Anthem

Select 4 Tier Drug List

Drug list — Four Tier Drug Plan

Your prescription benefit comes with a drug list, which is also called a formulary. This list is made up of brand-name and generic prescription drugs approved by the U.S. Food & Drug Administration (FDA).

The following is a list of plan names to which this formulary may apply. Additional plans may be applicable. If you are a current Anthem member with questions about your pharmacy benefits, we're here to help. Just call us at the Pharmacy Member Services number on your ID card.

HMO Saver
PPO Share 1000
PPO Share 1000 (Kirchner)
PPO Share 1500
PPO Share 2500
PPO Share 3500
PPO Share 500
PPO Share 7500

Here are a few things to remember:

- You can view and search our current drug lists when you visit anthem.com/ca and choose Prescription Benefits. Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.
- Additional tools and resources are available for current Anthem members to view the most up-to-date list of drugs for your plan - including drugs that have been added, generic drugs and more – by logging in at anthem.com/ca.
- Your coverage has limitations and exclusions, which means there are certain rules about what's covered by your plan and what isn't. Already a member? You can view your Certificate/Evidence of Coverage or your Summary Plan Description by logging in at anthem.com/ca and go to **My Plan ->Benefits-> Plan Documents**.
- You and your doctor can use this list as a guide to choose drugs that are best for you. Drugs that aren't on this list may not be covered by your plan and may cost you more out of pocket. To help you see how the drug list works with your drug benefit, we've included some frequently asked questions (FAQ) in this document about how the list is set up and what to do if a drug you take isn't on it.

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Select Drug List – Informational Section

Definitions

"$0" next to a drug means this is a preventive drug. For some members, this product may be covered at 100% with $0 cost share with a prescription from your provider if specified criteria are met.

"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 an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

"**Copayment**" means a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

"**Deductible**" means the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

"**Dose Optimization (DO)**" means dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

"**Drug Tier**" is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.

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

"Exception request" is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.

"**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**" is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

"**Generic drug**" is the same drug as its BRAND name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in **bold** and *italicized* lowercase letters.

"**Limited Distribution (LD)**" means limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

"**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.

"**Nonformulary drug**" is a prescription drug that is not listed on the health plan's formulary.

"**Oral Chemotherapy (OC)"** Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars ($200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.

"**Out-of-pocket costs**" are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

"**Prescribing provider**" is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

"**Prescription**" is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

"Prescription drug" is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

"**Prior Authorization (PA)**" is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

"**Quantity limit (QL)**" means a restriction on the number of doses of a prescription drug covered by a health insurance product during a specific time period, or any other limitation on the quantity of a drug that is covered.

"Specialty Drugs (SP)" means specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

"**Step therapy (ST)**" is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

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

Frequently Asked Questions

How do I know what drugs are covered under my benefits?
This is a complete listing of all the drugs on the drug list. But, it's possible a drug(s) on this list may not be covered, depending on your plan's design.

Your pharmacy benefit covers prescription drugs, including Specialty Drugs, that may be administered to you as part of a doctor's visit, home care visit, or at an outpatient Facility when they are Covered Services. Benefits that are administered to you in your provider's office are typically covered under your medical benefit. This may include Drugs for infusion therapy, chemotherapy, blood products, certain injectables and any drug that must be administered by a Provider.

How can I find a drug on the list?
(A) A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the BRAND name or ***generic*** name of the drug in the alphabetical index; and
(B) 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.

You can search the PDF drug list by:

- Drug name, using Ctrl + F on your keyboard, then type in the name of the drug you're looking for.
- Drug class, using the categories listed in alphabetical order.

How are drugs shown on the list?

- A drug is listed alphabetically by its BRAND name 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 ***bold and italicized lowercase*** letters;

PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS TYPE - DRUGS FOR SEVERE MENTAL DISORDERS
NUEDEXTA ORAL CAPSULE (***dextromethorphan***)

- If a ***generic*** equivalent for a BRAND name drug is both available and covered, the ***generic*** drug will be listed separately from the BRAND name drug in all ***bold and italicized lowercase letters***; and

AMINOPENICILLIN ANTIBIOTIC - ANTIBIOTICS
amoxicillin oral capsule

- 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.

levonorgestrel-ethinyl estrad (Portia 28 Oral Tablet)

The "Under Coverage Requirements and Limits" section will indicate if you need preapproval before you can take the drug (called prior authorization or PA), or if you need to try other drugs first for your treatment (called step therapy or ST).

Note: The presence of a prescription drug on the formulary does not guarantee that your doctor will prescribe that prescription drug for a particular medical condition.

What are my options for getting my prescriptions?
You have plenty of choices about how and where to get your prescription medicines, including local pharmacies in your plan, convenient home delivery or specialty pharmacies. Most plans include our home delivery program at no extra cost to you.

Current Anthem members can find out more by logging in at anthem.com/ca and choose Prescription Benefits or call 833-203-1739. For more details about your coverage, you can call the phone number on your member ID card.

What if my drug isn't on the list?
We understand that only you and your doctor know what is best for you. If you want to take a drug that's not on the drug list, you may have to pay the full cost for it. You can also talk to your doctor or pharmacist to see if there's another drug covered by your plan that will work just as well, or if generic or OTC drugs are an option. Only you and your doctor can decide what drugs are right for you.

If a drug you're taking isn't covered, your doctor can ask us to review the coverage. This process is called preapproval or prior authorization.

Your doctor can get the process started by completing an electronic Prior Authorization, calling the Member Services number on the back of your member ID card or by downloading a prior authorization form from our website and submitting it. If your request is approved, the amount you pay for the drug will depend on your plan's benefit.

There are a few options for your doctor to start the Prior Authorization (PA) process:

1. Submit an electronic PA request by going to https://www.covermymeds.com/main/partners/anthem.
2. Log in at anthem.com/ca and choose **Pharmacy**.
    - Go to **Pharmacy Resources** and **Search Your Drug List** for your medication.
    - Choose the correct medication strength and form.
    - Scroll down to **Definition of Restrictions** and locate the applicable Fax Form in the table.
    - Your doctor completes and faxes the form to us at 844-474-3347.
3. Calling Member Services number on the back of your member ID card.

Who decides what drugs are on the list?
The drugs on the list are reviewed through our Pharmacy and Therapeutics (P&T) process. In this process, a group of independent doctors, pharmacists and other health care professionals decides which drugs we include on our lists. This group meets regularly to look at new and existing drugs and recommends drugs based on how safe they are, how well they work and the value they offer our members.

What is a specialty drug and how do I get them?
If you're taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered. Specialty drugs come in many forms like pills, liquids, injections (shots), infusions or inhalers and may need special storage and handling. Typically benefits for specialty drugs that are self-administered will be covered under the pharmacy benefit. Benefits for specialty drugs that are administered to you in your provider's office are typically covered under your medical benefit. If you use pharmacies that are not in the network, your medicine may not be covered and you may have to pay the full cost. For more details about your coverage, you can call the phone number on your member ID card.

Does the drug list change, and how will I know if it does?
Drugs on our list are reviewed and updated on a monthly basis. Sometimes, drugs are added, removed, change tiers or have updated requirements. The changes will usually go into effect the first day of the month. But don't worry, we'll let you know if a drug you take is taken off the list and, in some cases, if a drug you take is moved to a higher tier.

You can always check the drug list to make sure medicines you take are still on it. You'll find the most up-to-date drug list when you log in at anthem.com/ca.

What kind of drugs can I find on the formulary?
We cover FDA-approved preventive care drugs with zero cost share in compliance with the Affordable Care Act (ACA) and California state regulations. Your doctor may need to write a prescription for these preventive services to be covered by your plan, even if they are listed as over-the-counter. The availability or coverage of these medications without cost-sharing may be subject to criteria established by the health plan.

We cover FDA-approved equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes and gestational diabetes as medically necessary. Medication encompasses insulin, insulin pumps, and oral hypoglycemic agents. Covered supplies and equipment are limited to glucose monitors, test strips, syringes and lancets. Covered benefits also include outpatient self-management and educational services used to treat diabetes if services are provided through a program authorized by the State's Diabetes Control Project within the Bureau of Health.

What drugs can I find in each tier?
We place drugs on different tiers based on how well they work to improve health, whether there are over-the-counter (OTC) options and their costs compared to other drugs used for the same type of treatment. The lower the tier, the lower your share of the cost. Here's a breakdown of the tiers in your plan:

- Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.

- Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.

- Tier 3 drugs have a higher cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA.

- Tier 4 drugs have the highest cost share and usually include specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 4 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.

How will I know how much my drug will cost?
Current Anthem members can go online and with the Price a Medication Tool, get pharmacy-specific pricing from a number of local retail pharmacies in your zip code.

Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars ($200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.

