg/5ml</i>	Tier 1	
CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML (<i>cefuroxime axetil</i>)	NF	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
DAXBIA ORAL CAPSULE 333 MG (<i>cephalexin</i>)	NF	
KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG (<i>cephalexin</i>)	NF	
SPECTRACEF ORAL TABLET 400 MG (<i>cefditoren pivoxil</i>)	NF	
SUPRAX ORAL CAPSULE 400 MG (<i>cefixime</i>)	Tier 3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML (<i>cefixime</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (<i>cefixime</i>)	Tier 3	#
CHEMICALS		
<i>arnica liquid</i>	NF	
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR THE STOMACH		
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	NF	
CONTRACEPTIVES - DRUGS FOR WOMEN		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (NF)
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N2 (Tier 1)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Amethia Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (Tier 1)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	N2 (NF); QL (1 ring per 365 days)
<i>desogestrel-ethinyl estradiol</i> (Aprri Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)

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<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (Tier 1)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	Tier 3	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Bekyree Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (Tier 1)
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	Tier 3	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	N2 (Tier 1)
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N2 (Tier 1)

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<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Cesia Oral Tablet 0.1/0.125/0.15 - 0.025 Mg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol</i> (Cyclafem 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin-eth estrad triphasic</i> (Cyclafem 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (Tier 1)
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	N2 (Tier 3)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	CE	N2 (Tier 1)

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<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N2 (Tier 1)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N2 (Tier 1)
ECONTRA EZ ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (NF)
<i>norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)</i>	CE	N2 (Tier 1)
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	#; N2 (Tier 3)
<i>desogestrel-ethinyl estradiol (Emoquette Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N2 (Tier 1)
<i>levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)</i>	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N2 (Tier 1)
<i>norethindrone (Errin Oral Tablet 0.35 Mg)</i>	CE	N2 (Tier 1)
<i>norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	N2 (Tier 1)
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	CE	N2 (Tier 1)
FALESSA ORAL KIT 20-1-0.1 MCG-MG (<i>levonorgestrel-eth estrad & fa</i>)	CE	N2 (Tier 3)
<i>levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day (Fayosim Oral Tablet 42-21-21-7 Days)</i>	CE	N2 (Tier 1)
<i>norgestimate-eth estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	N2 (Tier 1)
<i>drospirenone-ethinyl estradiol (Gianvi Oral Tablet 3-0.02 Mg)</i>	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol (Gildagia Oral Tablet 0.4-35 Mg-Mcg)</i>	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe (Gildess Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	N2 (Tier 1)

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<i>norethin ace-eth estrad-fe</i> (Gildess Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (Tier 1)
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N2 (Tier 1)
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	N2 (Tier 1)
<i>norethindrone</i> (Jolivette Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (Tier 1)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (Tier 1)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (Tier 1)

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<i>desogestrel-ethinyl estradiol</i> (Kimidess Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	N2 (Tier 3)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Larissia Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	CE	N2 (Tier 1)
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	N2 (NF)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	N2 (Tier 1)
<i>levonorg-eth estrad triphasic oral tablet</i>	CE	N2 (Tier 1)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY (<i>levonorgestrel</i>)	CE	N2 (Tier 3)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	CE	N2 (Tier 3)
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	Tier 3	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	Tier 3	
<i>norethin ace-eth estrad-fe</i> (Lomedia 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (Tier 1)
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	N2 (Tier 1)
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N2 (Tier 1)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N2 (Tier 1)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N2 (Tier 1); QL (1 injection per 90 days)
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N2 (Tier 1)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)

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<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	Tier 3	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR (<i>levonorgestrel</i>)	CE	#; N2 (Tier 3)
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norgestimate-eth estradiol</i> (Mononessa Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (Tier 1)
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (NF)
<i>levonorg-eth estrad triphasic</i> (Myzilra Oral Tablet 50-30/75-40/125-30 Mcg)	CE	N2 (Tier 1)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	N2 (Tier 3)
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (Tier 1)
NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG (<i>norethindrone-mestranol</i>)	CE	N2 (Tier 1)
<i>norethin-eth estrad triphasic</i> (Necon 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (Tier 1)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	N2 (Tier 3)
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (NF)
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	N2 (Tier 1)
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24)</i>	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	N2 (Tier 1)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	CE	N2 (Tier 1)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N2 (Tier 1)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	N2 (Tier 1)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	N2 (Tier 1)
<i>norethindrone (Norlyroc Oral Tablet 0.35 Mg)</i>	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)</i>	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)</i>	CE	N2 (Tier 1)
<i>norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	CE	N2 (Tier 1)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (etonogestrel-ethinyl estradiol)	CE	#; N2 (Tier 3)
<i>drospirenone-ethinyl estradiol (Ocella Oral Tablet 3-0.03 Mg)</i>	CE	N2 (Tier 1)
OGESTREL ORAL TABLET 0.5-50 MG-MCG (norgestrel-ethinyl estradiol)	CE	N2 (Tier 1)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	CE	N2 (NF)
OPTION 2 ORAL TABLET 1.5 MG (levonorgestrel)	CE	N2 (NF)
<i>levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N2 (Tier 1)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	Tier 3	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N2 (Tier 3)
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol</i> (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norgestimate-eth estradiol</i> (Previfem Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (Tier 1)
QUARTETTE ORAL TABLET 42-21-21-7 DAYS (<i>levonorgest-eth estrad 91-day</i>)	Tier 3	
<i>levonorgest-eth estrad 91-day</i> (Quasense Oral Tablet 0.15-0.03 Mg)	CE	N2 (Tier 1)
<i>drospiren-eth estrad-levomefol</i> (Rajani Oral Tablet 3-0.02-0.451 Mg)	CE	N2 (Tier 1)
REACT ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (NF)
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N2 (Tier 1)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	CE	N2 (Tier 3)
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	N2 (Tier 1)
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)

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<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (Tier 1)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	N2 (Tier 3)
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	CE	N2 (NF)
<i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	N2 (Tier 1)
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (NF)
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	CE	#; N2 (Tier 3)
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (Tier 1)
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (Tier 1)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Trinessa Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (Tier 1)
TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	Tier 3	
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (Tier 1)
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (Tier 1)
<i>norethindrone</i> (Tulana Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Velivet Oral Tablet 0.1/0.125/0.15-0.025 Mg)	CE	N2 (Tier 1)
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N2 (Tier 1)

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<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N2 (Tier 1)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR (<i>norelgestromin-eth estradiol</i>)	CE	N2 (Tier 1)
<i>drospirenone-ethinyl estradiol</i> (Zarah Oral Tablet 3-0.03 Mg)	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol</i> (Zenchent Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/50E (28) Oral Tablet 1-50 Mg-Mcg)	CE	N2 (Tier 1)
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	CE	N2 (Tier 1)
CORTICOSTEROIDS - HORMONES		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>budesonide oral capsule delayed release particles 3 mg</i>	Tier 1	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (<i>hydrocortisone</i>)	NF	
<i>cortisone acetate oral tablet 25 mg</i>	Tier 1	
<i>prednisone</i> (Deltasone Oral Tablet 20 Mg)	Tier 1	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>dexamethasone</i>)	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dexamethasone</i> (Dexpak 10 Day Oral Tablet Therapy Pack 1.5 Mg (35))	NF	
<i>dexamethasone</i> (Dexpak 13 Day Oral Tablet Therapy Pack 1.5 Mg (51))	NF	
<i>dexamethasone</i> (Dexpak 6 Day Oral Tablet Therapy Pack 1.5 Mg (21))	NF	
DMT SUIK COMBINATION KIT 10 MG/ML (<i>dexameth sod phos & anesthetic</i>)	NF	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (<i>dexamethasone</i>)	NF	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (<i>deflazacort</i>)	NF	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG (<i>budesonide</i>)	NF	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	
<i>dexamethasone</i> (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	Tier 1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
LOCORT 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (41) (<i>dexamethasone</i>)	NF	
LOCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NF	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>methylprednisolone</i>)	NF	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	Tier 3	
MEDROL ORAL TABLET THERAPY PACK 4 MG (<i>methylprednisolone</i>)	NF	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK 5 MG (48) (<i>prednisolone</i>)	Tier 3	
MILLIPRED DP ORAL TABLET THERAPY PACK 5 MG (21), 5 MG (48) (<i>prednisolone</i>)	Tier 3	
MILLIPRED ORAL SOLUTION 10 MG/5ML (<i>prednisolone sodium phosphate</i>)	NF	
MILLIPRED ORAL TABLET 5 MG (<i>prednisolone</i>)	Tier 2	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	NF	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML (<i>prednisolone sodium phosphate</i>)	NF	
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 1	
<i>prednisolone oral syrup 15 mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Tier 1	
PREDNISONONE INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	Tier 3	
<i>prednisone oral solution 5 mg/5ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Tier 1	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	NF	
<i>dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NF	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERIPRED 20 ORAL SOLUTION 20 MG/5ML (prednisolone sodium phosphate)	NF	
ZODEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (dexamethasone)	NF	
ZONACORT 11 DAY ORAL TABLET THERAPY PACK 1.5 MG (41) (dexamethasone)	NF	
ZONACORT 7 DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (dexamethasone)	NF	
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
acetylcysteine inhalation solution 10 %, 20 %	Tier 1	
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (loratadine-pseudoephedrine)	Tier 1	OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (fexofenadine-pseudoephedrine)	Tier 1	OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (fexofenadine-pseudoephedrine)	Tier 1	OTC
benzonatate oral capsule 100 mg, 150 mg, 200 mg	Tier 1	
CARBAPHEN 12 ORAL LIQUID 10-4-27.5 MG/5ML (phenyleph-chlorphen-carbetapen)	NF	
CARBAPHEN 12 PED ORAL SUSPENSION 2.5-1.25-7.5 MG/ML (phenyleph-chlorphen-carbetapen)	NF	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	Tier 1	OTC
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (desloratadine-pseudoephedrine)	NF	
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (loratadine-pseudoephedrine)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	Tier 1	OTC
CODAR AR ORAL LIQUID 2-8 MG/5ML (<i>chlorpheniramine-codeine</i>)	NF	
DECON-A ORAL ELIXIR 2-5 MG/5ML (<i>brompheniramine-phenylephrine</i>)	NF	
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	Tier 1	OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	Tier 1	OTC
HYCOFENIX ORAL SOLUTION 30-2.5-200 MG/5ML (<i>pseudoeph-hydrocodone-gg</i>)	NF	
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	Tier 1	QL (120 milliliters per 1 fill)
<i>hydrocodone-guaifenesin oral solution 2.5-200 mg/5ml</i>	Tier 1	PA; QL (60 ml per 1 day over 5 days in a 30 day period)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	Tier 1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	
<i>hydromet oral syrup 5-1.5 mg/5ml</i>	Tier 1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % (<i>sodium chloride</i>)	NF	
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Tier 1	OTC
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	Tier 1	OTC
<i>sodium chloride</i> (Nebusal Inhalation Nebulization Solution 3 %)	Tier 1	OTC
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % (<i>sodium chloride</i>)	NF	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORTUSS-DE ORAL LIQUID 2.5-5-50 MG/ML (phenylephrine-dm-gg)	NF	
nortuss-ex oral liquid 20-200 mg/5ml	NF	
promethazine vc oral syrup 6.25-5 mg/5ml	NF	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	Tier 1	
promethazine-dm oral syrup 6.25-15 mg/5ml	Tier 1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	NF	
pseudoeph-chlorphen-hydrocod oral solution 60-4-5 mg/5ml	Tier 1	
sodium chloride (Pulmosal Inhalation Nebulization Solution 7 %)	Tier 1	
RELHIST ORAL TABLET CHEWABLE 6-15 MG (bromphen tann-phenyleph tann)	NF	
SEMPREX-D ORAL CAPSULE 8-60 MG (acrivastine-pseudoephedrine)	Tier 3	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 7 %	Tier 1	
sodium chloride inhalation nebulization solution 3 %	Tier 1	OTC
SSKI ORAL SOLUTION 1 GM/ML (potassium iodide (expectorant))	Tier 3	
TESSALON PERLES ORAL CAPSULE 100 MG (benzonatate)	NF	
tgq 15dm/5pehl/2cpm oral syrup 15-5-2 mg/5ml	NF	
tgq 30psel/150gfn/15dm oral syrup 30-150-15 mg/5ml	NF	
tgq 30psel/3brml/15dm oral syrup 30-3-15 mg/5ml	NF	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG, 5-4 MG (hydrocod polst-chlorphen polst)	Tier 3	QL (20 capsules per 1 fill)
hydrocodone-homatropine (Tussigon Oral Tablet 5-1.5 Mg)	Tier 1	
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE 10-8 MG/5ML (hydrocod polst-chlorphen polst)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	Tier 3	PA; QL (2 tablets per day max 20 tablets per 30 days)
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML (<i>codeine polst-chlorphen polst</i>)	NF	
ZUTRIPRO ORAL SOLUTION 60-4-5 MG/5ML (<i>pseudoeph-chlorphen-hydrocod</i>)	NF	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>cetirizine-pseudoephedrine</i>)	Tier 1	OTC
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (21 capsules per 28 days)
KISQALI 200 DOSE ORAL TABLET 200 MG (<i>ribociclib succinate</i>)	CE	N2 (NF)
KISQALI 400 DOSE ORAL TABLET 200 MG (<i>ribociclib succinate</i>)	CE	N2 (NF)
KISQALI 600 DOSE ORAL TABLET 200 MG (<i>ribociclib succinate</i>)	CE	N2 (NF)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	CE	N2 (NF)
*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR THE LUNGS		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	Tier 4	PA; SP Pharmacy; QL (2 packets per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	Tier 4	PA; SP Pharmacy; QL (4 tablets per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (<i>tezacaftor-ivacaftor</i>)	Tier 4	PA; SP Pharmacy; QL (2 tablets per 1 Day)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	Tier 4	PA; SP Pharmacy; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMATOLOGICALS - DRUGS FOR THE SKIN		
ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>)	Tier 1	OTC
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	NF	#
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	NF	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>acyclovir external cream 5 %</i>	NF	
<i>acyclovir external ointment 5 %</i>	NF	
ACZONE EXTERNAL GEL 7.5 % (<i>dapsone</i>)	Tier 3	#: QL (60 grams per 30 days)
<i>adapalene external cream 0.1 %</i>	Tier 1	
<i>adapalene external gel 0.3 %</i>	Tier 1	ST
<i>adapalene external lotion 0.1 %</i>	Tier 1	ST
<i>adapalene external pad 0.1 %</i>	NF	
<i>adapalene external solution 0.1 %</i>	Tier 1	QL (2 ml per 1 day)
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	Tier 1	
AKTIPAK EXTERNAL PACKET 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	Tier 3	
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	NF	
<i>ala-cort external cream 2.5 %</i>	NF	
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 1	
ALDARA EXTERNAL CREAM 5 % (<i>imiquimod</i>)	NF	
ALTABAX EXTERNAL OINTMENT 1 % (<i>retapamulin</i>)	Tier 3	
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	NF	
<i>amcinonide external cream 0.1 %</i>	Tier 1	ST
<i>amcinonide external lotion 0.1 %</i>	Tier 1	ST
<i>amcinonide external ointment 0.1 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	Tier 3	#
<i>ammonium lactate external lotion 12 %</i>	Tier 1	OTC
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 1	PA; ST; QL (2 capsules per 1 day)
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	Tier 3	
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	NF	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (<i>sulfacetamide sodium-sulfur</i>)	NF	
AVAR-E LS EXTERNAL CREAM 10-2 % (<i>sulfacetamide sodium-sulfur</i>)	NF	
<i>tretinoin</i> (Avita External Cream 0.025 %)	Tier 1	PA
<i>tretinoin</i> (Avita External Gel 0.025 %)	Tier 1	PA
<i>azelaic acid external gel 15 %</i>	Tier 1	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	Tier 3	
BACTROBAN EXTERNAL CREAM 2 % (<i>mupirocin calcium</i>)	NF	
BENZAC AC WASH EXTERNAL LIQUID 5 % (<i>benzoyl peroxide</i>)	NF	
BENZAACLIN EXTERNAL GEL 1-5 % (<i>clindamycin phos-benzoyl perox</i>)	NF	
BENZAACLIN WITH PUMP EXTERNAL GEL 1-5 % (<i>clindamycin phos-benzoyl perox</i>)	NF	
BENZAMYCIN EXTERNAL GEL 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	NF	
BENZEFOAMULTRA EXTERNAL FOAM 9.8 % (<i>benzoyl peroxide</i>)	NF	
<i>benzoyl peroxide</i> (Benzepro Creamy Wash External Liquid 7 %)	NF	
<i>benzoyl peroxide</i> (Benzepro Foaming Cloths External 6 %)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>benzoyl peroxide</i> (Benzepro Short Contact External Foam 9.8 %)	NF	
BENZIQ EXTERNAL GEL 5.25 % (<i>benzoyl peroxide</i>)	NF	
BENZIQ LS EXTERNAL GEL 2.75 % (<i>benzoyl peroxide</i>)	NF	
<i>benzoyl peroxide external foam</i> 9.8 %	NF	
<i>benzoyl peroxide-erythromycin external gel</i> 5-3 %	Tier 1	
<i>betamethasone dipropionate aug external cream</i> 0.05 %	Tier 1	
<i>betamethasone dipropionate aug external gel</i> 0.05 %	Tier 1	QL (100 grams per 30 days)
<i>betamethasone dipropionate aug external lotion</i> 0.05 %	Tier 1	QL (120 grams per 30 days)
<i>betamethasone dipropionate aug external ointment</i> 0.05 %	Tier 1	QL (100 grams per 30 days)
<i>betamethasone dipropionate external cream</i> 0.05 %	Tier 1	
<i>betamethasone dipropionate external lotion</i> 0.05 %	Tier 1	
<i>betamethasone dipropionate external ointment</i> 0.05 %	Tier 1	
<i>betamethasone valerate external cream</i> 0.1 %	Tier 1	ST
<i>betamethasone valerate external foam</i> 0.12 %	Tier 1	
<i>betamethasone valerate external lotion</i> 0.1 %	Tier 1	ST
<i>betamethasone valerate external ointment</i> 0.1 %	Tier 1	ST
<i>bp cleansing wash external emulsion</i> 10-4 %	NF	
<i>bp foam external foam</i> 9.8 %	NF	
<i>bpo foaming cloths external</i> 6 %	NF	
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	NF	
<i>calcipotriene external cream</i> 0.005 %	Tier 1	ST
<i>calcipotriene external ointment</i> 0.005 %	Tier 1	ST
<i>calcipotriene external solution</i> 0.005 %	Tier 1	ST
<i>calcipotriene-betameth diprop external ointment</i> 0.005-0.064 %	Tier 1	ST; QL (60 grams per 30 days)
<i>calcipotriene</i> (Calcitrene External Ointment 0.005 %)	Tier 1	ST
<i>calcitriol external ointment</i> 3 mcg/gm	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAPEX EXTERNAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	Tier 3	QL (120 mls per 30 days)
CARAC EXTERNAL CREAM 0.5 % (<i>fluorouracil</i>)	NF	
CENTANY EXTERNAL OINTMENT 2 % (<i>mupirocin</i>)	NF	
<i>ciclopirox olamine</i> (Ciclodan External Cream 0.77 %)	Tier 1	
<i>ciclopirox</i> (Ciclodan External Solution 8 %)	Tier 1	PA
<i>ciclopirox external gel</i> 0.77 %	Tier 1	
<i>ciclopirox external shampoo</i> 1 %	Tier 1	
<i>ciclopirox external solution</i> 8 %	Tier 1	PA
<i>ciclopirox olamine external cream</i> 0.77 %	Tier 1	
<i>ciclopirox olamine external suspension</i> 0.77 %	Tier 1	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	PA; ST; QL (2 capsules per 1 day)
CLEOCIN-T EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NF	
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	NF	
CLEOCIN-T EXTERNAL SOLUTION 1 % (<i>clindamycin phosphate</i>)	NF	
CLEOCIN-T EXTERNAL SWAB 1 % (<i>clindamycin phosphate</i>)	NF	
<i>clindamycin phosphate</i> (Clindacin Etz External Swab 1 %)	Tier 1	
<i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)	Tier 1	
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NF	
<i>clindamycin phos-benzoyl perox external gel</i> 1-5 %, 1.2-2.5 %, 1.2-5 %	Tier 1	
<i>clindamycin phosphate external foam</i> 1 %	Tier 1	
<i>clindamycin phosphate external gel</i> 1 %	Tier 1	
<i>clindamycin phosphate external lotion</i> 1 %	Tier 1	
<i>clindamycin phosphate external solution</i> 1 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phosphate external swab 1 %</i>	Tier 1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	Tier 1	
<i>clobetasol propionate e external cream 0.05 %</i>	Tier 1	ST; QL (120 grams per 30 days)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	Tier 1	QL (100 grams per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	Tier 1	ST; QL (120 grams per 30 days)
<i>clobetasol propionate external foam 0.05 %</i>	Tier 1	QL (100 grams per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	Tier 1	ST; QL (120 grams per 30 days)
<i>clobetasol propionate external liquid 0.05 %</i>	Tier 1	QL (100 grams per 30 days)
<i>clobetasol propionate external lotion 0.05 %</i>	Tier 1	ST; QL (236 mls per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	Tier 1	ST; QL (120 grams per 30 days)
<i>clobetasol propionate external shampoo 0.05 %</i>	Tier 1	QL (236 mls per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	Tier 1	ST; QL (100 grams per 30 days)
CLOBEX EXTERNAL LOTION 0.05 % (<i>clobetasol propionate</i>)	NF	
CLOBEX EXTERNAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	NF	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	NF	
<i>clocortolone pivalate external cream 0.1 %</i>	Tier 1	
<i>clocortolone pivalate pump external cream 0.1 %</i>	Tier 1	
<i>clobetasol propionate</i> (Clodan External Shampoo 0.05 %)	Tier 1	QL (236 mls per 30 days)
CLODERM EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	NF	
CLODERM PUMP EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	Tier 1	
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	Tier 3	
CORDRAN EXTERNAL CREAM 0.05 % (<i>flurandrenolide</i>)	NF	
CORDRAN EXTERNAL LOTION 0.05 % (<i>flurandrenolide</i>)	NF	
CORDRAN EXTERNAL OINTMENT 0.05 % (<i>flurandrenolide</i>)	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	Tier 3	#; QL (1 roll per 1 fill)
<i>clobetasol propionate</i> (Cormax Scalp Application External Solution 0.05 %)	Tier 1	ST; QL (100 grams per 30 days)
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5 (<i>neomycin-polymyxin-hc</i>)	Tier 3	
CORTISPORIN EXTERNAL OINTMENT 1 % (<i>bacit-poly-neo hc</i>)	Tier 3	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	NF	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	NF	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	NF	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	NF	
<i>crotamiton</i> (Crotan External Lotion 10 %)	Tier 1	
CUTIVATE EXTERNAL CREAM 0.05 % (<i>fluticasone propionate</i>)	NF	
CUTIVATE EXTERNAL LOTION 0.05 % (<i>fluticasone propionate</i>)	NF	
<i>dapsone external gel 5 %</i>	Tier 1	QL (60 grams per 30 Days)
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	Tier 3	ST; #

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMA-SMOOTHIE/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	NF	
DERMA-SMOOTHIE/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	NF	
DERMATOP EXTERNAL CREAM 0.1 % (<i>prednicarbate</i>)	NF	
DERMATOP EXTERNAL OINTMENT 0.1 % (<i>prednicarbate</i>)	NF	
DESONATE EXTERNAL GEL 0.05 % (<i>desonide</i>)	NF	#
<i>desonide external cream 0.05 %</i>	Tier 1	ST
<i>desonide external lotion 0.05 %</i>	Tier 1	ST
<i>desonide external ointment 0.05 %</i>	Tier 1	ST
DESOWEN EXTERNAL CREAM 0.05 % (<i>desonide</i>)	NF	
DESOWEN EXTERNAL LOTION 0.05 % (<i>desonide</i>)	NF	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Tier 1	ST
<i>desoximetasone external gel 0.05 %</i>	Tier 1	ST
<i>desoximetasone external liquid 0.25 %</i>	NF	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Tier 1	ST
<i>diclofenac epolamine transdermal patch 1.3 %</i>	Tier 1	QL (2 patches per 1 day)
<i>diclofenac sodium transdermal gel 1 %</i>	Tier 1	QL (200 grams per 30 days)
<i>diclofenac sodium transdermal gel 3 %</i>	NF	
<i>diclofenac sodium transdermal solution 1.5 %</i>	NF	
DIFFERIN EXTERNAL CREAM 0.1 % (<i>adapalene</i>)	NF	
DIFFERIN EXTERNAL GEL 0.1 % (<i>adapalene</i>)	Tier 1	OTC
DIFFERIN EXTERNAL GEL 0.3 % (<i>adapalene</i>)	NF	
DIFFERIN EXTERNAL LOTION 0.1 % (<i>adapalene</i>)	NF	
<i>diflorasone diacetate external cream 0.05 %</i>	Tier 1	ST
<i>diflorasone diacetate external ointment 0.05 %</i>	Tier 1	ST
DIPROLENE AF EXTERNAL CREAM 0.05 % (<i>betamethasone dipropionate aug</i>)	NF	

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DIPROLENE EXTERNAL LOTION 0.05 % (<i>betamethasone dipropionate aug</i>)	NF	
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	NF	
<i>docosanol external cream 10 %</i>	Tier 1	OTC
DOLOTRANZ EXTERNAL KIT 2.5-2.5 & 4 % (<i>lidocaine-prilocaine</i>)	NF	
DOVONEX EXTERNAL CREAM 0.005 % (<i>calcipotriene</i>)	NF	
<i>doxepin hcl external cream 5 %</i>	Tier 1	QL (45 grams per 30 days)
DRITHO-CREME HP EXTERNAL CREAM 1 % (<i>anthralin</i>)	Tier 3	
<i>ds prep pak combination therapy pack 1 & 0.13 %</i>	NF	
DUAC EXTERNAL GEL 1.2-5 % (<i>clindamycin-benzoyl per (refr)</i>)	NF	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	Tier 3	
DUROLANE INJECTION GEL 20 MG/ML (<i>hyaluronic acid</i>)	NF	
<i>econazole nitrate external cream 1 %</i>	Tier 1	QL (85 grams per 30 days)
ECOZA EXTERNAL FOAM 1 % (<i>econazole nitrate</i>)	NF	
EFUDEX EXTERNAL CREAM 5 % (<i>fluorouracil</i>)	NF	
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	NF	
ELIMITE EXTERNAL CREAM 5 % (<i>permethrin</i>)	NF	
ELOCON EXTERNAL CREAM 0.1 % (<i>mometasone furoate</i>)	NF	
ELOCON EXTERNAL OINTMENT 0.1 % (<i>mometasone furoate</i>)	NF	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NF	
EPIDUO EXTERNAL GEL 0.1-2.5 % (<i>adapalene-benzoyl peroxide</i>)	NF	

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EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	Tier 3	ST; #
EPIFOAM EXTERNAL FOAM 1-1 % (<i>pramoxine-hc</i>)	Tier 3	
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	Tier 3	QL (60 grams per 30 days)
<i>ery external pad 2 %</i>	Tier 1	
<i>erythromycin external gel 2 %</i>	Tier 1	
<i>erythromycin external pad 2 %</i>	Tier 1	
<i>erythromycin external solution 2 %</i>	Tier 1	
<i>ethyl chloride external aerosol</i>	Tier 1	
EURAX EXTERNAL CREAM 10 % (<i>crotamiton</i>)	Tier 3	
EURAX EXTERNAL LOTION 10 % (<i>crotamiton</i>)	Tier 3	
EVOCLIN EXTERNAL FOAM 1 % (<i>clindamycin phosphate</i>)	NF	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	Tier 3	QL (60 grams per 30 days)
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	Tier 3	QL (60 mls per 30 days)
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	NF	
EXTINA EXTERNAL FOAM 2 % (<i>ketconazole</i>)	NF	
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	NF	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	Tier 3	
FINACEA EXTERNAL GEL 15 % (<i>azelaic acid</i>)	NF	
FLECTOR TRANSDERMAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	NF	
<i>fluocinolone acetonide body external oil 0.01 %</i>	Tier 1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	Tier 1	ST
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 1	ST
<i>fluocinolone acetonide external solution 0.01 %</i>	Tier 1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 1	QL (4 grams per 1 day)

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<i>fluocinonide external cream 0.05 %, 0.1 %</i>	Tier 1	ST; QL (120 grams per 30 days)
<i>fluocinonide external gel 0.05 %</i>	Tier 1	ST; QL (120 grams per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	Tier 1	ST; QL (120 grams per 30 days)
<i>fluocinonide external solution 0.05 %</i>	Tier 1	QL (120 mls per 30 days)
FLUOROPLEX EXTERNAL CREAM 1 % (<i>fluorouracil</i>)	Tier 3	
<i>fluorouracil external cream 0.5 %, 5 %</i>	Tier 1	
<i>fluorouracil external solution 2 %, 5 %</i>	Tier 1	
<i>flurandrenolide external cream 0.05 %</i>	Tier 1	
<i>flurandrenolide external lotion 0.05 %</i>	Tier 1	
<i>flurandrenolide external ointment 0.05 %</i>	NF	
<i>fluticasone propionate external cream 0.05 %</i>	Tier 1	ST
<i>fluticasone propionate external lotion 0.05 %</i>	Tier 1	
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 1	
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 1	
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 1	
<i>halcinonide external cream 0.1 %</i>	Tier 1	
<i>halobetasol propionate external cream 0.05 %</i>	Tier 1	ST; QL (50 grams per 30 days)
<i>halobetasol propionate external foam 0.05 %</i>	NF	
<i>halobetasol propionate external ointment 0.05 %</i>	Tier 1	ST; QL (50 grams per 30 days)
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	Tier 3	
HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>)	Tier 3	
HALOTIN EXTERNAL CREAM 1 % (<i>haloprogin</i>)	NF	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone butyrate external ointment 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	Tier 1	
<i>hydrocortisone external ointment 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate external cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	Tier 1	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	NF	
<i>imiquimod external cream 5 %</i>	Tier 1	QL (48 packets per 365 days)
<i>imiquimod pump external cream 3.75 %</i>	NF	
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	NF	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	PA; ST; QL (2 capsules per 1 day)
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	Tier 3	PA; ST
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (<i>triamcinolone acetonide</i>)	NF	
KERALYT EXTERNAL GEL 6 % (<i>salicylic acid</i>)	NF	
<i>ketoconazole external cream 2 %</i>	Tier 1	
<i>ketoconazole external foam 2 %</i>	Tier 1	QL (50 grams per 30 days)
<i>ketoconazole external shampoo 2 %</i>	Tier 1	
KLARON EXTERNAL LOTION 10 % (<i>sulfacetamide sodium (acne)</i>)	NF	
<i>diclofenac sodium (Klofensaid Ii Transdermal Solution 1.5 %)</i>	NF	
<i>lactic acid external lotion 10 %</i>	Tier 1	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	Tier 3	QL (1 stick per 30 days)
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	NF	
<i>lidocaine external ointment 5 %</i>	Tier 1	QL (50 grams per 30 days)

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<i>lidocaine external patch 5 %</i>	NF	
<i>lidocaine hcl external solution 4 %</i>	NF	
<i>lidocaine pak external ointment 5 %</i>	Tier 1	QL (50 grams per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 1	QL (30 grams per 30 days)
<i>lidocaine-tetracaine external cream 7-7 %</i>	NF	
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	NF	
LIDOTREX EXTERNAL GEL 2 % (<i>lidocaine-collagen-aloe vera</i>)	NF	
<i>lindane external shampoo 1 %</i>	Tier 1	
LOCOID EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyrate</i>)	NF	
LOCOID EXTERNAL LOTION 0.1 % (<i>hydrocortisone butyrate</i>)	NF	
LOCOID EXTERNAL OINTMENT 0.1 % (<i>hydrocortisone butyrate</i>)	NF	
LOCOID EXTERNAL SOLUTION 0.1 % (<i>hydrocortisone butyrate</i>)	NF	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyr lipo base</i>)	NF	
LOPROX EXTERNAL CREAM 0.77 % (<i>ciclopirox olamine</i>)	NF	
LOPROX EXTERNAL SHAMPOO 1 % (<i>ciclopirox</i>)	NF	
LOPROX EXTERNAL SUSPENSION 0.77 % (<i>ciclopirox olamine</i>)	NF	
LOTRISONE EXTERNAL CREAM 1-0.05 % (<i>clotrimazole-betamethasone</i>)	NF	
<i>luliconazole external cream 1 %</i>	Tier 1	
LUXIQ EXTERNAL FOAM 0.12 % (<i>betamethasone valerate</i>)	NF	
LUZU EXTERNAL CREAM 1 % (<i>luliconazole</i>)	NF	
<i>malathion external lotion 0.5 %</i>	Tier 1	
MENTAX EXTERNAL CREAM 1 % (<i>butenafine hcl</i>)	Tier 3	

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<i>methoxsalen oral capsule 10 mg</i>	Tier 1	
<i>methoxsalen rapid oral capsule 10 mg</i>	Tier 1	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	NF	
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	NF	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	NF	
<i>metronidazole external cream 0.75 %</i>	Tier 1	
<i>metronidazole external gel 0.75 %, 1 %</i>	Tier 1	
<i>metronidazole external lotion 0.75 %</i>	Tier 1	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	NF	
MICORT-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone acetate</i>)	NF	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	Tier 3	PA; ST
<i>mometasone furoate external cream 0.1 %</i>	Tier 1	ST
<i>mometasone furoate external ointment 0.1 %</i>	Tier 1	ST
<i>mometasone furoate external solution 0.1 %</i>	Tier 1	
<i>mupirocin calcium external cream 2 %</i>	Tier 1	QL (60 grams per 30 days)
<i>mupirocin external ointment 2 %</i>	Tier 1	QL (60 grams per 30 days)
<i>isotretinoin</i> (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	PA; ST; QL (2 capsules per 1 day)
<i>naftifine hcl external cream 1 %</i>	Tier 1	ST
<i>naftifine hcl external cream 2 %</i>	Tier 1	ST; QL (2 grams per 1 day)
NAFTIN EXTERNAL CREAM 2 % (<i>naftifine hcl</i>)	NF	
NAFTIN EXTERNAL GEL 1 % (<i>naftifine hcl</i>)	Tier 3	ST; QL (2 grams per 1 day)
NAFTIN EXTERNAL GEL 2 % (<i>naftifine hcl</i>)	Tier 3	ST; #; QL (2 grams per 1 day)
NATROBA EXTERNAL SUSPENSION 0.9 % (<i>spinosad</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	Tier 3	
<i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel 1.2-5 %)	Tier 1	
NIZORAL EXTERNAL SHAMPOO 2 % (<i>ketoconazole</i>)	NF	
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NF	
NUCORT EXTERNAL LOTION 2 % (<i>hydrocortisone acetate</i>)	NF	
<i>nystatin</i> (Nyamyc External Powder 100000 Unit/Gm)	Tier 1	
<i>nystatin</i> (Nyata External Powder 100000 Unit/Gm)	Tier 1	
<i>nystatin external cream 100000 unit/gm</i>	Tier 1	
<i>nystatin external ointment 100000 unit/gm</i>	Tier 1	
<i>nystatin external powder 100000 unit/gm</i>	Tier 1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	Tier 1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	Tier 1	
<i>nystatin</i> (Nystop External Powder 100000 Unit/Gm)	Tier 1	
OLUX EXTERNAL FOAM 0.05 % (<i>clobetasol propionate</i>)	NF	
OLUX-E EXTERNAL FOAM 0.05 % (<i>clobetasol propionate emulsion</i>)	NF	
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phosphazoyl perox</i>)	NF	#
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	NF	
OVACE PLUS EXTERNAL CREAM 10 % (<i>sulfacetamide sodium</i>)	Tier 3	
OVACE PLUS EXTERNAL LOTION 9.8 % (<i>sulfacetamide sodium</i>)	NF	
OVACE PLUS EXTERNAL SHAMPOO 10 % (<i>sulfacetamide sodium</i>)	NF	
OVACE PLUS WASH EXTERNAL GEL 10 % (<i>sulfacetamide sodium</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OVACE PLUS WASH EXTERNAL LIQUID 10 % (<i>sulfacetamide sodium</i>)	NF	
OVACE WASH EXTERNAL LIQUID 10 % (<i>sulfacetamide sodium</i>)	NF	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	NF	
<i>oxiconazole nitrate external cream 1 %</i>	Tier 1	QL (2 grams per 1 day)
OXISTAT EXTERNAL CREAM 1 % (<i>oxiconazole nitrate</i>)	NF	
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	Tier 3	QL (60 mls per 30 days)
OXSORALEN ULTRA ORAL CAPSULE 10 MG (<i>methoxsalen rapid</i>)	NF	
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	NF	
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	Tier 3	
PENLAC EXTERNAL SOLUTION 8 % (<i>ciclopirox</i>)	NF	
PENNSAID TRANSDERMAL SOLUTION 2 % (<i>diclofenac sodium</i>)	NF	
<i>permethrin external cream 5 %</i>	Tier 1	
PICATO EXTERNAL GEL 0.015 %, 0.05 % (<i>ingenol mebutate</i>)	Tier 3	QL (1 box per 1 fill)
<i>pimecrolimus external cream 1 %</i>	Tier 1	PA; ST
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	NF	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	NF	
PLEXION EXTERNAL CREAM 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	NF	
PLEXION EXTERNAL LOTION 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	NF	
PLIXDA EXTERNAL PAD 0.1 % (<i>adapalene</i>)	NF	
<i>podocon external solution 25 %</i>	NF	
<i>podofilox external solution 0.5 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRAMOSONE EXTERNAL CREAM 1-1 % (<i>pramoxine-hc</i>)	NF	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	Tier 3	
<i>prednicarbate external cream 0.1 %</i>	Tier 1	
<i>prednicarbate external ointment 0.1 %</i>	Tier 1	
<i>premium lidocaine external ointment 5 %</i>	Tier 1	QL (50 grams per 1 fill)
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % (<i>tacrolimus</i>)	NF	
<i>psorcon external cream 0.05 %</i>	NF	
QBREXZA EXTERNAL PAD 2.4 % (<i>glycopyrronium tosylate</i>)	Tier 3	PA; ST; QL (1 pad per 1 Day)
RECURA EXTERNAL CREAM (<i>misc antifungal combo products</i>)	NF	
REGANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	Tier 3	QL (30 grams per 30 days)
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	NF	
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (<i>tretinoin</i>)	NF	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	NF	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (<i>tretinoin microsphere</i>)	NF	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	NF	
RIAX EXTERNAL FOAM 5.5 %, 9.5 % (<i>benzoyl peroxide</i>)	NF	
<i>metronidazole (Rosadan External Cream 0.75 %)</i>	Tier 1	
<i>metronidazole (Rosadan External Gel 0.75 %)</i>	Tier 1	
<i>salicylic acid (Salacyn External Cream 6 %)</i>	Tier 1	
<i>salicylic acid (Salacyn External Lotion 6 %)</i>	NF	
SALEX EXTERNAL SHAMPOO 6 % (<i>salicylic acid</i>)	NF	
<i>salicylic acid external cream 6 %</i>	Tier 1	
<i>salicylic acid external liquid 27.5 %</i>	NF	