How does Anthem promote safety?
When you go to a pharmacy, the pharmacist will get an electronic message from Anthem if a drug needs prior authorization, requires step therapy or has a limit on the amount that can be given. Here's a closer look at all of the programs we've put into place to help make sure you get the care you need, while helping to keep you safe.[1]

Our clinical edit programs are:

- Prior authorization, which requires you to get approval before taking a medicine. This helps make sure a drug is used properly and focuses on drugs that may have:
  - Risk of side effects.
  - Risk of harmful effects when taken with other drugs.
  - Potential for incorrect use or abuse.
  - Rules for use with certain conditions.
- Step therapy, which requires that other drugs be tried first. It focuses on whether a drug is right for your condition.
- Dose optimization, which involves changing from taking a dose twice a day to once a day, when medically appropriate. Taking fewer doses may lower your costs; a single higher dose of a drug taken once a day may cost less than a lower dose taken twice a day.
- Quantity Limits impose a limit on the amount in a prescription and how often it can be refilled.
  - If a refill request is submitted too soon or the doctor prescribes an amount that's higher than what is allowed, the drug won't be covered at that time.
  - If there are medical reasons to prescribe the drug as originally dosed, the doctor can ask for review by our Prior Authorization Center.

Also, If you're taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered.

How does my doctor start the Prior Authorization process?
If your drug is on our formulary but requires a PA or Step Therapy, there are a few options for your doctor to start the Prior Authorization (PA) process:

1. Submit an electronic PA request by going to https://www.covermymeds.com/main/partners/anthem.
2. Log in at anthem.com/ca and choose Pharmacy.
   - Go to Pharmacy Resources and Search Your Drug List for your medication.
   - Choose the correct medication strength and form.
   - Scroll down to Definition of Restrictions and locate the applicable Fax Form in the table.
   - Your doctor completes the form and faxes it to Anthem at 844-474-3347.
3. Calling Pharmacy Member Services number on the back of your member ID card.

What is Step Therapy? How does it work?
Step therapy requires trying other drugs before certain medications may be covered. The pharmacy will let you know if step therapy is required and you must first try the drug or treatment included in the program. If the drug or treatment does not treat the condition well, the doctor can contact our Prior Authorization Center to ask that we approve the original drug.[1]

A few more notes about the exception process:

- If we fail to respond to a completed 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 any subsequent requests for this medication.

- Don't worry, if you've changed policies, we won't ask you to repeat an approved step therapy request that is already being used to treat a medical condition provided that the drug is still appropriately prescribed and is considered safe and effective.

A note about opioid analgesics. The member cost share for certain abuse-deterrent opioid analgesics may be lower in some states because of laws in those states. Opioid analgesics are a type of painkiller. In response to the global opioid epidemic, the U.S. Food and Drug Administration (FDA) has encouraged drug manufacturers to develop opioids with properties that help deter their misuse and abuse.

Drug(s) may be excluded from the list based on your plan's benefit design.

[1] If the Prior Authorization Center concludes the prescription claim should be denied, members and their doctors will get letters that explain the appeals and/or grievance process.

KEY

Here are some terms and notes you'll find on the drug list.

BRAND name drugs are in UPPER CASE, plain type.

***generic* drugs are in lower case, italic bold type.**

$0 = preventive drugs. For some members, this product may be covered at 100% with $0 cost share with a prescription from your provider if specified criteria are met.

DO = dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

LD = limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

OC = oral chemotherapy. These drugs after deductible shall not exceed $200 per an individual prescription for up to a 30 day supply.

PA = prior authorization. You may need to get benefits approved before certain prescriptions can be filled.

QL = quantity limits. There are limits on the amount of medicine covered within a certain amount of time.

SP = specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

ST = step therapy. You may need to use another recommended drug first before a prescribed drug is covered.

Tier 1 = drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.

Tier 2 = drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.

Tier 3 = drugs have a higher cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA.

Tier 4 = drugs have the highest cost share and usually include specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 4 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR - DRUGS FOR ATTENTION DEFICIT DISORDER**		
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	Tier 2	PA; DO
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	Tier 2	PA; QL (1 capsule per 1 day)
AMPHETAMINE MIXTURES - DRUGS FOR ATTENTION DEFICIT DISORDER**		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 1	PA; DO
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	Tier 1	PA; QL (1 capsule per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	Tier 1	PA; DO
amphetamine-dextroamphetamine oral tablet 20 mg	Tier 1	PA; QL (3 tablets per 1 day)
amphetamine-dextroamphetamine oral tablet 30 mg	Tier 1	PA; QL (2 tablets per 1 day)
AMPHETAMINES - DRUGS FOR ATTENTION DEFICIT DISORDER**		
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	Tier 1	PA; QL (4 capsules per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	Tier 1	PA; DO
dextroamphetamine sulfate oral solution	Tier 1	PA; QL (60 mL per 1 day)
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	PA; QL (6 tablets per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	PA; DO
dextroamphetamine sulfate (Procentra Oral Solution)	Tier 1	PA; QL (60 mL per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (***lisdexamfetamine dimesylate***)	Tier 3	PA; DO
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (***lisdexamfetamine dimesylate***)	Tier 3	PA; QL (1 capsule per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (***lisdexamfetamine dimesylate***)	Tier 3	PA
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (***lisdexamfetamine dimesylate***)	Tier 3	PA; QL (1 tablet per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg)	Tier 1	PA; QL (6 tablets per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 5 Mg)	Tier 1	PA; DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STIMULANTS - MISC. - DRUGS FOR ATTENTION DEFICIT DISORDER**		
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	PA; DO
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg	Tier 1	PA; QL (1 capsule per 1 day)
dexmethylphenidate hcl oral tablet 10 mg	Tier 1	PA; QL (2 tablets per 1 day)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	Tier 1	PA; DO
methylphenidate hcl (Metadate Er Oral Tablet Extended Release)	Tier 1	PA; QL (3 tablets per 1 day)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	Tier 1	PA; DO
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	Tier 1	PA; QL (1 capsule per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg	Tier 1	PA; DO
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	Tier 1	PA; QL (2 capsules per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg	Tier 1	PA; QL (1 capsule per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 27 mg	Tier 1	PA; DO
methylphenidate hcl er oral tablet extended release 20 mg	Tier 1	PA; QL (3 tablets per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour	Tier 1	PA
methylphenidate hcl er oral tablet extended release 36 mg	Tier 1	PA; QL (2 tablets per 1 day)
methylphenidate hcl er oral tablet extended release 54 mg, 72 mg	Tier 1	PA; QL (1 tablet per 1 day)
methylphenidate hcl oral solution 10 mg/5ml	Tier 1	PA; QL (30 mL per 1 day)
methylphenidate hcl oral solution 5 mg/5ml	Tier 1	PA; QL (60 mL per 1 day)
methylphenidate hcl oral tablet 10 mg, 5 mg	Tier 1	PA; DO
methylphenidate hcl oral tablet 20 mg	Tier 1	PA; QL (3 tablets per 1 day)
***AMINOGLYCOSIDES* - DRUGS FOR INFECTIONS**		
AMINOGLYCOSIDES - ANTIBIOTICS**		
neomycin sulfate oral tablet	Tier 1	
paromomycin sulfate oral capsule	Tier 1	
tobramycin inhalation nebulization solution	Tier 4	SP; QL (9.4 mL per 1 day)
***ANALGESICS - ANTI-INFLAMMATORY* - DRUGS FOR PAIN AND FEVER**		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - ARTHRITIS AND PAIN DRUGS**		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML (***adalimumab***)	Tier 4	PA; SP; QL (1 kit per 365 days)