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<i>salicylic acid external lotion 6 %</i>	NF	
<i>salicylic acid external shampoo 6 %</i>	Tier 1	
<i>salitech forte external lotion 6 %</i>	NF	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	Tier 3	QL (60 grams per 30 days)
<i>sulfacetamide sodium</i> (Seb-Prev Wash External Liquid 10 %)	Tier 1	
<i>selenium sulfide external shampoo 2.25 %</i>	NF	
<i>selenium sulf-pyrithione-urea external shampoo 2.25 %</i>	NF	
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	NF	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	NF	
SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>)	NF	
<i>silver nitrate external ointment 10 %</i>	Tier 1	
<i>silver nitrate external solution 0.5 %, 10 %, 25 %, 50 %</i>	Tier 1	
<i>silver sulfadiazine external cream 1 %</i>	Tier 1	
SKLICE EXTERNAL LOTION 0.5 % (<i>ivermectin</i>)	Tier 3	#
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (<i>risankizumab-rzaa</i>)	NF	
<i>sodium sulfacetamide external shampoo 10 %</i>	Tier 1	
<i>sodium sulfacetamide wash external liquid 10 %</i>	Tier 3	
SOLARAZE TRANSDERMAL GEL 3 % (<i>diclofenac sodium</i>)	NF	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	NF	#
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG (<i>acitretin</i>)	NF	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NF	
<i>spinosad external suspension 0.9 %</i>	Tier 1	
<i>silver sulfadiazine</i> (Ssd External Cream 1 %)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sss 10-5 external foam 10-5 %</i>	NF	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (2 vials per 90 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (2 syringes per 90 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (2 syringes per 60 days)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Tier 1	
<i>sulfacetamide sodium external gel 10 % (cleans)</i>	Tier 1	
<i>sulfacetamide sodium external liquid 10 %</i>	Tier 1	
<i>sulfacetamide sodium external suspension 10 %</i>	Tier 1	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	Tier 1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	Tier 3	
SULFAMYLON EXTERNAL PACKET 5 % (<i>mafenide acetate</i>)	Tier 3	
<i>sulfurated lime external solution</i>	NF	
SUMAXIN EXTERNAL PAD 10-4 % (<i>sulfacetamide sodium-sulfur</i>)	NF	
SUMAXIN TS EXTERNAL SUSPENSION 8-4 % (<i>sulfacetamide sodium-sulfur</i>)	NF	
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	NF	
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	NF	
SYNALAR EXTERNAL SOLUTION 0.01 % (<i>fluocinolone acetonide</i>)	NF	
SYNERA EXTERNAL PATCH 70-70 MG (<i>lidocaine-tetracaine</i>)	Tier 3	QL (10 patches per 30 days)
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	Tier 3	ST; #; QL (60 grams per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 1	ST
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	NF	
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	NF	
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	Tier 4	PA; SP Pharmacy
<i>tazarotene external cream 0.1 %</i>	Tier 1	ST
TAZORAC EXTERNAL CREAM 0.05 % (<i>tazarotene</i>)	Tier 3	ST; #
TAZORAC EXTERNAL CREAM 0.1 % (<i>tazarotene</i>)	NF	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	Tier 3	ST; #
TEMOVATE EXTERNAL CREAM 0.05 % (<i>clobetasol propionate</i>)	NF	
TEMOVATE EXTERNAL GEL 0.05 % (<i>clobetasol propionate</i>)	NF	
TEMOVATE EXTERNAL OINTMENT 0.05 % (<i>clobetasol propionate</i>)	NF	
TEMOVATE EXTERNAL SOLUTION 0.05 % (<i>clobetasol propionate</i>)	NF	
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	Tier 3	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	NF	#
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (<i>desoximetasone</i>)	NF	
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	NF	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	NF	
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	NF	
TRANZAREL EXTERNAL GEL 4 % (<i>lidocaine hcl</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	NF	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	NF	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	PA
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	PA
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	NF	
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	NF	
TRETIN-X EXTERNAL CREAM 0.075 % (<i>tretinoin</i>)	NF	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	Tier 1	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide</i> (Triderm External Cream 0.1 %, 0.5 %)	Tier 1	
TRIDESILON EXTERNAL CREAM 0.05 % (<i>desonide</i>)	NF	
ULESFIA EXTERNAL LOTION 5 % (<i>benzyl alcohol</i>)	Tier 3	#; QL (3 bottles per 1 fill)
ULTRAVATE EXTERNAL CREAM 0.05 % (<i>halobetasol propionate</i>)	NF	
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NF	#
ULTRAVATE EXTERNAL OINTMENT 0.05 % (<i>halobetasol propionate</i>)	NF	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	NF	#
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	NF	
<i>benzoyl perox-hydrocortisone</i> (Vanoxide-Hc External Lotion 5-0.5 %)	NF	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERDESO EXTERNAL FOAM 0.05 % (<i>desonide</i>)	Tier 3	QL (100 grams per 30 days)
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	Tier 3	
VIRASAL EXTERNAL LIQUID 27.5 % (<i>salicylic acid</i>)	NF	
VOLTAREN TRANSDERMAL GEL 1 % (<i>diclofenac sodium</i>)	NF	
WESTCORT EXTERNAL OINTMENT 0.2 % (<i>hydrocortisone valerate</i>)	NF	
XEPI EXTERNAL CREAM 1 % (<i>ozenoxacin</i>)	NF	
XERAC AC EXTERNAL SOLUTION 6.25 % (<i>aluminum chloride in alcohol</i>)	Tier 2	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	Tier 3	
XOLEGEL EXTERNAL GEL 2 % (<i>ketconazole</i>)	Tier 3	QL (50 grams per 30 days)
XYLOCAINE EXTERNAL SOLUTION 4 % (<i>lidocaine hcl</i>)	NF	
<i>zaclir cleansing external lotion 8 %</i>	NF	
<i>isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	Tier 1	PA; ST; QL (2 capsules per 1 day)
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	NF	
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	NF	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (<i>imiquimod</i>)	NF	
DIAGNOSTIC PRODUCTS		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
AGAMATRIX JAZZ TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ASSURE 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ASSURE 4 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ASSURE PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
BAYER BREEZE 2 TEST IN VITRO DISK (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
BAYER CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
BAYER CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
CARESENS N GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHEK-STIX CONTROL IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 3	
CHEMSTRIP 10 MD IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
CHEMSTRIP 10/SG IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
CHEMSTRIP 2 GP IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
CHEMSTRIP 5 OB IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
CHEMSTRIP 7 IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
CHEMSTRIP 9 IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
CHEMSTRIP K IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 3	
CHEMSTRIP UGK IN VITRO STRIP (<i>urine glucose-ketones test</i>)	Tier 3	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
CLEVER CHEK TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
CLEVER CHOICE MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
COMBISTIX IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
<i>easy plus ii glucose test in vitro strip</i>	Tier 3	PA; QL (300 strips per 30 days)
EASY STEP TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
<i>easy talk blood glucose test in vitro strip</i>	Tier 3	PA; QL (300 strips per 30 days)
EASY TOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>easy trak blood glucose test in vitro strip</i>	Tier 3	PA; QL (300 strips per 30 days)
EASYGLUCO IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
<i>easyplus blood glucose test in vitro strip</i>	Tier 3	PA; QL (300 strips per 30 days)
EASYPRO PLUS IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ELEMENT TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
EVENCARE G2 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
EVENCARE G3 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
EVOLUTION AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
EZ SMART BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
EZ SMART PLUS GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORA GD20 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORACARE GD40 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORACARE PREMIUM V10 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (300 strips per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (300 strips per 30 days)
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (300 strips per 30 days)
<i>ge100 blood glucose test in vitro strip</i>	Tier 3	PA; QL (300 strips per 30 days)
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl rdna (diagnostic)</i>)	Tier 3	QL (1 kit per 1 fill)
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
GLUCOCARD X-SENSOR IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
GLUCOCOM TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
HEMA-COMBISTIX IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
KETOCARE IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 3	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	Tier 3	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 3	
LABSTIX IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
<i>liberty test in vitro strip</i>	Tier 3	PA; QL (300 strips per 30 days)
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
MULTISTIX 10 SG IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
MULTISTIX 5 IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
MULTISTIX 7 IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
MULTISTIX 8 IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
MULTISTIX 9 IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
MULTISTIX 9 SG IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
MULTISTIX IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ON CALL PLUS BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ON CALL VIVID BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ONETOUCH ULTRA BLUE IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (300 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (300 strips per 30 days)
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
POCKETCHEM EZ TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
PRECISION PCX IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (300 strips per 30 days)
PRECISION PCX PLUS TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (300 strips per 30 days)
PRECISION POINT OF CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (300 strips per 30 days)
PRECISION QID TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (300 strips per 30 days)
PRECISION SOF-TACT TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (300 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (300 strips per 30 days)
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
RELION KETONE IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 3	
REVEAL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
SOLUS V2 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
SURE EDGE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ULTIMA TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ULTRATRAK PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ULTRATRAK ULTIMATE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
URISTIX 4 IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
URISTIX IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
VICTORY AGM-4000 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
WAVESENSE PRESTO IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION		
KIDS PROTEIN ORGANIC SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	NF	
ORGANIC NUTRITION SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	NF	
VITAL HP 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>)	NF	
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 3	PA; ST
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 3	PA; ST
<i>pancreaze oral capsule delayed release particles 2600 unit</i>	Tier 3	PA; ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 24000-86250 UNIT, 4000 UNIT, 8000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 3	PA; ST
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	Tier 4	SP Pharmacy
VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 3	PA; ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 10000-32000 UNIT, 15000-47000 UNIT, 15000-51000 UNIT, 20000-63000 UNIT, 20000-68000 UNIT, 25000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 40000-136000 UNIT, 5000 UNIT, 5000-24000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD		
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	Tier 3	QL (2 tablets per 1 day)
DIURETICS - DRUGS FOR THE HEART		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
ALDACTAZIDE ORAL TABLET 25-25 MG (<i>spironolactone-hctz</i>)	NF	
ALDACTAZIDE ORAL TABLET 50-50 MG (<i>spironolactone-hctz</i>)	Tier 3	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	NF	
<i>amiloride hcl oral tablet 5 mg</i>	Tier 1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
BUMEX ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>bumetanide</i>)	NF	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	NF	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DEMADEX ORAL TABLET 10 MG, 20 MG (<i>torseamide</i>)	NF	
DIAMOX SEQUELS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 500 MG (<i>acetazolamide</i>)	NF	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	Tier 3	
DYAZIDE ORAL CAPSULE 37.5-25 MG (<i>triamterene-hctz</i>)	NF	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	Tier 3	
EDECIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	NF	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	NF	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	NF	
MAXZIDE ORAL TABLET 75-50 MG (<i>triamterene-hctz</i>)	NF	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (<i>triamterene-hctz</i>)	NF	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>methyclothiazide oral tablet 5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
MICROZIDE ORAL CAPSULE 12.5 MG (<i>hydrochlorothiazide</i>)	NF	
NEPTAZANE ORAL TABLET 25 MG, 50 MG (<i>methazolamide</i>)	NF	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Tier 1	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>triamterene-hctz oral capsule 37.5-25 mg, 50-25 mg</i>	Tier 1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** - DRUGS FOR THE NERVOUS SYSTEM		
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	NF	
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTONEL ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG (<i>risedronate sodium</i>)	NF	
<i>alendronate sodium oral solution 70 mg/75ml</i>	NF	
<i>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg</i>	Tier 1	QL (8 tablets per 1 month)
<i>alendronate sodium oral tablet 70 mg</i>	Tier 1	QL (4 tablets per 1 month)
AELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	NF	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	NF	
BONIVA ORAL TABLET 150 MG (<i>ibandronate sodium</i>)	NF	
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	NF	
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	NF	SP Pharmacy
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	Tier 1	ST; QL (1 bottle per 1 fill)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
CARBAGLU ORAL TABLET 200 MG (<i>carglumic acid</i>)	Tier 4	PA; #; SP Pharmacy
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	Tier 4	PA; SP Pharmacy
CYSTADANE ORAL POWDER (<i>betaine</i>)	Tier 4	PA; SP Pharmacy
DDAVP NASAL SOLUTION 0.01 % (<i>desmopressin acetate spray</i>)	NF	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 % (<i>desmopressin ace refrigerated</i>)	NF	
<i>desmopressin ace rhinal tube nasal solution 0.01 %</i>	NF	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 1	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Tier 1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	QL (1 capsule per 1 day)
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	Tier 1	
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	NF	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	Tier 4	PA; ST; #; SP Pharmacy
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	NF	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	Tier 3	ST; QL (4 tablets per 1 month)
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	Tier 4	PA; SP Pharmacy; QL (14 capsules per 28 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	Tier 4	PA; ST; SP Pharmacy
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG (<i>somatropin</i>)	Tier 4	PA; ST; SP Pharmacy
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (<i>follitropin alfa</i>)	Tier 4	PA; SP Pharmacy
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (<i>follitropin alfa</i>)	Tier 4	PA; SP Pharmacy
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>follitropin alfa</i>)	Tier 4	PA; SP Pharmacy
HECTOROL ORAL CAPSULE 0.5 MCG, 1 MCG, 2.5 MCG (<i>doxercalciferol</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG (<i>somatropin</i>)	Tier 4	PA; ST; SP Pharmacy
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 1	PA; ST; QL (1 tablet per 1 month)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	Tier 4	PA; SP Pharmacy
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	Tier 4	PA; SP Pharmacy
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	Tier 4	PA; #; SP Pharmacy
KUVAN ORAL TABLET SOLUBLE 100 MG (<i>sapropterin dihydrochloride</i>)	Tier 4	PA; #; SP Pharmacy
<i>levocarnitine oral solution 1 gml/10ml</i>	Tier 1	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	Tier 4	PA; #; SP Pharmacy
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA; #; SP Pharmacy
MIACALCIN NASAL SOLUTION 200 UNIT/ACT (<i>calcitonin (salmon)</i>)	NF	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (<i>parathyroid hormone (recomb)</i>)	NF	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	Tier 4	PA; SP Pharmacy
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NF	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	Tier 3	PA; QL (1 tablet per 1 Day)
NOCTIVA NASAL EMULSION 0.83 MCG/0.1ML, 1.66 MCG/0.1ML (<i>desmopressin acetate</i>)	Tier 2	QL (1 bottle per 30 days); AL
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	Tier 4	PA; ST; SP Pharmacy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	Tier 4	PA; SP Pharmacy
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML (<i>somatropin</i>)	Tier 4	PA; ST; SP Pharmacy
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML (<i>somatropin</i>)	Tier 4	PA; ST; SP Pharmacy
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML (<i>somatropin</i>)	Tier 4	PA; ST; SP Pharmacy
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	PA; SP Pharmacy
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	Tier 4	PA; SP Pharmacy
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	Tier 4	PA; SP Pharmacy
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	Tier 4	PA; SP Pharmacy
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	Tier 4	PA; SP Pharmacy
ORLISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	Tier 4	PA; SP Pharmacy; QL (1 tablet/day per 730 lifetime days)
ORLISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	Tier 4	PA; SP Pharmacy; QL (2 tablets/day per 180 lifetime days)
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	Tier 3	PA; ST; QL (1 tablet per 1 day)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	Tier 4	PA; SP Pharmacy; QL (1 syringe per 1 day)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	QL (1 capsule per 1 day)
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	Tier 4	PA; SP Pharmacy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML (denosumab)	Tier 4	PA; ST; SP Pharmacy
raloxifene hcl oral tablet 60 mg	CE	N2 (Tier 1)
RAVICTI ORAL LIQUID 1.1 GM/ML (glycerol phenylbutyrate)	Tier 4	PA; ST; SP Pharmacy; QL (20 bottles per 30 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (calcifediol)	Tier 3	QL (1 capsule per 1 day)
risedronate sodium oral tablet 150 mg	Tier 1	ST; QL (1 tablet per 28 days)
risedronate sodium oral tablet 30 mg, 5 mg	Tier 1	ST; QL (1 tablet per 1 day)
risedronate sodium oral tablet 35 mg	Tier 1	ST; QL (4 tablets per 28 days)
risedronate sodium oral tablet delayed release 35 mg	Tier 1	ST; QL (4 tablets per 28 days)
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (calcitriol)	NF	
ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)	NF	
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED 8.8 MG (somatropin (non-refrigerated))	Tier 4	PA; ST; SP Pharmacy
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (somatropin (non-refrigerated))	Tier 4	PA; ST; SP Pharmacy
SAMSCA ORAL TABLET 15 MG (tolvaptan)	Tier 4	PA; #; SP Pharmacy; QL (1 tablet per 1 day)
SAMSCA ORAL TABLET 30 MG (tolvaptan)	Tier 4	PA; #; SP Pharmacy; QL (2 tablets per 1 day)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML (octreotide acetate)	NF	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (octreotide acetate)	NF	#
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (cinacalcet hcl)	Tier 3	PA; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	Tier 4	PA; ST; SP Pharmacy
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspertate</i>)	Tier 4	PA; SP Pharmacy; QL (2 ampules per 1 day)
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	Tier 4	PA; SP Pharmacy; QL (20 grams per 1 day)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 4	PA; SP Pharmacy; QL (40 tablets per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	Tier 4	PA; #; SP Pharmacy
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	Tier 4	PA; #; SP Pharmacy
STIMATE NASAL SOLUTION 1.5 MG/ML (<i>desmopressin acetate</i>)	Tier 3	PA; SP Pharmacy
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	Tier 4	PA; SP Pharmacy
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	Tier 4	PA; SP Pharmacy
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 injection per 1 month)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	Tier 4	PA; ST; SP Pharmacy
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>)	NF	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	Tier 4	PA; ST; SP Pharmacy
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>)	Tier 4	PA; ST; SP Pharmacy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESTROGENS - HORMONES		
ACTIVELLA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	NF	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	QL (1 tablet per 1 day)
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	Tier 3	
BIEST/PROGESTERONE TRANSDERMAL CREAM (<i>estradiol-estriol-progesterone</i>)	NF	
BIJUVA ORAL CAPSULE 1-100 MG (<i>estradiol- progesterone</i>)	NF	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	Tier 3	#; QL (1 box per 1 fill)
CLIMARA 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 (<i>estradiol</i>)	NF	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	Tier 3	QL (8 patches per 1 month)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (<i>estradiol valerate</i>)	NF	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	NF	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM (<i>estradiol</i>)	Tier 3	QL (1 packet per 1 day)
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	Tier 3	QL (52 grams per 30 days)
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>estradiol</i>)	NF	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	QL (8 patches per 1 month)
<i>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</i>	Tier 1	QL (4 patches per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	NF	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	Tier 3	QL (50 grams per 1 fill)
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	Tier 1	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	Tier 3	QL (2 bottles per 1 month)
<i>norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)</i>	Tier 1	
<i>jevantique lo oral tablet 0.5-2.5 mg-mcg</i>	Tier 1	
<i>norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)</i>	Tier 1	
<i>estradiol-norethindrone acet (Lopreeza Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)</i>	Tier 1	QL (1 tablet per 1 day)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (<i>esterified estrogens</i>)	Tier 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	Tier 3	#: QL (4 patches per 28 days)
<i>estradiol-norethindrone acet (Mimvey Lo Oral Tablet 0.5-0.1 Mg)</i>	Tier 1	QL (1 tablet per 1 day)
<i>estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)</i>	Tier 1	QL (1 tablet per 1 day)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (<i>estradiol-norgestimate</i>)	Tier 3	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	Tier 3	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	Tier 3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	Tier 3	
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 (<i>estradiol</i>)	NF	
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - HORMONES		
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	Tier 3	PA; ST; QL (1 tablet per 1 day)
*FARNESOID X RECEPTOR (FXR) AGONISTS*** - DRUGS FOR THE LIVER		
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	NF	
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
AVELOX ORAL TABLET 400 MG (<i>moxifloxacin hcl</i>)	NF	
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	NF	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	NF	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NF	
CIPRO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>ciprofloxacin-ciproflox hcl</i>)	NF	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	Tier 1	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>	Tier 1	
FACTIVE ORAL TABLET 320 MG (<i>gemifloxacin mesylate</i>)	Tier 3	#