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Effective 10/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (***adalimumab***)	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (***adalimumab***)	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (***adalimumab***)	Tier 4	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT (***adalimumab***)	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT (***adalimumab***)	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT (***adalimumab***)	Tier 4	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (***golimumab***)	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***golimumab***)	Tier 4	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***golimumab***)	Tier 4	PA; SP; QL (1 syringe per 28 days)
ANTI-TNF-ALPHA - MONOCLONOAL ANTIBODIES - ARTHRITIS AND PAIN DRUGS**		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML (***adalimumab***)	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (***adalimumab***)	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (***adalimumab***)	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (***adalimumab***)	Tier 4	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT (***adalimumab***)	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT (***adalimumab***)	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT (***adalimumab***)	Tier 4	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (***golimumab***)	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***golimumab***)	Tier 4	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***golimumab***)	Tier 4	PA; SP; QL (1 syringe per 28 days)
CYCLOOXYGENASE 2 (COX-2) INHIBITORS - ARTHRITIS AND PAIN DRUGS**		
celecoxib oral capsule 100 mg, 50 mg	Tier 2	ST; QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
celecoxib oral capsule 200 mg	Tier 2	ST; QL (2 capsule per 1 day)
celecoxib oral capsule 400 mg	Tier 2	ST; QL (1 capsule per 1 day)
GOLD COMPOUNDS - ARTHRITIS AND PAIN DRUGS**		
RIDAURA ORAL CAPSULE (***auranofin***)	Tier 3	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - ARTHRITIS AND PAIN DRUGS**		
diclofenac potassium oral tablet	Tier 1	
diclofenac sodium er oral tablet extended release 24 hour	Tier 1	QL (2 tablets per 1 day)
diclofenac sodium oral tablet delayed release 25 mg	Tier 1	QL (5 tablets per 1 day)
diclofenac sodium oral tablet delayed release 50 mg	Tier 1	QL (4 tablets per 1 day)
diclofenac sodium oral tablet delayed release 75 mg	Tier 1	QL (2 tablets per 1 day)
ec-naproxen oral tablet delayed release	Tier 1	
ibuprofen (Ibu Oral Tablet 400 Mg, 800 Mg)	Tier 1	QL (4 tablets per 1 day)
ibuprofen (Ibu Oral Tablet 600 Mg)	Tier 1	
ibuprofen oral suspension	Tier 1	QL (4 mL per 1 day)
ibuprofen oral tablet 400 mg, 800 mg	Tier 1	QL (4 tablets per 1 day)
ibuprofen oral tablet 600 mg	Tier 1	
indomethacin er oral capsule extended release	Tier 1	QL (2 capsule per 1 day)
indomethacin oral capsule 25 mg	Tier 1	QL (3 capsule per 1 day)
indomethacin oral capsule 50 mg	Tier 1	QL (4 capsule per 1 day)
ketorolac tromethamine oral tablet	Tier 1	QL (20 tablets per 30 days)
meclofenamate sodium oral capsule	Tier 1	QL (4 capsules per 1 day)
meloxicam oral suspension	Tier 1	
meloxicam oral tablet	Tier 1	QL (1 tablet per 1 day)
nabumetone oral tablet 500 mg	Tier 1	QL (4 tablets per 1 day)
nabumetone oral tablet 750 mg	Tier 1	QL (2 tablets per 1 day)
naproxen dr oral tablet delayed release	Tier 1	
naproxen kit oral tablet	Tier 1	
naproxen oral suspension	Tier 1	
naproxen oral tablet	Tier 1	
naproxen sodium oral tablet 275 mg	Tier 1	QL (4 tablets per 1 day)
naproxen sodium oral tablet 550 mg	Tier 1	QL (2 tablets per 1 day)
sulindac oral tablet	Tier 1	QL (2 tablets per 1 day)
SELECTIVE COSTIMULATION MODULATORS - ARTHRITIS AND PAIN DRUGS**		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***abatacept***)	Tier 4	PA; SP; QL (4 syringes per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED (***abatacept***)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (***abatacept***)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML (***abatacept***)	Tier 4	PA; SP; QL (4 injections per 28 days)
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - ARTHRITIS AND PAIN DRUGS**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE (***etanercept***)	Tier 4	PA; SP; QL (4 cartridges per 28 days)
ENBREL SUBCUTANEOUS SOLUTION (***etanercept***)	Tier 4	PA; QL (8 injections per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (***etanercept***)	Tier 4	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (***etanercept***)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED (***etanercept***)	Tier 4	PA; SP; QL (8 vials per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***etanercept***)	Tier 4	PA; SP; QL (4 pens per 28 days)
***ANALGESICS - NONNARCOTIC* - DRUGS FOR PAIN AND FEVER**		
ANALGESICS-SEDATIVES - ARTHRITIS AND PAIN DRUGS**		
butalbital-acetaminophen oral tablet	Tier 1	QL (6 tablets per 1 day)
butalbital-apap oral tablet	Tier 1	QL (6 tablets per 1 day)
butalbital-apap-caffeine oral capsule	Tier 1	QL (6 capsules per 1 day)
butalbital-apap-caffeine oral tablet	Tier 1	QL (6 tablets per 1 day)
butalbital-asa-caffeine oral capsule	Tier 1	
butalbital-aspirin-caffeine oral capsule	Tier 1	QL (6 capsules per 1 day)
butalbital-aspirin-caffeine oral tablet	Tier 2	QL (6 tablets per 1 day)
butalbital-apap-caffeine (Capacet Oral Capsule)	Tier 1	
marten-tab oral tablet	Tier 1	
butalbital-apap-caffeine (Phrenilin Forte Oral Capsule)	Tier 1	QL (6 capsules per 1 day)
TENCON ORAL TABLET (***butalbital-acetaminophen***)	Tier 1	QL (6 tablets per 1 day)
butalbital-apap-caffeine (Zebutal Oral Capsule)	Tier 2	QL (6 capsules per 1 day)
SALICYLATES - ARTHRITIS AND PAIN DRUGS**		
BAYER ASPIRIN EXTRA STRENGTH ORAL TABLET (***aspirin***)	Tier 1	
diflunisal oral tablet	Tier 1	
***ANALGESICS - OPIOID* - DRUGS FOR PAIN AND FEVER**		
CODEINE COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
acetaminophen-codeine #2 oral tablet	Tier 1	PA; QL (6 tablets per 1 day)
acetaminophen-codeine #3 oral tablet	Tier 1	PA; QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acetaminophen-codeine #4 oral tablet	Tier 1	PA; QL (6 tablets per 1 day)
acetaminophen-codeine oral solution	Tier 1	PA; QL (30 mL per 1 day)
acetaminophen-codeine oral tablet	Tier 1	PA; QL (6 tablets per 1 day)
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule)	Tier 1	PA; QL (6 capsules per 1 day)
butalbital-apap-caff-cod oral capsule	Tier 1	PA; QL (6 capsules per 1 day)
butalbital-asa-caff-codeine oral capsule	Tier 1	PA; QL (6 capsules per 1 day)
HYDROCODONE COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
hydrocodone-acetaminophen oral solution	Tier 1	QL (90 mL per 1 day)
hydrocodone-acetaminophen oral tablet	Tier 1	QL (6 tablets per 1 day)
hydrocodone-ibuprofen oral tablet	Tier 1	QL (5 tablets per 1 day)
IBUDONE ORAL TABLET (***hydrocodone-ibuprofen***)	Tier 1	QL (5 tablets per 1 day)
hydrocodone-acetaminophen (Lorcet Hd Oral Tablet)	Tier 1	QL (6 tablets per 1 day)
hydrocodone-acetaminophen (Lorcet Oral Tablet)	Tier 1	QL (6 tablets per 1 day)
hydrocodone-acetaminophen (Vicodin Es Oral Tablet)	Tier 2	QL (6 tablets per 1 day)
hydrocodone-acetaminophen (Vicodin Hp Oral Tablet)	Tier 2	QL (6 tablets per 1 day)
hydrocodone-acetaminophen (Vicodin Oral Tablet)	Tier 1	QL (6 tablets per 1 day)
zamicet oral solution	Tier 1	QL (90 mL per 1 day)
OPIOID AGONISTS - ARTHRITIS AND PAIN DRUGS**		
codeine sulfate oral tablet	Tier 2	PA; QL (6 tablets per 1 day)
fentanyl transdermal patch 72 hour	Tier 2	PA; QL (15 patches per 30 days)
hydromorphone hcl oral liquid	Tier 1	QL (24 mL per 1 day)
hydromorphone hcl oral tablet	Tier 1	QL (6 tablets per 1 day)
hydromorphone hcl rectal suppository	Tier 2	QL (4 suppositories per 1 day)
meperidine hcl injection solution	Tier 1	
meperidine hcl oral solution	Tier 1	QL (30 mL per 1 day)
meperidine hcl oral tablet	Tier 1	QL (6 tablets per 1 day)
methadone hcl (Methadone Hcl Intensol Oral Concentrate)	Tier 1	PA; QL (6 mL per 1 day)
methadone hcl oral concentrate	Tier 1	PA; QL (6 mL per 1 day)
methadone hcl oral solution	Tier 1	PA; QL (30 mL per 1 day)
methadone hcl oral tablet	Tier 1	PA; QL (6 tablets per 1 day)
methadone hcl oral tablet soluble	Tier 1	PA; QL (1 tablet per 1 day)
methadone hcl (Methadose Oral Tablet Soluble)	Tier 1	PA; QL (1 tablet per 1 day)
morphine sulfate (concentrate) oral solution	Tier 1	QL (6 mL per 1 day)
morphine sulfate er oral capsule extended release 24 hour	Tier 2	PA; QL (2 capsules per 1 day)
morphine sulfate er oral tablet extended release 100 mg, 200 mg	Tier 2	PA; QL (2 tablets per 1 day)
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	Tier 2	PA; QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
morphine sulfate oral solution	Tier 1	QL (30 mL per 1 day)
morphine sulfate oral tablet	Tier 1	QL (6 tablets per 1 day)
morphine sulfate rectal suppository	Tier 1	QL (6 suppositories per 1 day)
oxycodone hcl oral capsule	Tier 2	QL (6 capsules per 1 day)
oxycodone hcl oral concentrate 10 mg/0.5ml, 100 mg/5ml	Tier 2	QL (6 mL per 1 day)
oxycodone hcl oral solution	Tier 2	QL (30 mL per 1 day)
oxycodone hcl oral tablet	Tier 2	QL (6 tablets per 1 day)
oxymorphone hcl oral tablet	Tier 2	QL (6 tablets per 1 day)
tramadol hcl oral tablet	Tier 1	QL (8 tablet per 1 day)
OPIOID COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
oxycodone-acetaminophen (Endocet Oral Tablet)	Tier 2	QL (6 tablets per 1 day)
oxycodone-acetaminophen oral tablet	Tier 1	QL (6 tablets per 1 day)
oxycodone-aspirin oral tablet	Tier 1	QL (6 tablets per 1 day)
oxycodone-ibuprofen oral tablet	Tier 1	QL (4 tablets per 1 day)
OPIOID PARTIAL AGONISTS - ARTHRITIS AND PAIN DRUGS**		
buprenorphine hcl sublingual tablet sublingual 2 mg	Tier 2	QL (12 tablets per 90 days)
buprenorphine hcl sublingual tablet sublingual 8 mg	Tier 2	QL (3 tablets per 90 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	Tier 2	QL (2 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	Tier 2	QL (12 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	Tier 2	QL (6 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	Tier 2	QL (3 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	Tier 1	QL (12 tablets per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	Tier 1	QL (3 tablets per 1 day)
butorphanol tartrate nasal solution	Tier 1	QL (2 bottles per 30 days)
***ANDROGENS-ANABOLIC* - HORMONES**		
ANABOLIC STEROIDS - DRUGS FOR MEN**		
oxandrolone oral tablet	Tier 2	PA
ANDROGENS - DRUGS FOR MEN**		
ANDROXY ORAL TABLET (***fluoxymesterone***)	Tier 2	
danazol oral capsule	Tier 2	
methitest oral tablet	Tier 3	
testosterone cypionate injection solution	Tier 1	PA
testosterone cypionate intramuscular solution	Tier 1	PA
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/act (1.62%)	Tier 2	PA; QL (1 bottle per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	Tier 2	PA; QL (1 packet per 1 day)
testosterone transdermal gel 25 mg/2.5gm (1%)	Tier 2	PA; QL (2 packets per 1 day)
***ANORECTAL AGENTS* - RECTAL PREPARATIONS**		
INTRARECTAL STEROIDS - RECTAL PREPARATIONS**		
hydrocortisone (Colocort Rectal Enema)	Tier 1	
hydrocortisone rectal enema	Tier 1	
RECTAL ANESTHETIC/STEROIDS - RECTAL PREPARATIONS**		
hydrocortisone ace-pramoxine external cream	Tier 1	
hydrocortisone ace-pramoxine rectal cream	Tier 1	
lidocaine-hydrocortisone ace rectal gel	Tier 3	
lidocaine-hydrocortisone ace rectal kit	Tier 1	
pramcort rectal cream	Tier 1	
RECTAL STEROIDS - RECTAL PREPARATIONS**		
hydrocortisone (perianal) external cream	Tier 1	
hydrocortisone rectal cream	Tier 1	
hydrocortisone (Procto-Med Hc External Cream)	Tier 1	
hydrocortisone (Procto-Med Hc Rectal Cream)	Tier 1	
hydrocortisone (Procto-Pak External Cream)	Tier 1	
hydrocortisone (Procto-Pak Rectal Cream)	Tier 1	
hydrocortisone (Proctosol Hc External Cream)	Tier 1	
hydrocortisone (Proctosol Hc Rectal Cream)	Tier 1	
hydrocortisone (Proctozone-Hc External Cream)	Tier 1	
hydrocortisone (Proctozone-Hc Rectal Cream)	Tier 1	
***ANTHELMINTICS* - DRUGS FOR INFECTIONS**		
ANTHELMINTICS - DRUGS FOR PARASITES**		
ivermectin oral tablet	Tier 1	
praziquantel oral tablet	Tier 2	
***ANTIANGINAL AGENTS* - DRUGS FOR THE HEART**		
NITRATES - DRUGS FOR ANGINA**		
isosorbide dinitrate (Isochron Oral Tablet Extended Release)	Tier 1	
isosorbide dinitrate er oral tablet extended release	Tier 1	
isosorbide dinitrate oral tablet	Tier 1	
isosorbide mononitrate er oral tablet extended release 24 hour	Tier 1	
isosorbide mononitrate oral tablet	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT (***nitroglycerin***)	Tier 2	
nitroglycerin er oral capsule extended release	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nitroglycerin sublingual tablet sublingual	Tier 1	
nitroglycerin translingual aerosol solution	Tier 2	
nitroglycerin translingual solution	Tier 2	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE (***nitroglycerin***)	Tier 1	
***ANTIANXIETY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ANTIANXIETY AGENTS - MISC. - DRUGS FOR ANXIETY**		
buspirone hcl oral tablet	Tier 1	
hydroxyzine hcl oral syrup	Tier 1	
hydroxyzine hcl oral tablet	Tier 1	
hydroxyzine pamoate oral capsule	Tier 1	
BENZODIAZEPINES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
alprazolam oral tablet	Tier 1	QL (3 tablets per 1 day)
diazepam (Diazepam Intensol Oral Concentrate)	Tier 1	QL (8 mL per 1 day)
diazepam oral concentrate	Tier 1	QL (8 mL per 1 day)
diazepam oral solution	Tier 1	
diazepam oral tablet	Tier 1	QL (4 tablets per 1 day)
lorazepam oral tablet	Tier 1	QL (3 tablets per 1 day)
***ANTIARRHYTHMICS* - DRUGS FOR THE HEART**		
ANTIARRHYTHMICS TYPE I-A - DRUGS FOR ABNORMAL HEART RHYTHMS**		
disopyramide phosphate oral capsule	Tier 2	
quinidine sulfate er oral tablet extended release	Tier 1	
quinidine sulfate oral tablet	Tier 1	
ANTIARRHYTHMICS TYPE I-B - DRUGS FOR ABNORMAL HEART RHYTHMS**		
mexiletine hcl oral capsule	Tier 2	
ANTIARRHYTHMICS TYPE I-C - DRUGS FOR ABNORMAL HEART RHYTHMS**		
flecainide acetate oral tablet 100 mg	Tier 2	QL (4 tablets per 1 day)
flecainide acetate oral tablet 150 mg	Tier 2	QL (2 tablets per 1 day)
flecainide acetate oral tablet 50 mg	Tier 2	QL (3 tablets per 1 day)
propafenone hcl er oral capsule extended release 12 hour	Tier 2	
propafenone hcl oral tablet	Tier 2	
ANTIARRHYTHMICS TYPE III - DRUGS FOR ABNORMAL HEART RHYTHMS**		
dofetilide oral capsule	Tier 2	
MULTAQ ORAL TABLET (***dronedarone hcl***)	Tier 3	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTIASTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS**		
ADRENERGIC COMBINATIONS - DRUGS FOR ASTHMA/COPD**		
ADVAIR HFA INHALATION AEROSOL (***fluticasone-salmeterol***)	Tier 2	QL (1 inhaler per 30 days)
budesonide-formoterol fumarate inhalation aerosol	Tier 2	QL (1 inhaler per 30 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (***mometasone furo-formoterol fum***)	Tier 2	QL (1 inhaler per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated	Tier 1	QL (1 inhaler per 30 days)
ipratropium-albuterol inhalation solution	Tier 2	
SYMBICORT INHALATION AEROSOL (***budesonide-formoterol fumarate***)	Tier 2	QL (1 inhaler per 30 days)
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated)	Tier 1	QL (1 inhaler per 30 days)
ANTI-INFLAMMATORY AGENTS - DRUGS FOR ASTHMA/COPD**		
cromolyn sodium inhalation nebulization solution	Tier 2	
BETA ADRENERGICS - DRUGS FOR ASTHMA/COPD**		
ALBUTEROL SULFATE HFA INHALATION AEROSOL SOLUTION	Tier 1	QL (2 inhalers per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	Tier 1	QL (360 mL per 30 days)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	Tier 1	QL (60 mL per 30 days)
albuterol sulfate oral syrup	Tier 1	
levalbuterol tartrate inhalation aerosol	Tier 1	QL (2 inhalers per 30 days)
metaproterenol sulfate oral syrup	Tier 1	
metaproterenol sulfate oral tablet	Tier 1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (***salmeterol xinafoate***)	Tier 2	QL (1 inhaler per 30 days)
BRONCHODILATORS - ANTICHOLINERGICS - DRUGS FOR ASTHMA/COPD**		
ipratropium bromide inhalation solution	Tier 1	QL (300 mL per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE (***tiotropium bromide monohydrate***)	Tier 3	QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION (***tiotropium bromide monohydrate***)	Tier 3	QL (1 inhaler per 30 days)
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS FOR ASTHMA/COPD**		
montelukast sodium oral packet	Tier 1	QL (1 packet per 1 day)
montelukast sodium oral tablet	Tier 1	QL (1 tablet per 1 day)
montelukast sodium oral tablet chewable	Tier 1	QL (1 tablet per 1 day)