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEVAQUIN ORAL TABLET 250 MG, 500 MG, 750 MG (<i>levofloxacin</i>)	NF	
<i>levofloxacin oral solution 25 mg/ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg</i>	Tier 1	QL (28 tablets per 1 fill)
<i>ofloxacin oral tablet 400 mg</i>	Tier 1	
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
ACTIGALL ORAL CAPSULE 300 MG (<i>ursodiol</i>)	NF	
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Tier 1	ST
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	Tier 3	ST; QL (2 capsules per 1 day)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	Tier 2	#; QL (4 capsules per 1 day)
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG (<i>mesalamine</i>)	NF	
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (<i>ferric citrate</i>)	NF	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	NF	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	NF	
<i>balsalazide disodium oral capsule 750 mg</i>	Tier 1	QL (9 capsules per 1 day)
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Tier 1	
<i>calcium acetate oral capsule 667 mg</i>	Tier 1	
CALPHRON ORAL TABLET 667 MG (<i>calcium acetate (phos binder)</i>)	Tier 1	
CANASA RECTAL SUPPOSITORY 1000 MG (<i>mesalamine</i>)	Tier 3	ST; QL (1 suppository per 1 day)
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	Tier 4	PA; SP Pharmacy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 kit per 1 year)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	NF	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Tier 1	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (<i>mesalamine</i>)	NF	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	Tier 3	ST; QL (4 capsules per 1 day)
<i>enulose oral solution 10 gm/15ml</i>	Tier 1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	Tier 3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	NF	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (<i>cromolyn sodium</i>)	NF	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide rdna</i>)	Tier 4	PA; SP Pharmacy; QL (1 box per 30 fillss)
<i>generlac oral solution 10 gm/15ml</i>	Tier 1	
GIAZO ORAL TABLET 1.1 GM (<i>balsalazide disodium</i>)	Tier 3	ST; #; QL (6 tablets per 1 day)
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Tier 1	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Tier 1	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	NF	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG (<i>linaclotide</i>)	Tier 3	ST; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LINZESS ORAL CAPSULE 72 MCG (<i>linaclotide</i>)	Tier 3	ST
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	NF	
<i>mesalamine oral capsule delayed release 400 mg</i>	Tier 1	QL (12 capsules per 1 Day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Tier 1	QL (4 tablets per 1 Day)
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>mesalamine rectal suppository 1000 mg</i>	Tier 1	QL (1 suppository per 1 day)
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>metoclopramide hcl oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	NF	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	Tier 3	ST; QL (16 capsules per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (<i>mesalamine</i>)	Tier 3	ST; QL (8 capsules per 1 day)
PHOSLO ORAL CAPSULE 667 MG (<i>calcium acetate (phos binder)</i>)	NF	
PHOSLYRA ORAL SOLUTION 667 MG/5ML (<i>calcium acetate (phos binder)</i>)	Tier 3	
REGLAN ORAL TABLET 10 MG, 5 MG (<i>metoclopramide hcl</i>)	NF	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	NF	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	Tier 3	PA; QL (0.6 milliliters per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	Tier 3	PA; QL (0.4 milliliters per 1 day)
RENAGEL ORAL TABLET 400 MG (<i>sevelamer hcl</i>)	Tier 3	#
RENAGEL ORAL TABLET 800 MG (<i>sevelamer hcl</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REVELA ORAL PACKET 0.8 GM, 2.4 GM (<i>sevelamer carbonate</i>)	NF	
REVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	Tier 3	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	NF	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>sulfasalazine</i> (Sulfazine Oral Tablet 500 Mg)	Tier 1	QL (8 tabs per 1 day)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	NF	
URSO 250 ORAL TABLET 250 MG (<i>ursodiol</i>)	NF	
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	NF	
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	Tier 3	#
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>sodium chloride (gu irrigant)</i> (Argyle Sterile Saline Irrigation Solution 0.9 %)	Tier 1	
AVODART ORAL CAPSULE 0.5 MG (<i>dutasteride</i>)	NF	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	Tier 3	QL (1 tablet per 1 day)
<i>sodium chloride (gu irrigant)</i> (Curity Sterile Saline Irrigation Solution 0.9 %)	Tier 1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	Tier 4	PA; SP Pharmacy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	ST; QL (1 capsule per 1 day)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	NF	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	Tier 3	QL (3 capsules per 1 day)
<i>finasteride oral tablet 5 mg</i>	Tier 1	
FLOMAX ORAL CAPSULE 0.4 MG (<i>tamsulosin hcl</i>)	NF	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	NF	
K-PHOS NO 2 ORAL TABLET 305-700 MG (<i>pot & sod ac phosphates</i>)	Tier 3	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	Tier 3	
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	Tier 1	
ORACIT ORAL SOLUTION 490-640 MG/5ML (<i>sod citrate-citric acid</i>)	Tier 3	
<i>phenazopyridine hcl</i> (Phenazo Oral Tablet 200 Mg)	Tier 1	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Tier 1	
<i>potassium citrate-citric acid oral packet 3300-1002 mg</i>	Tier 1	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	Tier 1	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	NF	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	Tier 3	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	Tier 3	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gml/100ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1	
<i>potassium citrate-citric acid (Taron-Crystals Oral Packet 3300-1002 Mg)</i>	Tier 1	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	Tier 4	PA; SP Pharmacy
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	Tier 4	PA; ST; SP Pharmacy
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	Tier 1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>)	NF	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (<i>potassium citrate</i>)	NF	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (<i>potassium citrate</i>)	NF	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	NF	
<i>virtrate-2 oral solution 500-334 mg/5ml</i>	Tier 1	
<i>virtrate-3 oral solution 550-500-334 mg/5ml</i>	Tier 1	
<i>virtrate-k oral solution 1100-334 mg/5ml</i>	Tier 1	
*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML (<i>vancomycin hcl</i>)	Tier 3	
VANCOGIN HCL ORAL CAPSULE 125 MG, 250 MG (<i>vancomycin hcl</i>)	NF	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Tier 1	
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>colchicine oral capsule 0.6 mg</i>	NF	
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	
COLCRYS ORAL TABLET 0.6 MG (<i>colchicine</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG (<i>lesinurad-allopurinol</i>)	NF	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	NF	
<i>probenecid oral tablet 500 mg</i>	Tier 1	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	NF	#
ZURAMPIC ORAL TABLET 200 MG (<i>lesinurad</i>)	NF	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG (<i>allopurinol</i>)	NF	
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA; SP Pharmacy
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	NF	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	NF	
AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG (<i>aspirin-dipyridamole</i>)	NF	
AGRYLIN ORAL CAPSULE 0.5 MG (<i>anagrelide hcl</i>)	NF	
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	NF	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	Tier 4	PA; SP Pharmacy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	NF	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Tier 1	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 1	
<i>aspirin-omeprazole oral tablet delayed release 325-40 mg, 81-40 mg</i>	NF	
BEBULIN INTRAVENOUS SOLUTION RECONSTITUTED 200-1200 UNIT (<i>factor ix complex</i>)	NF	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NF	
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	Tier 3	QL (2 tablets per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NF	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 1	QL (1 tablet per 1 fill)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	QL (1 tablet per 1 day)
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	NF	
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	NF	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG (<i>aspirin</i>)	NF	
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihemophilic factor rfviiiifc</i>)	NF	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED (<i>antiinhibitor coagulant emplx</i>)	NF	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	NF	
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML (<i>icatibant acetate</i>)	NF	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	Tier 4	PA; ST; QL (16 kits per 1 month)
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	Tier 4	PA; SP Pharmacy
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NF	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	NF	
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	Tier 4	PA; NPL; SP Pharmacy; QL (6 syringes per 1 month)
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	NF	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NF	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemoph fact rcmb peg-aucl</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	NF	
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (<i>prothrombin complex conc human</i>)	NF	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NF	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NF	
KOGENATE FS BIO-SET INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	Tier 4	PA; SP Pharmacy
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	Tier 4	PA; SP Pharmacy
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	NF	
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT, 1500 UNIT (<i>antihemophilic factor</i>)	NF	
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>coagulation factor ix</i>)	NF	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	NF	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	NF	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil fact (bdd-rfviii)</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophilic factor (bdd-rfviii)</i>)	NF	
<i>obizur intravenous solution reconstituted 500 unit</i>	NF	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 1	
PLAVIX ORAL TABLET 300 MG, 75 MG (<i>clopidogrel bisulfate</i>)	NF	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA; QL (1 tablet per 1 Day)
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	NF	
PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	NF	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	NF	
RECOMBIMATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihemophilic factor (recomb)</i>)	NF	
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	NF	
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	NF	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	NF	
<i>ticlopidine hcl oral tablet 250 mg</i>	Tier 1	
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT (<i>coagulation factor xiii a-sub</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	NF	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	Tier 4	PA; SP Pharmacy
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor rahf-paf</i>)	NF	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor rahf-paf</i>)	NF	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	NF	
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	Tier 4	PA; SP Pharmacy
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	Tier 4	PA; SP Pharmacy
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	Tier 4	PA; SP Pharmacy; QL (2 capsules per 1 day)
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 1	
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	Tier 4	PA; SP Pharmacy; QL (3 /day for 5 days per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	Tier 3	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	Tier 4	PA; SP Pharmacy
<i>folic acid oral capsule 0.8 mg, 20 mg, 5 mg</i>	CE	N2 (NF)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	CE	N2 (NF)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	Tier 4	PA; SP Pharmacy
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>)	NF	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	NF	
HEMOCYTE-F ORAL ELIXIR (<i>iron combinations</i>)	NF	
<i>miglustat oral capsule 100 mg</i>	Tier 4	PA; ST; SP Pharmacy; QL (3 capsules per 1 Day)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	Tier 4	PA; SP Pharmacy
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (<i>plerixafor</i>)	Tier 4	PA; SP Pharmacy
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	Tier 4	PA; SP Pharmacy; QL (1 /day for 7 days per 30 days)
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	NF	
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	Tier 4	PA; SP Pharmacy
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	Tier 4	PA; SP Pharmacy
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	Tier 4	PA; ST; SP Pharmacy
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	Tier 4	PA; ST; SP Pharmacy
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	Tier 4	PA; NPL; SP Pharmacy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	Tier 4	PA; SP Pharmacy
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (<i>romiplostim</i>)	Tier 4	PA; SP Pharmacy
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	Tier 4	PA; SP Pharmacy
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	Tier 4	PA; SP Pharmacy; QL (1 packet per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	Tier 4	PA; SP Pharmacy; QL (1 tablet per 1 day)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	Tier 4	PA; SP Pharmacy
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	Tier 3	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	Tier 4	PA; NPL; SP Pharmacy
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	Tier 4	PA; SP Pharmacy
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	Tier 4	PA; ST; SP Pharmacy; QL (3 capsules per 1 day)
HEMOSTATICS - DRUGS FOR THE BLOOD		
AMICAR ORAL SOLUTION 0.25 GM/ML (<i>aminocaproic acid</i>)	NF	
AMICAR ORAL TABLET 1000 MG (<i>aminocaproic acid</i>)	Tier 2	
AMICAR ORAL TABLET 500 MG (<i>aminocaproic acid</i>)	NF	
<i>aminocaproic acid oral solution 0.25 g/ml</i>	NF	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	Tier 1	
EVITHROM EXTERNAL SOLUTION 800-1200 UNIT/ML (<i>thrombin (human)</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYSTEDA ORAL TABLET 650 MG (<i>tranexamic acid</i>)	NF	
<i>monsels ferric subsulfate external solution</i>	NF	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	QL (30 tablets per 1 fill)
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS		
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	Tier 4	PA; NPL; SP Pharmacy; QL (1 tablet per 1 day)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	Tier 4	PA; NPL; SP Pharmacy
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	Tier 4	PA; ST; SP Pharmacy; QL (3 tablets per 1 Day)
TECHNIVIE ORAL TABLET 12.5-75-50 MG (<i>ombitasvir-paritaprev-ritonavir</i>)	Tier 4	PA; ST; SP Pharmacy; QL (2 tablets per 1 day)
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG (<i>ombitas-paritapre-ritona-dasab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 Pak per 28 days)
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200-8.33-50- 33.33 MG (<i>ombitas-paritapre-ritona-dasab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (3 tablets per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	Tier 4	PA; SP Pharmacy; QL (1 tablet per 1 Day)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	Tier 4	PA; SP Pharmacy; QL (1 tablet per 1 day)
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS THAT ALTER METABOLISM		
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	Tier 4	PA; SP Pharmacy; QL (4 packets per 1 day)
HYPNOTICS - DRUGS FOR THE NERVOUS SYSTEM		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (<i>zolpidem tartrate</i>)	NF	
AMBIEN ORAL TABLET 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NF	
BUTISOL SODIUM ORAL TABLET 30 MG (<i>butabarbital sodium</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DORAL ORAL TABLET 15 MG (<i>quazepam</i>)	NF	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NF	
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	Tier 1	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	NF	
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	Tier 4	PA; SP Pharmacy; QL (1 capsule per 1 day)
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG, 3.5 MG (<i>zolpidem tartrate</i>)	NF	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	NF	
<i>midazolam hcl oral syrup 2 mg/ml</i>	Tier 1	
MIDAZOLAM+SYRSPEND SF PH4 ORAL SUSPENSION 1 MG/ML (<i>midazolam</i>)	NF	
<i>phenobarbital oral elixir 20 mg/5ml</i>	Tier 1	
<i>phenobarbital oral solution 20 mg/5ml</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i>	Tier 1	
<i>ramelteon oral tablet 8 mg</i>	NF	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	NF	
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	NF	#
SECONAL ORAL CAPSULE 100 MG (<i>secobarbital sodium</i>)	Tier 3	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	Tier 3	ST; #; QL (1 tablet per 1 day)
SONATA ORAL CAPSULE 10 MG, 5 MG (<i>zaleplon</i>)	NF	
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	Tier 1	PA; ST; QL (1 tablet per 1 day)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NF	
ZOLPIMIST ORAL SOLUTION 5 MG/ACT (<i>zolpidem tartrate</i>)	NF	#
*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR METABOLIC DISEASE		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	NF	
*IBS AGENT - 5-HT4 RECEPTOR PARTIAL AGONISTS*** - DRUGS FOR THE STOMACH		
ZELNORM ORAL TABLET 6 MG (<i>tegaserod maleate</i>)	NF	
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	NF	
*IN VITRO/LOCK ANTICOAGULANTS*** - DRUGS FOR THE BLOOD		
ANTICOAGULANT COMPOUND IN VITRO SOLUTION (<i>anticoag cit phos dex soln</i>)	Tier 3	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (<i>anticoagulant sodium citrate</i>)	Tier 3	
*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - HORMONES		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	NF	
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR THE LUNGS		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	NF	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	NF	
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER		
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	CE	N2 (NF)
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER		
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	CE	N2 (NF)
LAXATIVES - DRUGS FOR THE STOMACH		
ALOPHEN ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	CE	N2 (NF); AL
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	CE	N2 (NF); AL
<i>bisacodyl powder</i>	CE	N2 (NF); AL
<i>bisacodyl rectal suppository 10 mg</i>	CE	N2 (NF); AL
<i>citrate of magnesia oral solution , 1.745 gm/30ml</i>	CE	N2 (NF); AL
CITROMA ORAL SOLUTION 1.745 GM/30ML (<i>magnesium citrate</i>)	CE	N2 (NF); AL
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (<i>sod picosulfate-mag ox-cit acd</i>)	CE	N2 (Tier 3); AL
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	CE	N2 (Tier 3); AL
<i>constulose oral solution 10 gm/15ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORRECTOL ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	CE	N2 (NF); AL
DULCOLAX BOWEL PREP KIT COMBINATION KIT (<i>bisacodyl</i>)	CE	N2 (NF); AL
DULCOLAX ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	CE	N2 (NF); AL
DULCOLAX RECTAL SUPPOSITORY 10 MG (<i>bisacodyl</i>)	CE	N2 (NF); AL
FLEET BISACODYL RECTAL ENEMA 10 MG/30ML (<i>bisacodyl</i>)	CE	N2 (NF); AL
FLEET ENEMA RECTAL ENEMA 7-19 GM/118ML (<i>sodium phosphates</i>)	CE	N2 (NF); AL
FLEET LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	CE	N2 (NF); AL
FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML (<i>sodium phosphates</i>)	CE	N2 (NF); AL
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-C Oral Solution Reconstituted 240 Gm)	CE	N2 (Tier 1); AL
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	CE	N2 (Tier 1); AL
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Gavilyte-H Oral Kit 5-210 Mg-Gm)	CE	N2 (Tier 1); AL
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	CE	N2 (Tier 1); AL
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM, 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	CE	N2 (Tier 3); AL
KRISTALOSE ORAL PACKET 10 GM, 20 GM (<i>lactulose</i>)	Tier 3	QL (60 packets per 30 days)
<i>lactulose oral packet 10 gm</i>	Tier 1	QL (2 packets per 1 day)
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	Tier 1	
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	CE	N2 (NF); AL
MIRALAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	CE	N2 (NF); AL
MIRALAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	CE	N2 (NF); AL