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SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - DRUGS FOR ASTHMA/COPD**		
DALIRESP ORAL TABLET (***roflumilast***)	Tier 3	PA; QL (1 tablet per 1 day)
STEROID INHALANTS - DRUGS FOR ASTHMA/COPD**		
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (***mometasone furoate***)	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (***mometasone furoate***)	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (***mometasone furoate***)	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (***mometasone furoate***)	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (***mometasone furoate***)	Tier 2	QL (1 inhaler per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	Tier 1	QL (120 ML per 30 days)
budesonide inhalation suspension 1 mg/2ml	Tier 1	QL (60 mL per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST (***fluticasone propionate (inhal)***)	Tier 2	QL (1 inhaler per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST (***fluticasone propionate (inhal)***)	Tier 2	QL (4 inhalers per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT (***fluticasone propionate hfa***)	Tier 2	QL (1 inhaler per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT (***fluticasone propionate hfa***)	Tier 2	QL (2 inhalers per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (***budesonide***)	Tier 2	QL (2 inhalers per 30 days)
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT (***beclomethasone dipropionate***)	Tier 2	QL (1 inhaler per 30 days)
QVAR INHALATION AEROSOL SOLUTION 80 MCG/ACT (***beclomethasone dipropionate***)	Tier 2	QL (2 inhalers per 30 days)
XANTHINES - DRUGS FOR ASTHMA/COPD**		
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR (***theophylline***)	Tier 1	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg	Tier 1	
theophylline er oral tablet extended release 12 hour 450 mg	Tier 1	QL (1 tablet per 1 day)
theophylline er oral tablet extended release 24 hour	Tier 1	QL (1 tablet per 1 day)
theophylline oral solution	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTICOAGULANTS* - DRUGS FOR THE BLOOD**		
COUMARIN ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS**		
warfarin sodium (Jantoven Oral Tablet)	Tier 1	
warfarin sodium oral tablet	Tier 1	
DIRECT FACTOR XA INHIBITORS - DRUGS TO PREVENT BLOOD CLOTS**		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET (***apixaban***)	Tier 3	QL (1 pack per 365 days)
ELIQUIS ORAL TABLET 2.5 MG (***apixaban***)	Tier 3	QL (2 tablets per 1 day)
ELIQUIS ORAL TABLET 5 MG (***apixaban***)	Tier 3	QL (74 tablets per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG (***rivaroxaban***)	Tier 3	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG (***rivaroxaban***)	Tier 3	QL (42 tablets per 1 fill)
XARELTO ORAL TABLET 2.5 MG (***rivaroxaban***)	Tier 3	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK (***rivaroxaban***)	Tier 3	QL (1 pack per 1 day)
LOW MOLECULAR WEIGHT HEPARINS - DRUGS TO PREVENT BLOOD CLOTS**		
enoxaparin sodium injection solution	Tier 4	QL (30 syringes per 30 days)
enoxaparin sodium subcutaneous solution	Tier 4	QL (30 syringes per 30 days)
SYNTHETIC HEPARINOID-LIKE AGENTS - DRUGS TO PREVENT BLOOD CLOTS**		
fondaparinux sodium subcutaneous solution	Tier 4	QL (30 syringes per 30 days)
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE - DRUGS TO PREVENT BLOOD CLOTS**		
PRADAXA ORAL CAPSULE (***dabigatran etexilate mesylate***)	Tier 3	QL (2 capsules per 1 day)
***ANTICONVULSANTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ANTICONVULSANTS - BENZODIAZEPINES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
clonazepam oral tablet	Tier 1	QL (3 tablets per 1 day)
clonazepam oral tablet dispersible	Tier 1	QL (3 tablets per 1 day)
ANTICONVULSANTS - MISC. - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
carbamazepine er oral capsule extended release 12 hour 100 mg	Tier 1	QL (2 capsules per 1 day)
carbamazepine er oral capsule extended release 12 hour 200 mg	Tier 1	QL (8 capsules per 1 day)
carbamazepine er oral capsule extended release 12 hour 300 mg	Tier 1	QL (5 capsules per 1 day)
carbamazepine er oral tablet extended release 12 hour	Tier 1	QL (2 tablets per 1 day)
carbamazepine oral suspension	Tier 1	QL (50 mL per 1 day)
carbamazepine oral tablet	Tier 1	QL (8 tablets per 1 day)
carbamazepine oral tablet chewable	Tier 1	QL (10 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbamazepine (Epitol Oral Tablet)	Tier 1	QL (8 tablets per 1 day)
gabapentin oral capsule 100 mg, 400 mg	Tier 2	QL (6 capsules per 1 day)
gabapentin oral capsule 300 mg	Tier 2	QL (9 capsules per 1 day)
gabapentin oral solution	Tier 2	QL (72 mL per 1 day)
gabapentin oral tablet 600 mg	Tier 2	QL (6 tablets per 1 day)
gabapentin oral tablet 800 mg	Tier 2	QL (4 tablets per 1 day)
lamotrigine oral tablet	Tier 1	QL (2 tablets per 1 day)
lamotrigine oral tablet chewable 25 mg	Tier 1	QL (2 tablets per 1 day)
lamotrigine oral tablet chewable 5 mg	Tier 1	QL (4 tablets per 1 day)
levetiracetam er oral tablet extended release 24 hour 500 mg	Tier 2	QL (6 tablets per 1 day)
levetiracetam er oral tablet extended release 24 hour 750 mg	Tier 2	QL (4 tablets per 1 day)
levetiracetam oral solution	Tier 2	
levetiracetam oral tablet 1000 mg	Tier 2	QL (3 tablets per 1 day)
levetiracetam oral tablet 250 mg	Tier 2	QL (2 tablets per 1 day)
levetiracetam oral tablet 500 mg	Tier 2	QL (6 tablets per 1 day)
levetiracetam oral tablet 750 mg	Tier 2	QL (4 tablets per 1 day)
oxcarbazepine oral suspension	Tier 2	QL (40 mL per 1 day)
oxcarbazepine oral tablet 150 mg, 300 mg	Tier 2	QL (2 tablets per 1 day)
oxcarbazepine oral tablet 600 mg	Tier 2	QL (4 tablets per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	Tier 2	QL (3 capsules per 1 day)
pregabalin oral capsule 225 mg, 300 mg, 75 mg	Tier 2	QL (2 capsules per 1 day)
pregabalin oral solution	Tier 2	QL (30 mL per 1 day)
primidone oral tablet	Tier 1	
lamotrigine (Subvenite Oral Tablet)	Tier 1	QL (2 tablets per 1 day)
topiramate oral capsule sprinkle	Tier 1	QL (2 capsules per 1 day)
topiramate oral tablet	Tier 1	QL (2 tablets per 1 day)
zonisamide oral capsule	Tier 2	QL (1 capsule per 1 day)
CARBAMATES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
felbamate oral suspension	Tier 2	
felbamate oral tablet	Tier 2	
GABA MODULATORS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
tiagabine hcl oral tablet	Tier 2	
HYDANTOINS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
DILANTIN ORAL CAPSULE (***phenytoin sodium extended***)	Tier 3	
PEGANONE ORAL TABLET (***ethotoin***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenytoin sodium extended oral capsule	Tier 1	
SUCCINIMIDES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
ethosuximide oral capsule	Tier 1	
ethosuximide oral solution	Tier 1	
VALPROIC ACID - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
divalproex sodium er oral tablet extended release 24 hour 250 mg	Tier 2	QL (2 tablets per 1 day)
divalproex sodium er oral tablet extended release 24 hour 500 mg	Tier 2	QL (7 tablets per 1 day)
divalproex sodium oral capsule delayed release sprinkle	Tier 2	QL (8 capsules per 1 day)
divalproex sodium oral tablet delayed release 125 mg	Tier 2	QL (2 tablets per 1 day)
divalproex sodium oral tablet delayed release 250 mg	Tier 2	QL (3 tablets per 1 day)
divalproex sodium oral tablet delayed release 500 mg	Tier 2	
valproate sodium oral solution	Tier 1	
valproic acid oral capsule	Tier 1	QL (4 capsules per 1 day)
valproic acid oral solution	Tier 1	
***ANTIDEPRESSANTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - DRUGS FOR DEPRESSION**		
mirtazapine oral tablet	Tier 1	
mirtazapine oral tablet dispersible	Tier 1	
ANTIDEPRESSANTS - MISC. - DRUGS FOR DEPRESSION**		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	Tier 1	DO
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg	Tier 1; $0	QL (2 tablets per 1 day)
bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg	Tier 1	QL (2 tablets per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Tier 1	QL (1 tablet per 1 day)
bupropion hcl oral tablet 100 mg	Tier 1	QL (4.5 tablets per 1 day)
bupropion hcl oral tablet 75 mg	Tier 1	DO
maprotiline hcl oral tablet	Tier 1	
MODIFIED CYCLICS - DRUGS FOR DEPRESSION**		
nefazodone hcl oral tablet	Tier 1	
trazodone hcl oral tablet	Tier 1	
MONOAMINE OXIDASE INHIBITORS (MAOIS) - DRUGS FOR DEPRESSION**		
phenelzine sulfate oral tablet	Tier 1	
tranylcypromine sulfate oral tablet	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - DRUGS FOR DEPRESSION**		
citalopram hydrobromide oral solution	Tier 1	QL (20 mL per 1 day)
citalopram hydrobromide oral tablet 10 mg, 20 mg	Tier 1	DO
citalopram hydrobromide oral tablet 40 mg	Tier 1	QL (1 tablet per 1 day)
escitalopram oxalate oral solution	Tier 1	QL (20 mL per 1 day)
escitalopram oxalate oral tablet 10 mg, 5 mg	Tier 1	DO
escitalopram oxalate oral tablet 20 mg	Tier 1	QL (1 tablet per 1 day)
fluoxetine hcl oral capsule 10 mg	Tier 1	DO
fluoxetine hcl oral capsule 20 mg	Tier 1	QL (4 capsules per 1 day)
fluoxetine hcl oral capsule 40 mg	Tier 1	QL (2 capsule per 1 day)
fluoxetine hcl oral capsule delayed release	Tier 1	QL (4 capsules per 28 days)
fluoxetine hcl oral solution	Tier 1	QL (20 mL per 1 day)
fluoxetine hcl oral tablet 10 mg	Tier 1	DO
fluoxetine hcl oral tablet 20 mg	Tier 1	QL (4 tablets per 1 day)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	Tier 1	DO
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	Tier 1	QL (2 tablets per 1 day)
paroxetine hcl oral tablet 10 mg, 20 mg	Tier 1	DO
paroxetine hcl oral tablet 30 mg	Tier 1	QL (2 tablets per 1 day)
paroxetine hcl oral tablet 40 mg	Tier 1	QL (1.5 tablets per 1 day)
sertraline hcl oral concentrate	Tier 1	QL (10 mL per 1 day)
sertraline hcl oral tablet 100 mg	Tier 1	QL (2 tablets per 1 day)
sertraline hcl oral tablet 25 mg, 50 mg	Tier 1	DO
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - DRUGS FOR DEPRESSION**		
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	Tier 1	QL (1 tablet per 1 day)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	Tier 1	DO
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	Tier 2	QL (2 capsules per 1 day)
duloxetine hcl oral capsule delayed release particles 30 mg	Tier 2	DO
duloxetine hcl oral capsule delayed release particles 40 mg	Tier 2	QL (3 capsules per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	Tier 1	QL (1 capsule per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg	Tier 1	DO
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg	Tier 1	QL (1 tablet per 1 day)