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	#; N2 (Tier 3); AL
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM (<i>peg 3350-kcl-na bicarb-nacl</i>)	CE	N2 (Tier 3); AL
OSMOPREP ORAL TABLET 1.102-0.398 GM (<i>sod phos mono-sod phos dibasic</i>)	CE	#; N2 (Tier 3); AL
PCP 100 COMBINATION KIT (<i>mgcit-bisacod-pet-peg-metoclop</i>)	CE	N2 (Tier 3); AL
<i>peg 3350 oral packet</i>	CE	N2 (NF); AL
<i>peg 3350 oral powder</i>	CE	N2 (NF); AL
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	CE	N2 (Tier 1); AL
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	CE	N2 (Tier 1); AL
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	CE	N2 (Tier 1); AL
<i>bisacodyl-peg-kcl-nabicar-nacl (Peg-Prep Oral Kit 5-210 Mg-Gm)</i>	CE	N2 (Tier 1); AL
<i>phosphate laxative oral solution 0.9-2.4 gm/5ml</i>	CE	N2 (NF); AL
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	N2 (Tier 3); AL
<i>polyethylene glycol 3350 oral packet</i>	CE	N2 (NF); AL
<i>polyethylene glycol 3350 oral powder</i>	CE	N2 (NF); AL
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM (<i>sod picosulfate-mag ox-cit acid</i>)	CE	#; N2 (Tier 3); AL
<i>saline laxative oral solution 0.9-2.4 gm/5ml</i>	CE	N2 (NF); AL
SMOOTH LAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	CE	N2 (NF); AL
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	CE	N2 (Tier 3); AL
<i>peg 3350-kcl-na bicarb-nacl (Trilyte Oral Solution Reconstituted 420 Gm)</i>	CE	N2 (Tier 1); AL
*LEPTIN ANALOGUES*** - HORMONES		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	Tier 4	PA; SP Pharmacy; QL (15 vials per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*LHRH/GNRH AGONIST ANALOG COMBINATIONS*** - HORMONES		
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG (<i>leuprolide & norethindrone</i>)	Tier 4	PA; SP Pharmacy
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - DRUGS FOR THE EYE		
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	Tier 3	
MACROLIDES - DRUGS FOR INFECTIONS		
<i>azithromycin oral packet 1 gm</i>	Tier 1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
BIAXIN ORAL TABLET 250 MG, 500 MG (<i>clarithromycin</i>)	NF	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	Tier 1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	Tier 3	PA; ST; QL (20 tablets per 1 fill)
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	Tier 3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	Tier 3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	Tier 3	
<i>erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)</i>	Tier 1	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	NF	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 1	
<i>erythromycin stearate oral tablet 250 mg</i>	Tier 1	
PCE ORAL TABLET DELAYED RELEASE 333 MG, 500 MG (<i>erythromycin base coated</i>)	Tier 3	
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	NF	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	NF	
ZITHROMAX ORAL TABLET 250 MG, 500 MG, 600 MG (<i>azithromycin</i>)	NF	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	NF	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	NF	
ZMAX ORAL SUSPENSION RECONSTITUTED 2 GM (<i>azithromycin</i>)	Tier 3	
MEDICAL DEVICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	Tier 3	
<i>1st tier unifine pentips plus 31g x 8 mm</i>	Tier 3	
<i>1st tier unilet comfortouch</i>	Tier 3	
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	Tier 3	
ACCU-CHEK MULTICLIX LANCETS (<i>lancets</i>)	Tier 3	
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	Tier 3	
ACCU-CHEK SOFT TOUCH LANCETS (<i>lancets</i>)	Tier 3	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	Tier 3	QL (1 kit per 1 year)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acti-lance 28g</i>	Tier 3	
<i>acti-lance lite lancets 28g</i>	Tier 3	
<i>acti-lance special lancets 17g</i>	Tier 3	
<i>acti-lance universal 23g</i>	Tier 3	
<i>adjustable lancing device</i>	Tier 1	
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
ADVOCATE LANCETS (<i>lancets</i>)	Tier 3	
ADVOCATE RAPID-SAFE LANCING (<i>lancet devices</i>)	Tier 3	
ADVOCATE SAFETY LANCETS (<i>lancets</i>)	Tier 3	
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	Tier 3	
<i>alcohol swabs pad</i>	Tier 1	
<i>alternate site lancing device</i>	Tier 1	
<i>anti-stick insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	Tier 1	
<i>assure comfort lancets 28g</i>	Tier 3	
<i>assure comfort lancets 30g</i>	Tier 3	
ASSURE HAEMOLANCE PLUS HIGH (<i>lancets</i>)	Tier 3	
ASSURE HAEMOLANCE PLUS LOW (<i>lancets</i>)	Tier 3	
ASSURE HAEMOLANCE PLUS MICRO (<i>lancets</i>)	Tier 3	
ASSURE HAEMOLANCE PLUS NORMAL (<i>lancets</i>)	Tier 3	
ASSURE HAEMOLANCE PLUS PED (<i>lancets</i>)	Tier 3	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
ASSURE LANCE LANCETS (<i>lancets</i>)	Tier 3	
ASSURE LANCETS (<i>lancets</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aurora lancet super thin 30g</i>	Tier 3	
<i>aurora lancet thin 23g</i>	Tier 3	
<i>aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	Tier 3	
<i>aurora unifine pentips 31g x 5 mm , 32g x 4 mm</i>	Tier 3	
BAYER MICROLET LANCETS (<i>lancets</i>)	Tier 3	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM (<i>insulin pen needle</i>)	Tier 2	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27G X 1/2" 1 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	
BD INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	Tier 2	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 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" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	
BD INTEGRA NEEDLE 25G X 5/8" (<i>needle (disp)</i>)	NF	
BD LANCET ULTRAFINE 30G (<i>lancets</i>)	Tier 2	
BD LANCET ULTRAFINE 33G (<i>lancets</i>)	Tier 2	
BD MICROTAINER LANCETS (<i>lancets</i>)	Tier 2	
BD PEN NEEDLE MINI U/F 31G X 5 MM (<i>insulin pen needle</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD PEN NEEDLE NANO U/F 32G X 4 MM (<i>insulin pen needle</i>)	Tier 2	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (<i>insulin pen needle</i>)	Tier 2	
BD PEN NEEDLE SHORT U/F 31G X 8 MM (<i>insulin pen needle</i>)	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	
<i>bullseye mini safety lancets</i>	Tier 3	
CAREFINE PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	Tier 3	
<i>careone lancet thin 23g</i>	Tier 3	
<i>careone lancet ultra thin 28g</i>	Tier 3	
<i>careone unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	Tier 3	
CLEVER CHEK LANCETS (<i>lancets</i>)	Tier 3	
<i>clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>	Tier 3	
<i>comfort assured lancets 28g</i>	Tier 3	
<i>comfort assured lancets 33g</i>	Tier 3	
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
<i>comfort lancets</i>	Tier 3	
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>easy comfort insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	Tier 3	
<i>easy comfort lancets</i>	Tier 3	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
EASY TOUCH INSULIN SYRINGE 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" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
EASY TOUCH LANCETS 21G (<i>lancets</i>)	Tier 3	
EASY TOUCH LANCETS 23G (<i>lancets</i>)	Tier 3	
EASY TOUCH LANCETS 26G (<i>lancets</i>)	Tier 3	
EASY TOUCH LANCETS 28G (<i>lancets</i>)	Tier 3	
EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>)	Tier 3	
EASY TOUCH LANCETS 30G (<i>lancets</i>)	Tier 3	
EASY TOUCH LANCETS 30G/TWIST (<i>lancets</i>)	Tier 3	
EASY TOUCH LANCETS 32G (<i>lancets</i>)	Tier 3	
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	Tier 3	
EASY TOUCH LANCETS 33G/TWIST (<i>lancets</i>)	Tier 3	
EASY TOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 5 MM , 32G X 6 MM (<i>insulin pen needle</i>)	Tier 3	
EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>)	Tier 3	
EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>)	Tier 3	
EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>)	Tier 3	
EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	Tier 3	
EASY TWIST & CAP LANCETS (<i>lancets</i>)	Tier 3	

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<i>elite-thin insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 0.5 ml, 29g x 5/16" 1 ml</i>	Tier 3	
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
E-Z JECT LANCET MICRO-THIN 33G (<i>lancets</i>)	Tier 3	
E-Z JECT LANCET SUPER THIN 30G (<i>lancets</i>)	Tier 3	
E-Z JECT LANCETS (<i>lancets</i>)	Tier 3	
E-Z JECT LANCETS 21G (<i>lancets</i>)	Tier 3	
E-Z JECT LANCETS THIN 26G (<i>lancets</i>)	Tier 3	
EZ SMART BLOOD GLUCOSE LANCETS (<i>lancets</i>)	Tier 3	
FC FEMALE CONDOM (<i>condoms - female</i>)	CE	N2 (NF)
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	N2 (NF)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	N2 (Tier 3)
FIFTY50 PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	Tier 3	
FIFTY50 SAFETY SEAL LANCETS (<i>lancets</i>)	Tier 3	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
FINE 30 (<i>lancets</i>)	Tier 3	
FINGERSTIX LANCETS (<i>lancets</i>)	Tier 3	
FORA LANCETS (<i>lancets</i>)	Tier 3	
FREESTYLE LANCETS (<i>lancets</i>)	Tier 2	
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	Tier 2	
<i>global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm</i>	Tier 3	

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<i>global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 3	
<i>global inject ease lancets 28g</i>	Tier 3	
<i>global inject ease lancets 30g</i>	Tier 3	
GLUCOCOM LANCETS 28G (<i>lancets</i>)	Tier 3	
GLUCOCOM LANCETS 30G (<i>lancets</i>)	Tier 3	
GLUCOCOM LANCETS 33G (<i>lancets</i>)	Tier 3	
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
HAEMOLANCE (<i>lancets</i>)	Tier 3	
HAEMOLANCE LOW FLOW LANCETS (<i>lancets</i>)	Tier 3	
HAEMOLANCE PLUS (<i>lancets</i>)	Tier 3	
HAEMOLANCE PLUS HIGH FLOW (<i>lancets</i>)	Tier 3	
HAEMOLANCE PLUS LOW FLOW (<i>lancets</i>)	Tier 3	
HAEMOLANCE PLUS MAX FLOW (<i>lancets</i>)	Tier 3	
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>lancets</i>)	Tier 3	
<i>healthwise mini pen needles 31g x 6 mm</i>	Tier 3	
<i>healthwise pen needles 29g x 12mm</i>	Tier 3	
<i>healthwise short pen needles 31g x 8 mm</i>	Tier 3	
<i>healthwise unifine pentips 32g x 4 mm</i>	Tier 3	
<i>healthy accents unifine pentip 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	Tier 3	
<i>healthy accents unilet lancets</i>	Tier 3	
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	

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<i>insulin syringe 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" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 1	
<i>insulin syringeneedle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>	Tier 1	
<i>insulin syringe-needle u-100 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml</i>	Tier 1	
<i>insupen pen needles 32g x 4 mm</i>	Tier 3	
INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
INSUPEN ULTRAFIN 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
<i>kinney lancets</i>	Tier 3	
<i>kinney thin lancets</i>	Tier 3	
<i>kinray insulin syringe 29g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 3	
<i>lancet device</i>	Tier 1	
<i>lancet transporter case</i>	Tier 1	
<i>lancets</i>	Tier 1	
<i>lancets 28g</i>	Tier 1	
<i>lancets 30g</i>	Tier 1	
<i>lancets thin</i>	Tier 1	
LANCETS ULTRA FINE (<i>lancets</i>)	Tier 3	
LANCETS ULTRA THIN (<i>lancets</i>)	Tier 3	
<i>lancets ultra thin 30g</i>	Tier 3	
<i>lancing device</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>leader insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 3	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM (<i>insulin pen needle</i>)	Tier 3	
<i>lite touch lancets</i>	Tier 3	
LITE TOUCH PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	Tier 3	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
<i>live better lancet super thin</i>	Tier 3	
<i>live better lancet ultra thin</i>	Tier 3	
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>	Tier 3	
<i>longs lancets standard</i>	Tier 3	
<i>longs lancets thin</i>	Tier 3	
<i>longs lancets ultra thin</i>	Tier 3	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
MEDISENSE THIN LANCETS (<i>lancets</i>)	Tier 2	
MEDLANCE EXTRA 21G (<i>lancets</i>)	Tier 3	
MEDLANCE LITE 25G (<i>lancets</i>)	Tier 3	
MEDLANCE PLUS EXTRA 21G (<i>lancets</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDLANCE PLUS LANCETS (<i>lancets</i>)	Tier 3	
MEDLANCE PLUS LITE 25G (<i>lancets</i>)	Tier 3	
MEDLANCE PLUS SUPERLITE 30G (<i>lancets</i>)	Tier 3	
MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>)	Tier 3	
MEDLANCE UNIVERSAL 21G (<i>lancets</i>)	Tier 3	
MICROLET LANCETS (<i>lancets</i>)	Tier 3	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
MONOJECT INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	Tier 3	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
MONOLET LANCETS (<i>lancets</i>)	Tier 3	
<i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 3	
<i>multi-lancet device</i>	Tier 1	
MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>)	Tier 3	
NOVA SAFETY LANCETS 23G (<i>lancets</i>)	Tier 3	
NOVA SAFETY LANCETS 28G (<i>lancets</i>)	Tier 3	
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Tier 3	
NOVOFINE 30G X 8 MM , 32G X 6 MM (<i>insulin pen needle</i>)	Tier 3	
NOVOFINE AUTOCOVER 30G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
NOVOTWIST 32G X 5 MM (<i>insulin pen needle</i>)	Tier 3	
ON CALL LANCETS (<i>lancets</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL PLUS LANCETS (<i>lancets</i>)	Tier 3	
ONETOUCH CLUB LANCETS FINE PT (<i>lancets</i>)	Tier 3	
ONETOUCH DELICA LANCETS 33G (<i>lancets</i>)	Tier 3	
ONETOUCH DELICA LANCETS FINE (<i>lancets</i>)	Tier 3	
ONETOUCH DELICA LANCING DEV (<i>lancet devices</i>)	Tier 3	
ONETOUCH FINEPOINT LANCETS (<i>lancets</i>)	Tier 3	
ONETOUCH LANCETS (<i>lancets</i>)	Tier 3	
ONETOUCH SURESOFT LANCING DEV (<i>lancets misc.</i>)	Tier 3	
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	Tier 3	
<i>pen needles 1/2" 29g x 12mm</i>	Tier 1	
<i>pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	Tier 1	
<i>pen needles 3/16" 31g x 5 mm</i>	Tier 1	
<i>pen needles 5/16" 30g x 8 mm , 31g x 8 mm</i>	Tier 1	
PHARMACIST CHOICE LANCETS (<i>lancets</i>)	Tier 3	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 3/8" 0.5 ML, 30G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
PRECISION THIN LANCETS (<i>lancets</i>)	Tier 3	
PRECISION ULTRA LANCET (<i>lancets</i>)	Tier 3	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	Tier 3	
<i>preferred plus lancets colored</i>	Tier 3	
<i>preferred plus lancets thin</i>	Tier 3	
<i>preferred plus unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
PRODIGY LANCETS 28G (<i>lancets</i>)	Tier 3	
PRODIGY TWIST TOP LANCETS 28G (<i>lancets</i>)	Tier 3	
<i>reality insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	Tier 3	
RELI-ON INSULIN SYRINGE 29G 0.3 ML, 29G 0.5 ML, 29G X 1/2" 1 ML, 30G 0.3 ML, 30G 0.5 ML, 30G 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
RELION INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
RELION LANCETS STANDARD 21G (<i>lancets</i>)	Tier 3	
RELION LANCETS THIN 26G (<i>lancets</i>)	Tier 3	
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	Tier 3	
RELION MINI PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	Tier 3	
RELION PEN NEEDLES 29G X 12MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	Tier 3	
RELION SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	Tier 3	
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	Tier 3	
RIGHTEST GL300 LANCETS (<i>lancets</i>)	Tier 3	
SAFESNAP INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
<i>safety lancet 21g/pressure act</i>	Tier 1	
<i>safety lancet 28g/pressure act</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFETY LANCETS (<i>lancets</i>)	Tier 3	
SAFETY LANCETS 21G (<i>lancets</i>)	Tier 3	
<i>safety lancets 28g</i>	Tier 1	
SAFETY LET LANCETS (<i>lancets</i>)	Tier 3	
SAFETY SEAL LANCETS (<i>lancets</i>)	Tier 3	
SAFETY-GLIDE SYRINGE 29G X 1/2" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	
SHOPKO UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	Tier 3	
SHOPKO UNILET LANCETS 28G (<i>lancets</i>)	Tier 3	
SHOPKO UNILET LANCETS 30G (<i>lancets</i>)	Tier 3	
SINGLE-LET (<i>lancets</i>)	Tier 3	
SMART SENSE COLOR LANCETS 33G (<i>lancets</i>)	Tier 3	
SMART SENSE STANDARD LANCETS (<i>lancets</i>)	Tier 3	
SMART SENSE SUPER THIN LANCETS (<i>lancets</i>)	Tier 3	
SMART SENSE THIN LANCETS 26G (<i>lancets</i>)	Tier 3	
SMARTTEST LANCETS 28G (<i>lancets</i>)	Tier 3	
SOLUS V2 LANCETS 28G (<i>lancets</i>)	Tier 3	
SOLUS V2 TWIST LANCETS 30G (<i>lancets</i>)	Tier 3	
STERILANCE PA (<i>lancets misc.</i>)	Tier 3	
STERILANCE TL (<i>lancets</i>)	Tier 3	
<i>super thin lancets</i>	Tier 3	
<i>sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 3	
<i>sure comfort lancets 28g</i>	Tier 3	
<i>sure comfort lancets 30g</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sure comfort pen needles 29g x 12.7mm , 31g x 5 mm , 31g x 8 mm</i>	Tier 3	
SURE-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
SURE-JECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
SURE-LANCE FLAT LANCETS (<i>lancets</i>)	Tier 3	
SURE-LANCE THIN LANCETS 28G (<i>lancets</i>)	Tier 3	
SURE-LANCE ULTRA THIN LANCETS (<i>lancets</i>)	Tier 3	
SURE-TOUCH LANCETS UNIVERSAL (<i>lancets</i>)	Tier 3	
TECHLITE AST LANCETS (<i>lancets</i>)	Tier 3	
TECHLITE LANCETS (<i>lancets</i>)	Tier 3	
TECHLITE LANCETS 30G (<i>lancets</i>)	Tier 3	
THINLETS LANCET (<i>lancets</i>)	Tier 3	
<i>topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>	Tier 3	
<i>topcare ultra comfort ins syr 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 3	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
TRUEPLUS LANCETS 28G (<i>lancets</i>)	Tier 3	
TRUEPLUS LANCETS 30G (<i>lancets</i>)	Tier 3	
TRUEPLUS LANCETS 33G (<i>lancets</i>)	Tier 3	
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
ULTICARE MICRO PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	Tier 3	
ULTICARE MINI PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	Tier 3	
ULTICARE PEN NEEDLES 29G X 12.7MM , 29G X 12MM (<i>insulin pen needle</i>)	Tier 3	
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
ULTILET CLASSIC LANCETS (<i>lancets</i>)	Tier 3	
ULTILET LANCETS (<i>lancets</i>)	Tier 3	
ULTILET SAFETY LANCETS 23G (<i>lancets</i>)	Tier 3	
<i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>	Tier 3	
<i>ultra-comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 3	
ULTRALANCE (<i>lancets misc.</i>)	Tier 3	
ULTRA-THIN II AUTO LANCET (<i>lancets</i>)	Tier 3	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-THIN II LANCETS (<i>lancets</i>)	Tier 3	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM (<i>insulin pen needle</i>)	Tier 3	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	Tier 3	
UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	Tier 3	
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	Tier 3	
UNILET EXCELITE (<i>lancets</i>)	Tier 3	
UNILET EXCELITE II (<i>lancets</i>)	Tier 3	
UNILET G.P. LANCET (<i>lancets</i>)	Tier 3	
UNILET G.P. SUPERLITE LANCET (<i>lancets</i>)	Tier 3	
UNILET GP 28 ULTRA THIN (<i>lancets</i>)	Tier 3	
UNILET LANCET (<i>lancets</i>)	Tier 3	
UNILET SUPERLITE LANCET (<i>lancets</i>)	Tier 3	
UNISTIK 3 COMFORT (<i>lancets misc.</i>)	Tier 3	
UNISTIK 3 EXTRA (<i>lancets misc.</i>)	Tier 3	
UNISTIK 3 NORMAL (<i>lancets misc.</i>)	Tier 3	
UNISTIK CZT COMFORT (<i>lancets misc.</i>)	Tier 3	
UNISTIK CZT NORMAL (<i>lancets misc.</i>)	Tier 3	
UNIVERSAL 1 LANCETS THIN 26G (<i>lancets</i>)	Tier 3	
UNIVERSAL 1 LANCETS ULTRA THIN (<i>lancets</i>)	Tier 3	
<i>value health insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	Tier 3	
<i>value plus lancet standard 21g</i>	Tier 3	
<i>value plus lancets super thin</i>	Tier 3	
<i>value plus lancets thin 26g</i>	Tier 3	
<i>valumark lancet super thin 30g</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valumark lancet ultra thin 28g</i>	Tier 3	
<i>valumark pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	Tier 3	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
VIDA MIA UNILET LANCETS 28G (<i>lancets</i>)	Tier 3	
VIDA MIA UNILET LANCETS 30G (<i>lancets</i>)	Tier 3	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (Tier 3); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (Tier 3); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (Tier 3); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (Tier 3); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (Tier 3); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (Tier 3); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (Tier 3); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (Tier 3); QL (1 diaphragm per 1 year)
*MELANOCORTIN RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	NF	
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST; QL (6 tablets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMERGE ORAL TABLET 1 MG, 2.5 MG (<i>naratriptan hcl</i>)	NF	
AXERT ORAL TABLET 12.5 MG, 6.25 MG (<i>almotriptan malate</i>)	NF	
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium</i>)	NF	
D.H.E. 45 INJECTION SOLUTION 1 MG/ML (<i>dihydroergotamine mesylate</i>)	NF	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	Tier 1	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Tier 1	ST; QL (8 vials per 1 fill)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Tier 1	ST; QL (6 tablets per 30 Days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	Tier 3	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	
FROVA ORAL TABLET 2.5 MG (<i>frovatriptan succinate</i>)	NF	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	Tier 1	ST; QL (9 tablets per 30 days)
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT (<i>sumatriptan</i>)	NF	
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sumatriptan succinate</i>)	NF	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NF	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NF	
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NF	
MAXALT ORAL TABLET 10 MG, 5 MG (<i>rizatriptan benzoate</i>)	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>rizatriptan benzoate</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	Tier 3	
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	NF	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (9 tablets per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	NF	
RELPAK ORAL TABLET 20 MG, 40 MG (<i>eletriptan hydrobromide</i>)	NF	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (12 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	Tier 1	QL (6 sprays per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Tier 1	QL (10 cart/30 days per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 1	QL (10 vials/30 days per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Tier 1	QL (10 cart/30 days per 48 max in 365 days)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NF	
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NF	
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	NF	
TREXIMET ORAL TABLET 10-60 MG (<i>sumatriptan-naproxen sodium</i>)	NF	#
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	NF	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST; QL (6 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	Tier 1	ST; QL (6 tablets per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (<i>zolmitriptan</i>)	Tier 3	ST; QL (6 sprays per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NF	
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NF	
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
<i>av-phos 250 neutral oral tablet 155-852-130 mg</i>	Tier 1	
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	NF	
<i>calcium-folic acid plus d oral wafer 1342-1 mg</i>	NF	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarb-citric acid</i>)	Tier 3	
<i>potassium bicarbonate (Effer-K Oral Tablet Effervescent 25 Meq)</i>	Tier 1	
<i>effervescent pot chloride oral tablet effervescent 25 meq</i>	Tier 1	
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML (<i>sodium fluoride</i>)	CE	N2 (Tier 3); AL
FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG (<i>sodium fluoride-xylitol</i>)	CE	N2 (Tier 3); AL
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	CE	N2 (Tier 1); AL
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	CE	N2 (Tier 1); AL
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP (<i>sodium fluoride</i>)	CE	N2 (Tier 3); AL
GALZIN ORAL CAPSULE 25 MG, 50 MG (<i>zinc acetate (oral)</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>iodine strong oral solution 5 %</i>	NF	
<i>k-effervescent oral tablet effervescent 25 meq</i>	Tier 1	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	Tier 1	
<i>potassium chloride crystals</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ (<i>potassium chloride crystals</i>)	Tier 3	
<i>potassium chloride crystals</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	Tier 1	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	Tier 1	
<i>potassium chloride</i> (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq, 8 Meq)	Tier 1	
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	Tier 1	
K-PHOS ORAL TABLET 500 MG (<i>potassium phosphate monobasic</i>)	Tier 3	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	NF	
<i>potassium bicarbonate</i> (K-Prime Oral Tablet Effervescent 25 Meq)	Tier 1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ, 8 MEQ (<i>potassium chloride</i>)	NF	
<i>k-vescent oral tablet effervescent 25 meq</i>	Tier 1	
<i>sodium fluoride</i> (Ludent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg, 2.2 (1 F) Mg)	CE	N2 (Tier 1); AL
MAGNEBIND 400 ORAL TABLET 400-200-1 MG (<i>magnesium-calcium-folic acid</i>)	NF	
MICRO-K ORAL CAPSULE EXTENDED RELEASE 10 MEQ, 8 MEQ (<i>potassium chloride</i>)	NF	
<i>sodium fluoride</i> (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg)	CE	N2 (Tier 1); AL