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venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg, 75 mg	Tier 1	DO
venlafaxine hcl oral tablet	Tier 1	QL (3 tablets per 1 day)
TRICYCLIC AGENTS - DRUGS FOR DEPRESSION**		
amitriptyline hcl oral tablet	Tier 1	
amoxapine oral tablet	Tier 1	
clomipramine hcl oral capsule	Tier 2	
desipramine hcl oral tablet	Tier 2	
doxepin hcl oral capsule	Tier 1	
doxepin hcl oral concentrate	Tier 1	
imipramine hcl oral tablet	Tier 1	
nortriptyline hcl oral capsule	Tier 1	
nortriptyline hcl oral solution	Tier 1	
protriptyline hcl oral tablet	Tier 2	
trimipramine maleate oral capsule	Tier 1	
***ANTIDIABETICS* - HORMONES**		
ALPHA-GLUCOSIDASE INHIBITORS - DRUGS FOR DIABETES**		
acarbose oral tablet	Tier 1	QL (3 tablets per 1 day)
BIGUANIDES - DRUGS FOR DIABETES**		
metformin hcl er oral tablet extended release 24 hour	Tier 1	
metformin hcl oral tablet	Tier 1	
DIABETIC OTHER - DRUGS FOR DIABETES**		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED (***glucagon hcl (rdna)***)	Tier 2	QL (2 kits per 30 days)
GLUCAGON EMERGENCY INJECTION KIT (***glucagon (rdna)***)	Tier 2	QL (2 kits per 30 days)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - DRUGS FOR DIABETES**		
alogliptin benzoate oral tablet	Tier 1	ST; QL (1 tablet per 1 day)
JANUVIA ORAL TABLET (***sitagliptin phosphate***)	Tier 2	ST; QL (1 tablet per 1 day)
ONGLYZA ORAL TABLET (***saxagliptin hcl***)	Tier 3	ST; QL (1 tablet per 1 day)
TRADJENTA ORAL TABLET (***linagliptin***)	Tier 2	ST; DO
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES**		
JANUMET ORAL TABLET (***sitagliptin-metformin hcl***)	Tier 2	ST; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (***sitagliptin-metformin hcl***)	Tier 2	ST; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (***sitagliptin-metformin hcl***)	Tier 2	ST; QL (2 tablets per 1 day)
JENTADUETO ORAL TABLET (***linagliptin-metformin hcl***)	Tier 2	ST; QL (2 tablets per 1 day)