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>k phos mono-sod phos di & mono</i> (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	Tier 1	
<i>pot bicarb-pot chloride oral tablet effervescent 25 meq</i>	Tier 1	
<i>potassium bicarbonate oral tablet effervescent 25 meq</i>	Tier 1	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	Tier 1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i>	Tier 1	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	Tier 1	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	NF	
<i>potassium phosphate-nacl intravenous solution 15 mmoll/100ml</i>	NF	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N2 (Tier 1); AL
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	CE	N2 (Tier 1); AL
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	CE	N2 (Tier 1); AL
<i>virt-phos 250 neutral oral tablet 155-852-130 mg</i>	Tier 1	
*MONOBACTAMS*** - DRUGS FOR INFECTIONS		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	Tier 4	SP Pharmacy
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
<i>sodium fluoride</i> (Cavarest Dental Gel 1.1 %)	CE	N2 (NF); AL
<i>cevimeline hcl oral capsule 30 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1	
<i>sodium fluoride</i> (Clinpro 5000 Dental Paste 1.1 %)	CE	N2 (NF); AL
<i>clotrimazole mouth/throat lozenge 10 mg</i>	Tier 1	
<i>clotrimazole mouth/throat troche 10 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (sulfuric acid-sulf phenolics)	Tier 3	
sodium fluoride (Denta 5000 Plus Dental Cream 1.1 %)	CE	N2 (NF); AL
sodium fluoride (Dentagel Dental Gel 1.1 %)	CE	N2 (NF); AL
EVOXAC ORAL CAPSULE 30 MG (cevimeline hcl)	NF	
lidocaine viscous mouth/throat solution 2 %	Tier 1	
sodium fluoride (Neutragard Advanced Dental Gel 1.1 %)	CE	N2 (NF); AL
neutral sodium fluoride mouth/throat solution 0.2 %	CE	N2 (NF); AL
nystatin mouth/throat suspension 100000 unit/ml	Tier 1	
triamcinolone acetonide (Oralene Mouth/Throat Paste 0.1 %)	Tier 1	
ORAVIG BUCCAL TABLET 50 MG (miconazole)	Tier 3	ST; QL (14 tablets per 1 fill)
chlorhexidine gluconate (Paroex Mouth/Throat Solution 0.12 %)	Tier 1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	NF	
chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (pilocarpine hcl)	NF	
sf 5000 plus dental cream 1.1 %	CE	N2 (NF); AL
sf dental gel 1.1 %	CE	N2 (NF); AL
triamcinolone acetonide mouth/throat paste 0.1 %	Tier 1	
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR THE NERVOUS SYSTEM		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (cladribine)	NF	
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (cladribine)	NF	
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (cladribine)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NF	
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NF	
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NF	
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NF	
*MULTIPLE VITAMINS WITH FOLIC ACID*** - DRUGS FOR NUTRITION		
GENICIN VITA-Q ORAL TABLET 1 MG (<i>multiple vitamins with fa</i>)	NF	
MULTIVITAMINS - DRUGS FOR NUTRITION		
<i>azesco oral tablet 13-1 mg</i>	NF	
BAL-CARE DHA ORAL 27-1 & 430 MG (<i>prenat-fepolyfered-fa-omega 3</i>)	Tier 3	
<i>bp folinatal plus b oral tablet 1 mg</i>	Tier 1	
<i>bp multinatal plus oral tablet chewable 40-1 mg</i>	Tier 1	
<i>calcium pnv oral capsule 28-1-250 mg</i>	Tier 3	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	Tier 3	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	Tier 3	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (<i>prenat w/o a fecbnfeglu-fa &b6</i>)	Tier 3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	Tier 3	
CITRANATAL RX ORAL TABLET 27-1 MG (<i>prenat w/o a-fecb-fegl-dss-fa</i>)	Tier 3	
<i>completenate oral tablet chewable 29-1 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 1	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	Tier 3	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Tier 3	
DUET DHA BALANCED ORAL 25-1 & 267 MG (<i>prenat-fepoly-fered-fa-omega 3</i>)	Tier 3	
ELITE-OB ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	Tier 1	
<i>folcal dha oral capsule 27-1.25-300 mg</i>	Tier 3	
FOLCAPS OMEGA 3 ORAL CAPSULE 27-1 MG (<i>prenatal-fecbn-feasppl-fa-omeg</i>)	Tier 3	
FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Tier 3	
<i>hemenatal ob + dha oral 28-6-1 & 203 mg</i>	Tier 3	
<i>hemenatal ob oral tablet 28-6-1 mg</i>	Tier 3	
INATAL ADVANCE ORAL TABLET 90-1 MG (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 1	
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 1	
INATAL ULTRA ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 1	
<i>infanate balance oral capsule 29-1-265 mg</i>	Tier 3	
<i>levomefolate dha oral capsule 27-1.13-0.4 mg</i>	Tier 3	
<i>multi-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	Tier 1	
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Tier 1	
<i>multivitamins/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pediatric multivitamins-fl</i> (Mvc-Fluoride Oral Tablet Chewable 0.25 Mg, 0.5 Mg, 1 Mg)	Tier 1	
M-VIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 1	
MYNATAL ADVANCE ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 1	
MYNATAL ORAL TABLET 90-1 MG (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 1	
<i>mynatal plus oral tablet</i>	Tier 1	
<i>mynatal-z oral tablet</i>	Tier 1	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG (<i>prenatal vit-fe fum-fe bisg-fa</i>)	Tier 3	
NATALVIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 3	
NATELLE ONE ORAL CAPSULE 28-1-250 MG (<i>prenat wlo a-fe fum-fa-omega 3</i>)	Tier 3	
NESTABS DHA ORAL 32-1 MG (<i>prenat-wloa-fe bisgly-fa-omega</i>)	Tier 3	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-wlo vit a</i>)	Tier 3	
NEWGEN ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-wlo vit a</i>)	Tier 3	
NEXA PLUS ORAL CAPSULE 29-1.25-350 MG (<i>prenat-fefum-doc-fa-dha wlo a</i>)	Tier 3	
OB COMPLETE ADVANCED ORAL CAPSULE 27-1-385 MG (<i>prenat wlo a-fe-methf-fa-omega</i>)	Tier 3	
OB COMPLETE GOLD ORAL CAPSULE 27.5-1-200 MG (<i>prenat wlo a-fecbn-meth-fa-dha</i>)	Tier 3	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (<i>prenat-fecbn-feaspgl-fa-fish</i>)	Tier 3	
OB COMPLETE ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	Tier 3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal-fe cbn-fe asp gly-fa</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	Tier 3	
O-CAL FA ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Tier 3	
O-CAL PRENATAL ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 3	
<i>pnv folic acid + iron oral tablet 27-1 mg</i>	Tier 3	
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	Tier 3	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	Tier 1	
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	Tier 3	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	Tier 3	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	Tier 1	
<i>pnv-total oral capsule 35-5-1.2 mg</i>	Tier 3	
<i>pnv-vp-u oral capsule 106.5-1 mg</i>	Tier 3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	Tier 3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	Tier 3	
PR NATAL 400 ORAL 29-1-200 & 400 MG (<i>prenat-febis-fepro-fa-ca-omega</i>)	Tier 1	
PR NATAL 430 EC ORAL 29-1-200 & 430 MG (DR) (<i>prenat-febis-fepro-fa-ca-omega</i>)	Tier 1	
PR NATAL 430 ORAL 29-1-200 & 430 MG (<i>prenat-febis-fepro-fa-ca-omega</i>)	Tier 1	
PREFERA OB ORAL TABLET 34-1 MG (<i>prenatal vit-fepoly-fehempo-fa</i>)	Tier 3	
PREFERAOB ONE ORAL CAPSULE 22-6-1-200 MG (<i>prenat fepoly-fehempo-fa-dha</i>)	Tier 3	
<i>pregenna oral tablet 20-1 mg</i>	NF	
<i>prenaissance balance oral capsule 30-1-260 mg</i>	Tier 3	
<i>prenaissance harmony dha oral 27-1 & 380 mg</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prenaissance next oral tablet 1.2 mg</i>	Tier 3	
<i>prenaissance next-b oral tablet 1.22 mg</i>	Tier 3	
<i>prenaissance oral capsule 29-1.25-325 mg</i>	Tier 3	
<i>prenaissance plus oral capsule 28-1-250 mg</i>	Tier 3	
PRENATA ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal w/o a vit-fe fum-fa</i>)	Tier 3	
PRENATABS RX ORAL TABLET 29-1 MG (<i>prenatal vit-iron carbonyl-fa</i>)	Tier 1	
<i>prenatal 19 oral tablet</i>	Tier 1	
<i>prenatal 19 oral tablet chewable</i>	Tier 1	
<i>prenatal low iron oral tablet 27-1 mg</i>	Tier 1	
<i>prenatal plus iron oral tablet 29-1 mg</i>	Tier 3	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>prenatal w/o a vit-fe fum-fa</i>)	Tier 3	
PRENATE DHA ORAL CAPSULE 28-0.6-0.4-300 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	Tier 3	
PRENATE ELITE ORAL TABLET 26-0.6-0.4 MG (<i>prenatal vit w/fe-methylfol-fa</i>)	Tier 3	
PRENATE ESSENTIAL ORAL CAPSULE 29-0.6-0.4-340 MG (<i>pren-fe-meth-fa-omeg w/o a</i>)	Tier 3	
PRENATE MINI ORAL CAPSULE 29-0.6-0.4-350 MG (<i>prenat w/o a-fechn-meth-fa-dha</i>)	Tier 3	
<i>pretab oral tablet 29-1 mg</i>	Tier 3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (<i>pren-fe-meth-fa-omeg w/o a</i>)	Tier 3	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (<i>ped multivitamins-fl-iron</i>)	Tier 3	
<i>relnate dha oral capsule 28-1-200 mg</i>	Tier 3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	Tier 3	
<i>se-natal 19 oral tablet 29-1 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	Tier 1	
TARON-BC ORAL 20-1 MG & 2 X 25 MG (<i>prenatal w/o vit a-fecbn-fa-b6</i>)	Tier 3	
TARON-C DHA ORAL CAPSULE 53.5-38-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	Tier 3	
TARON-PREX ORAL CAPSULE 30-1.2-265 MG (<i>prenat-fefum-dss-fa-dha w/o a</i>)	Tier 3	
<i>tl-care dha oral capsule 27-1-500 mg</i>	Tier 3	
<i>tl-select oral capsule 29-1.25-325 mg</i>	Tier 3	
TRICARE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 1	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG (<i>prenatal-fefum-fa-dss-fish oil</i>)	Tier 3	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Tier 1	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 3	
<i>trinaz oral tablet 12-1 mg</i>	NF	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	Tier 3	
TRISTART ONE ORAL CAPSULE 35-1-215 MG (<i>prenat w/o a-fecbn-meth-fa-dha</i>)	Tier 3	
<i>tri-tabs dha oral 32-1 mg</i>	Tier 3	
TRIVEEN-DUO DHA ORAL 29-1-200 & 400 MG (<i>prenat-febis-fepro-fa-ca-omega</i>)	Tier 3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	Tier 3	
<i>tri-vi-floro oral suspension 0.25 mg/ml, 0.5 mg/ml</i>	Tier 3	
<i>ultimatecare one oral capsule 27-1 mg</i>	Tier 1	
VEMAVITE-PRX 2 ORAL CAPSULE 27-1.25-300 MG (<i>prenat-fefum-dss-fa-dha w/o a</i>)	Tier 3	
<i>vena-bal dha oral 27-1 & 430 mg</i>	Tier 3	
VINATE II ORAL TABLET 29-1 MG (<i>prenatal vit w/ fe bisg-fa</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VINATE ONE ORAL TABLET 60-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Tier 1	
<i>virt nate oral tablet 28-1 mg</i>	Tier 3	
<i>virt-advance oral tablet 90-1 mg</i>	Tier 3	
<i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i>	Tier 3	
<i>virt-pn oral tablet 27-0.6-0.4 mg</i>	Tier 3	
<i>virt-pn plus oral capsule 28-0.6-0.4-340 mg</i>	Tier 3	
<i>virtprex oral capsule 26-1.2-300 mg</i>	Tier 3	
<i>virt-select oral capsule 29-1.25-325 mg</i>	Tier 3	
<i>virt-vite gt oral tablet 90-1 mg</i>	Tier 3	
VITAFOL ORAL TABLET (<i>iron-vitamins</i>)	NF	
VITAFOL STRIPS ORAL FILM 1 MG (<i>prenatal-b6-b12-d3-folic acid</i>)	NF	
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 3	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (<i>prenatal vit-fepoly-fa-dha</i>)	Tier 3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	Tier 3	
VIVA DHA ORAL CAPSULE 28-1-200 MG (<i>prenatal vit-fe fum-fa-omega</i>)	Tier 3	
<i>vol-nate oral tablet 28-1 mg</i>	Tier 3	
<i>vol-plus oral tablet 27-1 mg</i>	Tier 3	
<i>vol-tab rx oral tablet 29-1 mg</i>	Tier 3	
<i>vp-ch-pnv oral capsule 30-1-260 mg</i>	Tier 3	
<i>vp-ggr-b6 prenatal oral tablet 1.2 mg</i>	Tier 3	
<i>vp-heme ob + dha oral 28-6-1 & 203 mg</i>	Tier 3	
<i>vp-heme ob oral tablet 28-6-1 mg</i>	Tier 3	
<i>vp-heme one oral capsule 22-6-1-200 mg</i>	Tier 3	
<i>vp-pnv-dha oral capsule 28-1-215.8 mg</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG (prenat w/o a-fe-methfol-fa-dha)	Tier 3	
ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG (prenat w/o a-fe-methf-fa-omega)	Tier 3	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (cyclobenzaprine hcl)	NF	
baclofen oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
carisoprodol oral tablet 250 mg	NF	
carisoprodol oral tablet 350 mg	Tier 1	
carisoprodol-aspirin oral tablet 200-325 mg	Tier 1	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	NF	
chlorzoxazone oral tablet 500 mg	Tier 1	
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	Tier 1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg	Tier 1	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (dantrolene sodium)	NF	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (sodium hyaluronate (viscosup))	NF	
FEXMID ORAL TABLET 7.5 MG (cyclobenzaprine hcl)	NF	
LORZONE ORAL TABLET 375 MG, 750 MG (chlorzoxazone)	NF	
metaxalone (Metaxall Oral Tablet 800 Mg)	Tier 1	
metaxalone oral tablet 400 mg, 800 mg	Tier 1	
methocarbamol oral tablet 500 mg, 750 mg	Tier 1	
norgesic forte oral tablet 50-770-60 mg	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	Tier 1	
PARAFON FORTE DSC ORAL TABLET 500 MG (<i>chlorzoxazone</i>)	NF	
ROBAXIN ORAL TABLET 500 MG (<i>methocarbamol</i>)	NF	
ROBAXIN-750 ORAL TABLET 750 MG (<i>methocarbamol</i>)	NF	
SKELAXIN ORAL TABLET 800 MG (<i>metaxalone</i>)	NF	
<i>sodium hyaluronate intra-articular solution prefilled syringe 20 mg/2ml</i>	NF	
SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>)	NF	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	NF	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	Tier 1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (<i>tizanidine hcl</i>)	NF	