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HUMAN INSULIN - DRUGS FOR DIABETES**		
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin lispro***)	Tier 2	QL (30 mL per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin lispro***)	Tier 2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin lispro prot & lispro***)	Tier 2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (***insulin lispro prot & lispro***)	Tier 2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin lispro prot & lispro***)	Tier 2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (***insulin lispro prot & lispro***)	Tier 2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION (***insulin lispro***)	Tier 2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (***insulin lispro***)	Tier 2	QL (30 mL per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin nph isophane & regular***)	Tier 2	QL (30 mL per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (***insulin nph isophane & regular***)	Tier 2	QL (30 mL per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin nph human (isophane)***)	Tier 2	QL (30 mL per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION (***insulin nph human (isophane)***)	Tier 2	QL (30 mL per 30 days)
HUMULIN R INJECTION SOLUTION (***insulin regular human***)	Tier 2	QL (30 mL per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION (***insulin regular human***)	Tier 2	PA; QL (20 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin regular human***)	Tier 2	PA; QL (18 mL per 30 days)
insulin lispro (1 unit dial) subcutaneous solution pen-injector	Tier 2	QL (30 mL per 30 days)
insulin lispro junior kwikpen subcutaneous solution pen-injector	Tier 2	QL (30 mL per 30 days)
insulin lispro prot & lispro subcutaneous suspension pen-injector	Tier 2	QL (30 mL per 30 days)
insulin lispro subcutaneous solution	Tier 2	QL (30 mL per 30 days)
insulin lispro subcutaneous solution pen-injector	Tier 2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin glargine***)	Tier 2	QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION (***insulin glargine***)	Tier 2	QL (30 mL per 30 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin nph human (isophane)***)	Tier 2	QL (30 mL per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin nph human (isophane)***)	Tier 2	QL (30 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR (***insulin regular human***)	Tier 2	QL (30 mL per 30 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR (***insulin regular human***)	Tier 2	QL (30 mL per 30 days)
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - DRUGS FOR DIABETES**		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (***semaglutide***)	Tier 3	ST; QL (1 pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (***semaglutide***)	Tier 3	ST; QL (2 pens per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR (***dulaglutide***)	Tier 3	ST; QL (4 pens per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (***liraglutide***)	Tier 2	ST; QL (1 box (2 pens) per 30 days)
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - DRUGS FOR DIABETES**		
FARXIGA ORAL TABLET (***dapagliflozin propanediol***)	Tier 3	ST; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET (***empagliflozin***)	Tier 2	ST; QL (1 tablet per 1 day)
SULFONYLUREA-BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES**		
glipizide-metformin hcl oral tablet	Tier 1	
glyburide-metformin oral tablet	Tier 1	
SULFONYLUREAS - DRUGS FOR DIABETES**		
glimepiride oral tablet	Tier 1	
glipizide er oral tablet extended release 24 hour	Tier 1	
glipizide oral tablet	Tier 1	
glipizide xl oral tablet extended release 24 hour	Tier 1	
glyburide oral tablet	Tier 1	
tolbutamide oral tablet	Tier 2	
THIAZOLIDINEDIONES - DRUGS FOR DIABETES**		
pioglitazone hcl oral tablet	Tier 1	QL (1 tablet per 1 day)
***ANTIDIARRHEALS* - DRUGS FOR THE STOMACH**		
ANTIPERISTALTIC AGENTS - DRUGS FOR DIARRHEA**		
diphenatol oral tablet	Tier 1	
diphenoxylate-atropine oral liquid	Tier 1	
diphenoxylate-atropine oral tablet	Tier 1	
MOTOFEN ORAL TABLET (***difenoxin-atropine***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTIDOTES* - DRUGS FOR OVERDOSE OR POISONING**		
ANTIDOTES - CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING**		
CHEMET ORAL CAPSULE (***succimer***)	Tier 3	
OPIOID ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING**		
naloxone hcl injection solution	Tier 2	QL (6 vial per 90 days)
naloxone hcl injection solution cartridge	Tier 2	QL (6 syringes per 90 days)
naloxone hcl injection solution prefilled syringe	Tier 2	QL (6 syringes per 90 days)
naltrexone hcl oral tablet	Tier 1	
NARCAN NASAL LIQUID (***naloxone hcl***)	Tier 3	QL (6 nasal spray per 90 days)
***ANTIEMETICS* - DRUGS FOR THE STOMACH**		
5-HT3 RECEPTOR ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA**		
ondansetron hcl oral solution	Tier 2	QL (8 mL per 1 day)
ondansetron hcl oral tablet 24 mg	Tier 2	QL (8 tablets per 30 days)
ondansetron hcl oral tablet 4 mg	Tier 2	QL (48 tablets per 30 days)
ondansetron hcl oral tablet 8 mg	Tier 2	QL (24 tablets per 30 days)
ondansetron oral tablet dispersible 4 mg	Tier 2	QL (48 tablets per 30 days)
ondansetron oral tablet dispersible 8 mg	Tier 2	QL (24 tablets per 30 days)
palonosetron hcl intravenous solution	Tier 2	
palonosetron hcl intravenous solution prefilled syringe	Tier 2	
ANTIEMETICS - ANTICHOLINERGIC - DRUGS FOR VOMITING AND NAUSEA**		
meclizine hcl oral tablet	Tier 1	
scopolamine transdermal patch 72 hour	Tier 2	
trimethobenzamide hcl oral capsule	Tier 1	
ANTIEMETICS - MISCELLANEOUS - DRUGS FOR VOMITING AND NAUSEA**		
CESAMET ORAL CAPSULE (***nabilone***)	Tier 3	
***ANTIFUNGALS* - DRUGS FOR INFECTIONS**		
ANTIFUNGALS - DRUGS FOR FUNGUS**		
bio-statin oral powder	Tier 1	
flucytosine oral capsule	Tier 2	PA
griseofulvin microsize oral suspension	Tier 1	
griseofulvin microsize oral tablet	Tier 1	
griseofulvin ultramicrosize oral tablet	Tier 1	
nystatin oral powder	Tier 1	
nystatin oral tablet	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
terbinafine hcl oral tablet	Tier 1	QL (1 tablet per 1 day)
IMIDAZOLES - DRUGS FOR FUNGUS**		
ketoconazole oral tablet	Tier 1	QL (2 tablets per 1 day)
TRIAZOLES - DRUGS FOR FUNGUS**		
fluconazole oral suspension reconstituted 10 mg/ml	Tier 1	QL (40 mL per 1 day)
fluconazole oral suspension reconstituted 40 mg/ml	Tier 1	QL (10 mL per 1 day)
fluconazole oral tablet 100 mg	Tier 1	QL (4 tablets per 1 day)
fluconazole oral tablet 150 mg, 200 mg	Tier 1	QL (2 tablets per 1 day)
fluconazole oral tablet 50 mg	Tier 1	QL (8 tablets per 1 day)
itraconazole oral capsule	Tier 2	PA; QL (126 capsules per 30 days)
***ANTIHISTAMINES* - DRUGS FOR THE LUNGS**		
ANTIHISTAMINES - ETHANOLAMINES - DRUGS FOR ALLERGIES**		
carbinoxamine maleate oral solution	Tier 1	
carbinoxamine maleate oral tablet	Tier 1	
clemastine fumarate oral tablet	Tier 1	
diphenhydramine hcl injection solution	Tier 2	
diphenhydramine hcl oral capsule	Tier 1	
ANTIHISTAMINES - NON-SEDATING - DRUGS FOR ALLERGIES**		
allergy 24-hr oral tablet	Tier 1	
desloratadine oral tablet	Tier 1	QL (1 tablet per 1 day)
desloratadine oral tablet dispersible	Tier 1	QL (1 tablet per 1 day)
hm fexofenadine hcl oral tablet	Tier 1	
kp fexofenadine hcl oral tablet	Tier 1	
levocetirizine dihydrochloride oral solution	Tier 1	QL (10 mL per 1 day)
levocetirizine dihydrochloride oral tablet	Tier 1	QL (1 tablet per 1 day)
qc fexofenadine hydrochloride oral tablet	Tier 1	
sm fexofenadine hcl oral tablet	Tier 1	
ANTIHISTAMINES - PHENOTHIAZINES - DRUGS FOR ALLERGIES**		
promethazine hcl (Phenadoz Rectal Suppository)	Tier 2	
promethazine hcl oral solution	Tier 1	
promethazine hcl oral syrup	Tier 1	
promethazine hcl oral tablet 12.5 mg, 50 mg	Tier 1	
promethazine hcl oral tablet 25 mg	Tier 1	QL (4 tablets per 1 day)
promethazine hcl rectal suppository	Tier 2	
PROMETHEGAN RECTAL SUPPOSITORY (***promethazine hcl***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIHISTAMINES - PIPERIDINES - DRUGS FOR ALLERGIES**		
cyproheptadine hcl oral syrup	Tier 1	
***ANTIHYPERLIPIDEMICS* - DRUGS FOR THE HEART**		
ANTIHYPERLIPIDEMICS - MISC. - DRUGS FOR CHOLESTEROL**		
omega-3-acid ethyl esters oral capsule	Tier 1	QL (4 capsules per 1 day)
triklo oral capsule	Tier 1	QL (4 capsules per 1 day)
BILE ACID SEQUESTRANTS - DRUGS FOR CHOLESTEROL**		
colesevelam hcl oral packet	Tier 2	QL (1 packet per 1 day)
colesevelam hcl oral tablet	Tier 2	QL (6 tablets per 1 day)
FIBRIC ACID DERIVATIVES - DRUGS FOR CHOLESTEROL**		
choline fenofibrate oral capsule delayed release	Tier 1	QL (1 capsule per 1 day)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	Tier 1	QL (1 capsule per 1 day)
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg	Tier 1	QL (1 capsule per 1 day)
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	Tier 1	QL (1 tablet per 1 day)
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Tier 1	QL (1 capsule per 1 day)
fenofibric acid oral tablet	Tier 1	QL (1 tablet per 1 day)
gemfibrozil oral tablet	Tier 1	QL (2 tablets per 1 day)
HMG COA REDUCTASE INHIBITORS - DRUGS FOR CHOLESTEROL**		
atorvastatin calcium oral tablet 10 mg, 20 mg	Tier 1; $0	DO
atorvastatin calcium oral tablet 40 mg	Tier 1	DO
atorvastatin calcium oral tablet 80 mg	Tier 1	QL (1 tablet per 1 day)
fluvastatin sodium er oral tablet extended release 24 hour	Tier 1; $0	QL (1 tablet per 1 day)
fluvastatin sodium oral capsule	Tier 1; $0	DO
lovastatin oral tablet 10 mg, 20 mg	Tier 1; $0	DO
lovastatin oral tablet 40 mg	Tier 1; $0	QL (2 tablets per 1 day)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	Tier 1; $0	DO
pravastatin sodium oral tablet 80 mg	Tier 1; $0	QL (1 tablet per 1 day)
rosuvastatin calcium oral tablet 10 mg, 5 mg	Tier 2; $0	DO
rosuvastatin calcium oral tablet 20 mg	Tier 2	DO
rosuvastatin calcium oral tablet 40 mg	Tier 2	QL (1 tablet per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1; $0	DO
simvastatin oral tablet 80 mg	Tier 1	PA; QL (1 tablet per 1 day)
NICOTINIC ACID DERIVATIVES - DRUGS FOR CHOLESTEROL**		
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg	Tier 1	QL (2 tablets per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg	Tier 1	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTIHYPERTENSIVES* - DRUGS FOR THE HEART**		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE**		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	Tier 1	QL (1 capsule per 1 day)