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	NF	
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	Tier 3	
ALZAIR ALLERGY NASAL SPRAY NASAL POWDER (<i>hypromellose</i>)	NF	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	Tier 1	
BACTROBAN NASAL NASAL OINTMENT 2 % (<i>mupirocin calcium</i>)	Tier 3	
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (<i>beclomethasone diprop monohyd</i>)	Tier 3	ST
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	NF	
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (<i>fluticasone propionate</i>)	Tier 1	OTC
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	Tier 1	OTC
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Tier 1	QL (1 bottle per 1 fill)
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	Tier 1	
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (<i>triamcinolone acetonide</i>)	Tier 1	OTC; QL (17 grams per 30 days)
NASONEX NASAL SUSPENSION 50 MCG/ACT (<i>mometasone furoate</i>)	NF	
<i>olopatadine hcl nasal solution 0.6 %</i>	Tier 1	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	Tier 3	ST; #
PATANASE NASAL SOLUTION 0.6 % (<i>olopatadine hcl</i>)	NF	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	Tier 3	ST
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	Tier 3	ST
RHINOCORT ALLERGY NASAL SUSPENSION 32 MCG/ACT (<i>budesonide</i>)	Tier 1	OTC
<i>triamcinolone acetonide nasal aerosol 55 mcg/lact</i>	Tier 1	ST; OTC; QL (1 bottle per 1 day)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	NF	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (<i>ciclesonide</i>)	Tier 3	ST
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR THE HEART		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	NF	
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR THE HEART		
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
RILUTEK ORAL TABLET 50 MG (<i>riluzole</i>)	NF	
<i>riluzole oral tablet 50 mg</i>	Tier 1	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	NF	
*NSAID-VITAMINS AND/OR MINERALS COMBINATIONS*** - DRUGS FOR PAIN AND FEVER		
<i>equapaxlibuprofen/minrex oral therapy pack 800 mg</i>	NF	
NUTRIENTS - DRUGS FOR NUTRITION		
CARDIOVID PLUS ORAL CAPSULE (<i>dha-epa-vit b6-b12-folic acid</i>)	NF	
<i>levocarnitine-b5-taurine oral liquid 1000-10-150 mg/15ml</i>	NF	
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	NF	
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	NF	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	Tier 3	
ALAWAY OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	Tier 1	OTC
ALCAINE OPHTHALMIC SOLUTION 0.5 % (<i>proparacaine hcl</i>)	NF	
ALOCRILOPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	Tier 3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>lodoxamide tromethamine</i>)	Tier 3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	Tier 3	
ALREX OPHTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tetracaine hcl</i> (Altacaine Ophthalmic Solution 0.5 %)	Tier 1	
<i>fluorescein-benoxinate</i> (Altafluor Ophthalmic Solution 0.25-0.4 %)	Tier 1	
<i>phenylephrine hcl</i> (Altafrin Ophthalmic Solution 10 %, 2.5 %)	Tier 1	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>atropine sulfate ophthalmic ointment 1 %</i>	Tier 1	
<i>atropine sulfate ophthalmic solution 1 %</i>	NF	
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	Tier 3	#
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 1	
AZOPT OPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	Tier 3	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Tier 1	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	Tier 3	#
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	Tier 3	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (<i>povidone-iodine</i>)	Tier 3	
BETAGAN OPHTHALMIC SOLUTION 0.5 % (<i>levobunolol hcl</i>)	NF	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Tier 1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	Tier 3	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	Tier 3	
<i>bimatoprost ophthalmic solution 0.03 %</i>	Tier 1	ST
<i>fluorescein sodium</i> (Bio Glo Ophthalmic Strip 1 Mg)	Tier 1	
BLEPH-10 OPHTHALMIC SOLUTION 10 % (<i>sulfacetamide sodium</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % (sulfacetamide-prednisolone)	Tier 3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % (sulfacetamide-prednisolone)	Tier 3	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	Tier 1	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	Tier 1	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (bromfenac sodium)	NF	
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 1	
CEQUA OPHTHALMIC SOLUTION 0.09 % (cyclosporine)	NF	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (ciprofloxacin hcl)	Tier 3	
CILOXAN OPHTHALMIC SOLUTION 0.3 % (ciprofloxacin hcl)	NF	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1	
CLARITIN EYE OPHTHALMIC SOLUTION 0.025 % (ketotifen fumarate)	Tier 1	OTC
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	Tier 3	
COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (dorzolamide hcl-timolol mal)	NF	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (dorzolamide hcl-timolol mal)	Tier 3	ST
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (cyclopentolate hcl)	NF	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (cyclopentolate-phenylephrine)	Tier 3	
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %</i>	Tier 1	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (cysteamine hcl)	Tier 4	PA; #; SP Pharmacy; QL (4 bottles per 1 month)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Tier 1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	Tier 1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml</i>	Tier 1	
<i>double pm ophthalmic solution reconstituted 1-0.5 %</i>	NF	
DUREZOL OPHTHALMIC EMULSION 0.05 % (difluprednate)	Tier 3	#
ELESTAT OPHTHALMIC SOLUTION 0.05 % (epinastine hcl)	NF	
EMADINE OPHTHALMIC SOLUTION 0.05 % (emedastine difumarate)	Tier 3	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Tier 1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Tier 1	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (fluorometholone acetate)	Tier 3	
<i>fluorescein-benoxinate ophthalmic solution 0.25-0.4 %</i>	Tier 1	
<i>fluorescein sodium</i> (Fluor-I-Strips A.T. Ophthalmic Strip 1 Mg)	Tier 1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 1	
FLURA-SAFE OPHTHALMIC SOLUTION 0.35-0.4 % (fluorexon-benoxinate)	NF	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 1	
<i>fluorescein-benoxinate</i> (Flurox Ophthalmic Solution 0.25-0.4 %)	Tier 1	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (fluorometholone)	Tier 3	
FML OPHTHALMIC OINTMENT 0.1 % (fluorometholone)	Tier 3	
FUL-GLO OPHTHALMIC STRIP 0.6 MG (fluorescein sodium)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluorescein sodium</i> (Ful-Glo Ophthalmic Strip 1 Mg)	Tier 1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Tier 1	
GELFILM OPHTHALMIC FILM (<i>gelatin adsorbable</i>)	NF	
GENTAK OPHTHALMIC OINTMENT 0.3 % (<i>gentamicin sulfate</i>)	Tier 3	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1	
<i>homatropine hbr</i> (Homatropaire Ophthalmic Solution 5 %)	Tier 1	
<i>homatropine hbr ophthalmic solution 5 %</i>	Tier 1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	Tier 3	
INVELTYS OPHTHALMIC SUSPENSION 1 % (<i>loteprednol etabonate</i>)	Tier 3	
IOPIDINE OPHTHALMIC SOLUTION 0.5 % (<i>apraclonidine hcl</i>)	NF	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	Tier 3	
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %, 2 %, 4 % (<i>pilocarpine hcl</i>)	NF	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	NF	#
JETREA INTRAVITREAL SOLUTION 0.375 MG/0.3ML (<i>ocriplasmin</i>)	NF	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	Tier 1	
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	Tier 1	
LACRISERT OPHTHALMIC INSERT 5 MG (<i>artificial tear insert</i>)	Tier 3	
LASTACFT OPHTHALMIC SOLUTION 0.25 % (<i>alcaftadine</i>)	Tier 3	
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOTEMAX OPHTHALMIC GEL 0.5 % (<i>loteprednol etabonate</i>)	Tier 3	#
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	Tier 3	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (<i>loteprednol etabonate</i>)	NF	#
LOTEMAX SM OPHTHALMIC GEL 0.38 % (<i>loteprednol etabonate</i>)	Tier 3	#
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	Tier 1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	Tier 3	ST
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	Tier 3	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	NF	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	NF	
<i>metipranolol ophthalmic solution 0.3 %</i>	Tier 1	
MOXEZA OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	Tier 3	#
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 1	
MYDRIACYL OPHTHALMIC SOLUTION 1 % (<i>tropicamide</i>)	NF	
<i>naphazoline hcl ophthalmic solution 0.1 %</i>	Tier 1	
NATACYN OPHTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	Tier 3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier 1	
<i>bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)</i>	Tier 1	
<i>neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)</i>	Tier 1	
NEOSPORIN OPHTHALMIC SOLUTION 1.75-10000-.025 (<i>neomycin-polymyxin-gramicidin</i>)	NF	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	Tier 3	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	NF	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Tier 1	
PAREMYD OPHTHALMIC SOLUTION 1-0.25 % (<i>hydroxyamphetamine-tropicamide</i>)	Tier 3	
PATADAY OPHTHALMIC SOLUTION 0.2 % (<i>olopatadine hcl</i>)	NF	
PATANOL OPHTHALMIC SOLUTION 0.1 % (<i>olopatadine hcl</i>)	NF	
PAZEO OPHTHALMIC SOLUTION 0.7 % (<i>olopatadine hcl</i>)	NF	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	Tier 1	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (<i>echothiophate iodide</i>)	Tier 3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 1	
<i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)</i>	Tier 1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% (<i>polymyxin b-trimethoprim</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	Tier 3	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 % (gentamicin-prednisolone acet)	Tier 3	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % (gentamicin-prednisolone acet)	Tier 3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Tier 1	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (bromfenac sodium)	NF	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 1	
RESCULA OPHTHALMIC SOLUTION 0.15 % (unoprostone isopropyl)	Tier 3	ST; #
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (cyclosporine)	Tier 3	#
RESTASIS OPHTHALMIC EMULSION 0.05 % (cyclosporine)	Tier 3	#
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (brinzolamide-brimonidine)	Tier 3	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 1	
<i>tetracaine hcl (Tetcaine Ophthalmic Solution 0.5 %)</i>	Tier 1	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>tetracaine hcl (Tetravisc Forte Ophthalmic Solution 0.5 %)</i>	Tier 1	
<i>tetracaine hcl (Tetravisc Ophthalmic Solution 0.5 %)</i>	Tier 1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 %</i> (daily)	Tier 1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol maleate)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NF	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NF	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	Tier 3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	NF	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	NF	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 1	
TOBEX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	Tier 3	
TOBEX OPHTHALMIC SOLUTION 0.3 % (<i>tobramycin</i>)	NF	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	Tier 2	#
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	Tier 1	
TRUSOPT OPHTHALMIC SOLUTION 2 % (<i>dorzolamide hcl</i>)	NF	
VEXOL OPHTHALMIC SUSPENSION 1 % (<i>rimexolone</i>)	Tier 3	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	NF	
VIROPTIC OPHTHALMIC SOLUTION 1 % (<i>trifluridine</i>)	NF	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	NF	
XALATAN OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	NF	
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	Tier 3	PA; ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZADITOR OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	Tier 1	OTC
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	Tier 3	ST
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	Tier 3	#
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	Tier 3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (<i>gatifloxacin</i>)	NF	
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** - DRUGS FOR THE EYE		
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	Tier 3	ST
*OPHTHALMIC NERVE GROWTH FACTORS*** - DRUGS FOR THE EYE		
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	Tier 4	PA; SP Pharmacy; QL (2 ml per 1 day and 112 ml per lifetime)
*OPHTHALMIC RHO KINASE INHIBITORS*** - DRUGS FOR THE EYE		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	Tier 3	ST
*OREXIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	Tier 3	PA; ST; QL (1 tablet per 1 day); AL
OTIC AGENTS - DRUGS FOR THE EAR		
<i>hydrocortisone-acetic acid</i> (Acetasol Hc Otic Solution 2-1 %)	Tier 1	
<i>acetic acid otic solution 2 %</i>	Tier 1	
CETRAXAL OTIC SOLUTION 0.2 % (<i>ciprofloxacin hcl</i>)	NF	
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	Tier 3	#

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (<i>ciprofloxacin-dexamethasone</i>)	Tier 3	#
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Tier 1	
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	Tier 3	
DERMOTIC OTIC OIL 0.01 % (<i>fluocinolone acetonide</i>)	NF	
FLOXIN OTIC OTIC SOLUTION 0.3 % (<i>ofloxacin</i>)	NF	
<i>fluocinolone acetonide otic oil 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Tier 1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 1	
<i>ofloxacin otic solution 0.3 %</i>	Tier 1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (<i>ciprofloxacin</i>)	NF	
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	Tier 3	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylenol</i>)	NF	
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
KERYDIN EXTERNAL SOLUTION 5 % (<i>tavaborole</i>)	Tier 3	PA; ST
OXYTOCICS - HORMONES		
CERVIDIL VAGINAL INSERT 10 MG (<i>dinoprostone</i>)	NF	
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	Tier 1	QL (28 tablets per 7 days)
PREPIDIL VAGINAL GEL 0.5 MG/3GM (<i>dinoprostone</i>)	Tier 3	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG (<i>dinoprostone</i>)	Tier 3	
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR INFECTIONS		
XOFLUZA ORAL TABLET THERAPY PACK 2 X 20 MG, 2 X 40 MG (<i>baloxavir marboxil</i>)	Tier 3	QL (4 tablets per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	Tier 4	PA; ST; SP Pharmacy
PASSIVE IMMUNIZING AGENTS - BIOLOGICAL AGENTS		
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM (<i>immune globulin (human)</i>)	NF	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	NF	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	Tier 4	PA; ST
CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML (<i>immune globulin (human)</i>)	NF	
GAMASTAN S/D INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	NF	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NF	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NF	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NF	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	Tier 4	PA; SP Pharmacy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	Tier 4	PA; SP Pharmacy
<i>kedrab intramuscular solution 150 unit/ml</i>	NF	
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML (<i>immune globulin (human)</i>)	Tier 4	PA; NPL
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	NF	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	Tier 4	PA; SP Pharmacy
*PCSK9 INHIBITORS*** - DRUGS FOR THE HEART		
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (2 syringes per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 syringe per 1 month)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (2 injections per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (2 injections per 28 days)
PENICILLINS - DRUGS FOR INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	NF	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	NF	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG (<i>amoxicillin-pot clavulanate</i>)	NF	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG (<i>amoxicillin-pot clavulanate</i>)	NF	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET EXTENDED RELEASE 24 HOUR 775 MG (<i>amoxicillin</i>)	NF	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
PHARMACEUTICAL ADJUVANTS		
<i>mouth wash-gp oral liquid</i>	NF	
<i>mouthwash-af oral liquid</i>	NF	
<i>mouthwash-om oral liquid</i>	NF	
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	CE	N2 (NF)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	CE	N2 (NF); QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	CE	N2 (NF); QL (2 tablets per 1 day)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (<i>alpelisib</i>)	CE	N2 (NF); QL (2 tablets per 1 day)
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (2 tablets per 1 day)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	NF	
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR PAIN AND FEVER		
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	Tier 4	PA; ST; SP Pharmacy; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 pack per 1 year)
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE HEART		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	NF	
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER		
LYNPARZA ORAL CAPSULE 50 MG (<i>olaparib</i>)	NF	
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	N2 (NF)
RUBRACA ORAL TABLET 200 MG, 300 MG (<i>rucaparib camsylate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 250 MG (<i>rucaparib camsylate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 tablets per 1 Day)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (<i>talazoparib tosylate</i>)	CE	N2 (NF)
ZEJULA ORAL CAPSULE 100 MG (<i>niraparib tosylate</i>)	CE	PA; N2 (Tier 4); QL (3 capsules per 1 Day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER		
LYNPARZA ORAL CAPSULE 50 MG (<i>olaparib</i>)	NF	
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	N2 (NF)
RUBRACA ORAL TABLET 200 MG, 300 MG (<i>rucaparib camsylate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 250 MG (<i>rucaparib camsylate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 tablets per 1 Day)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (<i>talazoparib tosylate</i>)	CE	N2 (NF)
ZEJULA ORAL CAPSULE 100 MG (<i>niraparib tosylate</i>)	CE	PA; N2 (Tier 4); QL (3 capsules per 1 Day)
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	Tier 3	ST; QL (1 tablet per 1 day)
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	Tier 3	ST; QL (3 tablets per 1 day)
GRALISE STARTER ORAL 300 & 600 MG (<i>gabapentin (once-daily)</i>)	Tier 3	ST; QL (1 pack per 1 fill)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	Tier 3	PA; ST; QL (3 tablets per 1 Day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	Tier 3	PA; ST; QL (2 tablets per 1 Day)
*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION		
<i>sodium polystyrene sulfonate</i> (Kionex Oral Powder)	Tier 1	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension 15 Gm/60Ml)	Tier 1	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml</i>	Tier 1	
<i>sodium polystyrene sulfonate (Sps Oral Suspension 15 Gm/60Ml)</i>	Tier 1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	Tier 3	PA; QL (1 packet per 1 day)
PROGESTINS - HORMONES		
AYGESTIN ORAL TABLET 5 MG (<i>norethindrone acetate</i>)	NF	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	Tier 4	PA; SP Pharmacy; QL (5 vials per 1 year)
MAKENA INTRAMUSCULAR OIL 250 MG/ML (<i>hydroxyprogesterone caproate</i>)	NF	
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML (<i>hydroxyprogesterone caproate</i>)	Tier 3	PA; QL (21 syringes per 365 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
MEGACE ES ORAL SUSPENSION 625 MG/5ML (<i>megestrol acetate</i>)	CE	N2 (NF)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N2 (Tier 1)
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	NF	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1	QL (2 capsules per 1 day)
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone micronized</i>)	NF	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	NF	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** - DRUGS FOR THE BLOOD		
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	Tier 3	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 1	QL (6 tablets per 1 day)
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	NF	
ANTABUSE ORAL TABLET 250 MG, 500 MG (<i>disulfiram</i>)	NF	
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (<i>donepezil hcl</i>)	NF	
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	Tier 3	PA; QL (1 tablet per 1 day)
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	NF	
AVONEX INTRAMUSCULAR KIT 30 MCG (<i>interferon beta-1a</i>)	Tier 4	PA; QL (1 kit per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 4	PA; QL (4 pens per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 4	PA; QL (4 syringes per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	Tier 4	PA; QL (1 kit per 1 month)
BRISDELLE ORAL CAPSULE 7.5 MG (<i>paroxetine mesylate</i>)	NF	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N2 (Tier 1); QL (180 day supply per 365 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	CE	#: N2 (Tier 3); QL (180 day supply per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (<i>varenicline tartrate</i>)	CE	#: N2 (Tier 3); QL (180 day supply per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42 (<i>varenicline tartrate</i>)	CE	#: N2 (Tier 3); QL (180 day supply per 365 days)
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML (<i>glatiramer acetate</i>)	Tier 2	PA; NPL; SP Pharmacy
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Tier 4	PA; SP Pharmacy; QL (2 tablets per 1 day)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>donepezil hcl oral tablet 23 mg</i>	Tier 1	ST
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	
<i>ergoloid mesylates oral tablet 1 mg</i>	Tier 1	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	NF	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	Tier 4	PA; QL (1 kit per 1 month)
<i>fluoxetine hcl (pmdd) oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Tier 1	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	Tier 1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	Tier 2	PA; #; QL (1 capsule per 1 Day)
GILENYA ORAL CAPSULE 0.5 MG (<i>fingolimod hcl</i>)	Tier 2	PA; #; QL (1 capsule per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Tier 1	PA; NPL; SP Pharmacy
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML, 40 Mg/ML)</i>	Tier 1	PA; NPL; SP Pharmacy
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	Tier 3	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	Tier 3	ST; QL (3 tablets per 1 day)
GRALISE STARTER ORAL 300 & 600 MG (<i>gabapentin (once-daily)</i>)	Tier 3	ST; QL (1 pack per 1 fill)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG (<i>gabapentin enacarbil</i>)	Tier 3	ST; QL (1 tablet per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG (<i>gabapentin enacarbil</i>)	Tier 3	ST; QL (1 tablet per 2 days)
INGREZZA ORAL CAPSULE 40 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 4	PA; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	Tier 3	PA; ST; QL (3 tablets per 1 Day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	Tier 3	PA; ST; QL (2 tablets per 1 Day)
MAYZENT ORAL TABLET 0.25 MG, 2 MG (<i>siponimod fumarate</i>)	NF	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG (<i>siponimod fumarate</i>)	NF	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	Tier 1	
NAMENDA ORAL TABLET 10 MG, 5 MG (<i>memantine hcl</i>)	NF	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (<i>memantine hcl</i>)	NF	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG (<i>memantine hcl</i>)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG (<i>memantine hcl</i>)	Tier 3	PA; #
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	N2 (NF); QL (180 day supply per 365 days)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	N2 (NF); QL (180 day supply per 365 days)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	CE	N2 (NF); QL (180 day supply per 365 days)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	N2 (NF); QL (180 day supply per 365 days)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	CE	N2 (Tier 3); QL (180 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	N2 (Tier 3); QL (180 day supply per 365 days)
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	Tier 3	PA; QL (2 capsules per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg</i>	Tier 1	
ORAP ORAL TABLET 1 MG, 2 MG (<i>pimozide</i>)	NF	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NF	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Tier 4	PA; QL (1 kit per 365 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Tier 4	PA; QL (2 syringes per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Tier 4	PA; QL (2 syringes per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Tier 4	PA; QL (2 syringes per 28 days)
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG (<i>galantamine hydrobromide</i>)	NF	
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG (<i>galantamine hydrobromide</i>)	NF	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 2	PA; QL (12 syringes per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	Tier 2	PA; QL (12 injections per 1 month)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 2	PA; QL (12 syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	Tier 2	PA; QL (12 injections per 1 month)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Tier 1	
SARAFEM ORAL TABLET 10 MG, 20 MG (<i>fluoxetine hcl (pmd)</i>)	NF	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 3	PA; ST; QL (2 tablets per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	Tier 3	PA; ST; QL (2 tablets per 1 day)
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG (<i>olanzapine-fluoxetine hcl</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TECFIDERA ORAL 120 & 240 MG (<i>dimethyl fumarate</i>)	Tier 4	PA; #; QL (2 capsules per 1 day)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	Tier 4	PA; #; QL (2 capsules per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 4	PA; SP Pharmacy; QL (8 tablets per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	Tier 4	PA; SP Pharmacy; QL (4 tablets per 1 day)
THRIVE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	CE	N2 (NF); QL (180 day supply per 365 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>)	NF	
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	Tier 4	PA; SP Pharmacy
ZINBRYTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>daclizumab</i>)	NF	
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG (<i>bupropion hcl (smoking deter)</i>)	NF	
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR CANCER		
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	NF	
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	Tier 4	PA; QL (9 capsules per 1 day)
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	Tier 4	PA; QL (9 tablets per 1 day)
ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	Tier 4	PA; QL (3 tablets per 1 day)
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR THE HEART		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	NF	
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	Tier 4	PA; SP Pharmacy; QL (2 packets per 1 day)
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	Tier 4	PA; SP Pharmacy; QL (2 tablets per 1 day)
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	Tier 4	PA; SP Pharmacy; QL (60 units per 1 fill)
*SCLEROSTIN INHIBITORS*** - HORMONES		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	NF	
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM		
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	Tier 3	PA; QL (1 tablet per 1 day)
*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	Tier 3	PA; ST; QL (1 tablet per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	Tier 3	#; QL (1 tablet per 1 day)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (<i>vilazodone hcl</i>)	Tier 3	ST; #
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - HORMONES		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	Tier 3	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QTERN ORAL TABLET 10-5 MG (<i>dapagliflozin-saxagliptin</i>)	NF	
QTERN ORAL TABLET 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	Tier 2	ST; QL (1 tablet per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	NF	
*SINUS NODE INHIBITORS** - DRUGS FOR THE HEART		
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	NF	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	Tier 3	PA; ST; QL (2 tablets per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	Tier 3	QL (2 tablets per 1 day)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	Tier 3	QL (2 tablets per 1 day)
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	NF	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	Tier 3	QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	Tier 3	QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	Tier 3	QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (<i>dapagliflozin-metformin hcl</i>)	Tier 2	QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>dapagliflozin-metformin hcl</i>)	Tier 2	QL (2 tablets per 1 Day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>dapagliflozin-metformin hcl</i>)	Tier 2	QL (2 tablets per 1 day)
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** - DRUGS FOR THE BLOOD		
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	NF	
*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste 0.1 %)	Tier 1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1	
SULFONAMIDES		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
TETRACYCLINES - DRUGS FOR INFECTIONS		
ACTICLATE ORAL TABLET 150 MG, 75 MG (<i>doxycycline hyclate</i>)	NF	
ADOXA ORAL CAPSULE 150 MG (<i>doxycycline monohydrate</i>)	NF	
<i>avidoxy oral tablet 100 mg</i>	NF	
<i>minocycline hcl</i> (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)	NF	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	Tier 1	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (<i>doxycycline hyclate</i>)	NF	#
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG (<i>doxycycline hyclate</i>)	NF	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>	NF	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	NF	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	NF	
MINOCIN ORAL CAPSULE 100 MG, 50 MG (<i>minocycline hcl</i>)	NF	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	NF	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	NF	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (<i>minocycline hcl</i>)	NF	
<i>doxycycline monohydrate (Mondoxyne NI Oral Capsule 100 Mg, 50 Mg)</i>	Tier 1	
<i>doxycycline monohydrate (Mondoxyne NI Oral Capsule 75 Mg)</i>	NF	
MONODOX ORAL CAPSULE 100 MG, 75 MG (<i>doxycycline monohydrate</i>)	NF	
<i>doxycycline hyclate (Morgidox Oral Capsule 100 Mg, 50 Mg)</i>	Tier 1	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	NF	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (<i>minocycline hcl</i>)	NF	
TARGADOX ORAL TABLET 50 MG (<i>doxycycline hyclate</i>)	NF	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	Tier 1	
VIBRAMYCIN ORAL CAPSULE 100 MG (<i>doxycycline hyclate</i>)	NF	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>doxycycline monohydrate</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIBRAMYCIN ORAL SYRUP 50 MG/5ML (<i>doxycycline calcium</i>)	Tier 3	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (<i>minocycline hcl</i>)	NF	
THYROID AGENTS - HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	Tier 3	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	NF	
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet 88 Mcg)	Tier 1	
<i>levothyroxine sodium</i> (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)	Tier 1	
<i>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</i>	Tier 1	
<i>levothyroxine sodium</i> (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)	Tier 1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (<i>thyroid</i>)	Tier 3	
<i>np thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
SYNTHROID 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 (<i>levothyroxine sodium</i>)	NF	
TAPAZOLE ORAL TABLET 10 MG, 5 MG (<i>methimazole</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG) (liotrix (t3-t4))	Tier 3	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG) (liotrix (t3-t4))	Tier 3	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG) (liotrix (t3-t4))	Tier 3	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG) (liotrix (t3-t4))	Tier 3	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG) (liotrix (t3-t4))	Tier 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)	Tier 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, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML (levothyroxine sodium)	Tier 3	#
levothyroxine sodium (Unithroid Direct Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	
levothyroxine sodium (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)	Tier 1	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (thyroid)	Tier 3	
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (thyroid)	Tier 3	
*TOPICAL ANESTHETIC GASES*** - DRUGS FOR THE SKIN		
ethyl chloride external aerosol	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*TRANSTHYRETIN STABILIZERS*** - HORMONES		
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	NF	
*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR THE STOMACH		
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NF	
ULCER DRUGS - DRUGS FOR THE STOMACH		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	NF	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG (<i>rabeprazole sodium</i>)	NF	#
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	Tier 1	
<i>belladonna-opium rectal suppository 16.2-30 mg</i>	Tier 1	
BENTYL ORAL CAPSULE 10 MG (<i>dicyclomine hcl</i>)	NF	
CARAFATE ORAL SUSPENSION 1 GM/10ML (<i>sucralfate</i>)	Tier 3	
CARAFATE ORAL TABLET 1 GM (<i>sucralfate</i>)	NF	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 1	OTC
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	Tier 3	PA; #
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	NF	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	Tier 3	PA; ST; #; QL (1 capsule per 1 day)
<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 1	
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 1	
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	Tier 1	PA; ST; QL (1 capsule per 1 day)
<i>esomeprazole strontium oral capsule delayed release 24.65 mg</i>	NF	
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Tier 1	
<i>famotidine oral tablet 20 mg</i>	Tier 1	OTC
<i>famotidine oral tablet 40 mg</i>	Tier 1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>lansoprazole oral capsule delayed release 15 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>lansoprazole oral tablet dispersible 15 mg, 30 mg</i>	Tier 1	QL (1 tablet per 1 Day)
LIBRAX ORAL CAPSULE 5-2.5 MG (<i>chlordiazepoxide-clidinium</i>)	NF	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	Tier 1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	Tier 1	OTC; QL (1 capsule per 1 day)
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (<i>esomeprazole magnesium</i>)	Tier 3	PA; ST; #; QL (1 packet per 1 day)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>nizatidine oral solution 15 mg/ml</i>	Tier 1	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicillin-clarithro-omeprazole</i>)	NF	
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	Tier 1	OTC
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	Tier 1	OTC
<i>omeprazole oral tablet delayed release 20 mg</i>	Tier 1	OTC
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NF	
PAMINE FORTE ORAL TABLET 5 MG (<i>methscopolamine bromide</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAMINE ORAL TABLET 2.5 MG (<i>methscopolamine bromide</i>)	NF	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Tier 1	
PEPCID ORAL SUSPENSION RECONSTITUTED 40 MG/5ML (<i>famotidine</i>)	NF	
PEPCID ORAL TABLET 40 MG (<i>famotidine</i>)	NF	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG (<i>lansoprazole</i>)	Tier 1	OTC; QL (2 capsules per 1 day)
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG (<i>lansoprazole</i>)	NF	
PREVPAC ORAL (<i>amoxicill-clarithro-lansopraz</i>)	NF	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	NF	#
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (<i>omeprazole magnesium</i>)	Tier 1	OTC
<i>propantheline bromide oral tablet 15 mg</i>	Tier 1	
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	NF	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	Tier 3	#
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	Tier 1	QL (1 capsule per day, 90 day supply per 365 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Tier 1	PA; ST; QL (1 tablet per 1 day)
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	Tier 1	OTC
<i>ranitidine hcl oral syrup 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	Tier 1	OTC
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier 1	OTC
ROBINUL ORAL TABLET 1 MG (<i>glycopyrrolate</i>)	NF	
ROBINUL-FORTE ORAL TABLET 2 MG (<i>glycopyrrolate</i>)	NF	
<i>sucralfate oral suspension 1 gm/10ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sucralfate oral tablet 1 gm</i>	Tier 1	
ZANTAC ORAL TABLET 300 MG (<i>ranitidine hcl</i>)	NF	
ZEGERID ORAL CAPSULE 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	Tier 3	QL (1 capsule per 1 day)
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	NF	
ZEGERID OTC ORAL CAPSULE 20-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	Tier 1	OTC; QL (1 capsule per 1 day)
URINARY ANTI-INFECTIVES - DRUGS FOR THE URINARY SYSTEM		
FURADANTIN ORAL SUSPENSION 25 MG/5ML (<i>nitrofurantoin</i>)	NF	
HIPREX ORAL TABLET 1 GM (<i>methenamine hippurate</i>)	NF	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohyd macro</i>)	NF	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	NF	
<i>methenamine hippurate oral tablet 1 gm</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	Tier 1	
MONUROL ORAL PACKET 3 GM (<i>fosfomycin tromethamine</i>)	Tier 3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Tier 1	
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DETROL ORAL TABLET 1 MG, 2 MG (<i>tolterodine tartrate</i>)	NF	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (<i>oxybutynin chloride</i>)	NF	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG (<i>darifenacin hydrobromide</i>)	NF	
<i>flavoxate hcl oral tablet 100 mg</i>	Tier 1	
GELNIQUE PUMP TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	Tier 3	ST; #
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	Tier 3	ST; #
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	Tier 2	ST; QL (1 tablet per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	Tier 1	ST; QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	QL (4 tablets per 1 day)
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	Tier 1	#; OTC; QL (1 box per 1 fill)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Tier 1	ST; QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Tier 1	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	Tier 3	ST; #; QL (1 tablet per 1 day)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	Tier 1	ST; QL (1 capsule per 1 day)
<i>tropium chloride oral tablet 20 mg</i>	Tier 1	QL (2 tablets per 1 day)
URECHOLINE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG (<i>bethanechol chloride</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	NF	#
VAGINAL PRODUCTS - DRUGS FOR WOMEN		
AVC VAGINAL VAGINAL CREAM 15 % (<i>sulfanilamide</i>)	Tier 3	
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	NF	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	Tier 3	
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	NF	
CRINONE VAGINAL GEL 4 % (<i>progesterone</i>)	Tier 3	PA
CRINONE VAGINAL GEL 8 % (<i>progesterone</i>)	Tier 3	PA; ST
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	CE	N2 (NF)
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	Tier 3	PA; #
ESTRACE VAGINAL CREAM 0.1 MG/GM (<i>estradiol</i>)	NF	
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	
ESTRING VAGINAL RING 2 MG (<i>estradiol</i>)	Tier 3	
FEM PH VAGINAL GEL 0.9-0.025 % (<i>acetic acid-oxyquinoline</i>)	Tier 3	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	Tier 3	#; QL (1 ring per 90 days)
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate (1 dose)</i>)	Tier 3	
IMVEXXY VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	NF	
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	NF	
METROGEL-VAGINAL VAGINAL GEL 0.75 % (<i>metronidazole</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	NF	
OPTIONS CONCEPTROL VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	N2 (NF)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	CE	N2 (NF)
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 % (<i>acetic acid-oxyquinoline</i>)	Tier 3	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (<i>nonoxynol-9</i>)	CE	N2 (NF)
TERAZOL 7 VAGINAL CREAM 0.4 % (<i>terconazole</i>)	NF	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	N2 (NF)
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	NF	
<i>metronidazole (Vandazole Vaginal Gel 0.75 %)</i>	Tier 1	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	N2 (NF)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (<i>nonoxynol-9</i>)	CE	N2 (NF)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	N2 (NF)
<i>estradiol (Yuvafem Vaginal Tablet 10 Mcg)</i>	Tier 1	
VASOPRESSORS - DRUGS FOR THE HEART		
ADYPHREN AMP II INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
ADYPHREN AMP INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
ADYPHREN II INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADYPHREN INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	NF	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	Tier 1	QL (1 pack per 1 fill)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 1	QL (8 pens per 1 month)
EPISNAP INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML (<i>epinephrine</i>)	NF	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML (<i>epinephrine</i>)	Tier 3	QL (4 syringes per 30 days)
VITAMINS - DRUGS FOR NUTRITION		
<i>ergocal oral capsule 62.5 mcg (2500 ut)</i>	Tier 3	
<i>hm biotin oral tablet dispersible 10000 mcg</i>	NF	
MEPHYTON ORAL TABLET 5 MG (<i>phytonadione</i>)	Tier 3	QL (25 tablets per 30 days)
<i>phytonadione oral tablet 5 mg</i>	Tier 1	QL (25 tablets per 30 Days)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Tier 1	
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	Tier 1	

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NEEDLE SHORT	<i>valsartan</i>	229	<i>valsartan</i>	92	VERIPRED 20	149
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ULTRATRAK PRO TEST	<i>value health insulin syringe</i>	180	<i>value health insulin syringe</i>	229	VESICARE	281
ULTRATRAK ULTIMATE	<i>value plus glucose</i>	180	<i>value plus glucose</i>	76	Vestura	145
TEST	<i>value plus lancet standard 21g</i>	180	<i>value plus lancet standard 21g</i>	229	VEXOL	255
ULTRAVATE	<i>value plus lancets super thin</i>	172	<i>value plus lancets super thin</i>	229	VFEND	80
UNIFINE PENTIPS	<i>value plus lancets thin 26g</i>	229	<i>value plus lancets thin 26g</i>	229	VIBERZI	209
UNILET COMFORTOUCH	<i>valumark lancet super thin 30g</i>	229	<i>valumark lancet super thin 30g</i>	229	VIBRAMYCIN	273, 274
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UNILET EXCELITE	<i>valumark pen needles</i>	229	<i>valumark pen needles</i>	230	Vicodin Es	40
UNILET EXCELITE II	VANATOL LQ	229	VANATOL LQ	32	Vicodin Hp	40
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