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	Tier 1	DO
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg	Tier 1	DO
trandolapril-verapamil hcl er oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg	Tier 1	QL (1 tablet per 1 day)
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE - DRUGS FOR HIGH BLOOD PRESSURE**		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg	Tier 1	DO
benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	Tier 1	QL (1 tablet per 1 day)
enalapril-hydrochlorothiazide oral tablet	Tier 1	QL (2 tablets per 1 day)
fosinopril sodium-hctz oral tablet 10-12.5 mg	Tier 1	QL (2 tablets per 1 day)
fosinopril sodium-hctz oral tablet 20-12.5 mg	Tier 1	QL (4 tablets per 1 day)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	Tier 1	DO
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	Tier 1	QL (4 tablets per 1 day)
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	Tier 1	QL (2 tablets per 1 day)
quinapril-hydrochlorothiazide oral tablet	Tier 1	QL (2 tablets per 1 day)
ACE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE**		
benazepril hcl oral tablet	Tier 1	QL (2 tablets per 1 day)
enalapril maleate oral tablet	Tier 1	QL (2 tablets per 1 day)
fosinopril sodium oral tablet	Tier 1	QL (2 tablets per 1 day)
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	DO
lisinopril oral tablet 30 mg, 40 mg	Tier 1	QL (2 tablets per 1 day)
quinapril hcl oral tablet	Tier 1	QL (2 tablets per 1 day)
ramipril oral capsule	Tier 1	QL (2 capsules per 1 day)
trandolapril oral tablet	Tier 1	QL (2 tablets per 1 day)
ADRENOLYTICS-CENTRAL & THIAZIDE/THIAZIDE-LIKE COMB - DRUGS FOR HIGH BLOOD PRESSURE**		
methyldopa-hydrochlorothiazide oral tablet	Tier 1	
AGENTS FOR PHEOCHROMOCYTOMA - DRUGS FOR HIGH BLOOD PRESSURE**		
phenoxybenzamine hcl oral capsule	Tier 2	PA; QL (12 capsules per 1 day)
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB - DRUGS FOR HIGH BLOOD PRESSURE**		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	Tier 1	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amlodipine besylate-valsartan oral tablet 5-160 mg	Tier 1	DO
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE - DRUGS FOR HIGH BLOOD PRESSURE**		
candesartan cilexetil-hctz oral tablet 16-12.5 mg	Tier 1	QL (2 tablets per 1 day)
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	Tier 1	QL (1 tablet per 1 day)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	Tier 1	QL (2 tablets per 1 day)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	Tier 1	QL (1 tablet per 1 day)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	Tier 1	QL (1 tablet per 1 day)
losartan potassium-hctz oral tablet 50-12.5 mg	Tier 1	DO
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	Tier 2	DO
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	Tier 2	QL (1 tablet per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	Tier 1	DO
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	Tier 1	QL (1 tablet per 1 day)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS FOR HIGH BLOOD PRESSURE**		
irbesartan oral tablet 150 mg, 75 mg	Tier 1	DO
irbesartan oral tablet 300 mg	Tier 1	QL (1 tablet per 1 day)
losartan potassium oral tablet 100 mg	Tier 1	QL (1 tablet per 1 day)
losartan potassium oral tablet 25 mg, 50 mg	Tier 1	QL (2 tablets per 1 day)
olmesartan medoxomil oral tablet 20 mg	Tier 2	DO
olmesartan medoxomil oral tablet 40 mg	Tier 2	QL (1 tablet per 1 day)
olmesartan medoxomil oral tablet 5 mg	Tier 2	QL (2 tablets per 1 day)
valsartan oral tablet 160 mg	Tier 1	QL (2 tablets per 1 day)
valsartan oral tablet 320 mg	Tier 1	QL (1 tablet per 1 day)
valsartan oral tablet 40 mg, 80 mg	Tier 1	QL (3 tablets per 1 day)
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES - DRUGS FOR HIGH BLOOD PRESSURE**		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	Tier 1	QL (1 tablet per 1 day)
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	Tier 1	DO
ANTIADRENERGICS - CENTRALLY ACTING - DRUGS FOR HIGH BLOOD PRESSURE**		
clonidine hcl oral tablet	Tier 1	
guanfacine hcl oral tablet	Tier 1	
methyldopa oral tablet	Tier 1	
ANTIADRENERGICS - PERIPHERALLY ACTING - DRUGS FOR HIGH BLOOD PRESSURE**		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg	Tier 1	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxazosin mesylate oral tablet 8 mg	Tier 1	QL (2 tablets per 1 day)
prazosin hcl oral capsule	Tier 1	
terazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Tier 1	QL (1 capsule per 1 day)
terazosin hcl oral capsule 10 mg	Tier 1	QL (2 capsules per 1 day)
BETA BLOCKER & DIURETIC COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE**		
atenolol-chlorthalidone oral tablet	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet	Tier 1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg	Tier 1	QL (2 tablets per 1 day)
metoprolol-hydrochlorothiazide oral tablet 100-50 mg	Tier 1	QL (1 tablet per 1 day)
nadolol-bendroflumethiazide oral tablet	Tier 1	
propranolol-hctz oral tablet	Tier 1	
VASODILATORS - DRUGS FOR HIGH BLOOD PRESSURE**		
hydralazine hcl oral tablet	Tier 1	
minoxidil oral tablet	Tier 1	
***ANTI-INFECTIVE AGENTS - MISC.* - DRUGS FOR INFECTIONS**		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS**		
metronidazole oral capsule	Tier 1	
metronidazole oral tablet	Tier 1	
trimethoprim oral tablet	Tier 1	
ANTI-INFECTIVE MISC. - COMBINATIONS - ANTIBIOTICS**		
sulfamethoxazole-trimethoprim oral suspension	Tier 1	
sulfamethoxazole-trimethoprim oral tablet	Tier 1	
sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension)	Tier 1	
ANTIPROTOZOAL AGENTS - DRUGS FOR PARASITES**		
ALINIA ORAL SUSPENSION RECONSTITUTED (***nitazoxanide***)	Tier 3	
ALINIA ORAL TABLET (***nitazoxanide***)	Tier 3	
CARBAPENEMS - ANTIBIOTICS**		
ertapenem sodium injection solution reconstituted	Tier 2	
INVANZ INTRAVENOUS SOLUTION RECONSTITUTED (***ertapenem sodium***)	Tier 3	
LEPROSTATICS - ANTIBIOTICS**		
dapsone oral tablet	Tier 2	
LINCOSAMIDES - ANTIBIOTICS**		
clindamycin hcl oral capsule	Tier 1	
clindamycin palmitate hcl oral solution reconstituted	Tier 1	
OXAZOLIDINONES - ANTIBIOTICS**		
linezolid oral suspension reconstituted	Tier 2	PA; QL (900 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
linezolid oral tablet	Tier 2	PA; QL (28 tablets per 30 days)
***ANTIMALARIALS* - DRUGS FOR INFECTIONS**		
ANTIMALARIAL COMBINATIONS - DRUGS FOR PARASITES**		
atovaquone-proguanil hcl oral tablet	Tier 1	
COARTEM ORAL TABLET (***artemether-lumefantrine***)	Tier 3	
ANTIMALARIALS - DRUGS FOR PARASITES**		
chloroquine phosphate oral tablet 250 mg	Tier 1	QL (16 tablets per 1 fill)
chloroquine phosphate oral tablet 500 mg	Tier 1	QL (8 tablets per 1 fill)
hydroxychloroquine sulfate oral tablet	Tier 1	QL (16 tablets per 1 fill)
mefloquine hcl oral tablet	Tier 1	QL (5 tablets per 28 days)
primaquine phosphate oral tablet	Tier 3	
pyrimethamine oral tablet	Tier 2	PA; QL (3 tablets per 1 day)
quinine sulfate oral capsule	Tier 2	PA; QL (60 capsules per 365 days)
***ANTIMYASTHENIC AGENTS* - DRUGS FOR NERVES AND MUSCLES**		
ANTIMYASTHENIC AGENTS - DRUGS FOR NERVES AND MUSCLES**		
guanidine hcl oral tablet	Tier 2	
pyridostigmine bromide oral tablet	Tier 2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES**		
guanidine hcl oral tablet	Tier 2	
pyridostigmine bromide oral tablet	Tier 2	
***ANTIMYASTHENIC/CHOLINERGIC AGENTS* - DRUGS FOR NERVES AND MUSCLES**		
guanidine hcl oral tablet	Tier 2	
pyridostigmine bromide oral tablet	Tier 2	
***ANTIMYCOBACTERIAL AGENTS* - DRUGS FOR INFECTIONS**		
ANTI TB COMBINATIONS - ANTIBIOTICS**		
RIFATER ORAL TABLET (***isoniazid-rifamp-pyrazinamide***)	Tier 3	
ANTIMYCOBACTERIAL AGENTS - ANTIBIOTICS**		
cycloserine oral capsule	Tier 2	
ethambutol hcl oral tablet	Tier 2	
isoniazid oral syrup	Tier 1	
isoniazid oral tablet	Tier 1	
PRIFTIN ORAL TABLET (***rifapentine***)	Tier 3	
pyrazinamide oral tablet	Tier 2	
rifabutin oral capsule	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rifampin oral capsule	Tier 2	
SIRTURO ORAL TABLET (***bedaquiline fumarate***)	Tier 3	
***ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* - DRUGS FOR CANCER**		
ALKYLATING AGENTS - DRUGS FOR CANCER**		
HEXALEN ORAL CAPSULE (***altretamine***)	Tier 4	PA
MYLERAN ORAL TABLET (***busulfan***)	Tier 4; OC	
ANDROGEN BIOSYNTHESIS INHIBITORS - DRUGS FOR CANCER**		
abiraterone acetate oral tablet	Tier 4; OC	PA; SP; QL (4 tablets per 1 day)
ZYTIGA ORAL TABLET (***abiraterone acetate***)	Tier 4; OC	PA; SP; LD; QL (2 tablets per 1 day)
ANTIADRENALS - DRUGS FOR CANCER**		
LYSODREN ORAL TABLET (***mitotane***)	Tier 4; OC	LD; QL (38 tablets per 1 day)
ANTIANDROGENS - DRUGS FOR CANCER**		
bicalutamide oral tablet	Tier 2; OC	
flutamide oral capsule	Tier 2; OC	
nilutamide oral tablet	Tier 4; OC	QL (1 tablet per 1 day)
XTANDI ORAL CAPSULE (***enzalutamide***)	Tier 4; OC	PA; SP; LD; QL (4 capsules per 1 day)
ANTIESTROGENS - DRUGS FOR CANCER**		
tamoxifen citrate oral tablet	Tier 2; OC; $0	
toremifene citrate oral tablet	Tier 4; OC	QL (1 tablet per 1 day)
ANTIMETABOLITES - DRUGS FOR CANCER**		
capecitabine oral tablet	Tier 4; OC	PA; SP
mercaptopurine oral tablet	Tier 2; OC	
methotrexate oral tablet	Tier 2; OC	
methotrexate sodium oral tablet	Tier 2; OC	
TABLOID ORAL TABLET (***thioguanine***)	Tier 4; OC	
ANTINEOPLASTIC - BRAF KINASE INHIBITORS - DRUGS FOR CANCER**		
TAFINLAR ORAL CAPSULE (***dabrafenib mesylate***)	Tier 4; OC	PA; SP; LD; QL (4 capsules per 1 day)
ZELBORAF ORAL TABLET (***vemurafenib***)	Tier 4; OC	PA; SP; LD; QL (8 tablets per 1 day)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - DRUGS FOR CANCER**		
ERIVEDGE ORAL CAPSULE (***vismodegib***)	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ODOMZO ORAL CAPSULE (***sonidegib phosphate***)	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS - DRUGS FOR CANCER**		
FARYDAK ORAL CAPSULE (***panobinostat lactate***)	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
ZOLINZA ORAL CAPSULE (***vorinostat***)	Tier 4; OC	PA; SP; QL (4 capsules per 1 day)
ANTINEOPLASTIC - IMMUNOMODULATORS - DRUGS FOR CANCER**		
POMALYST ORAL CAPSULE 1 MG (***pomalidomide***)	Tier 4; OC	PA; SP; LD; QL (5 capsules per 1 day)
POMALYST ORAL CAPSULE 2 MG (***pomalidomide***)	Tier 4; OC	PA; SP; LD; QL (1 capsules per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG (***pomalidomide***)	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
ANTINEOPLASTIC - MEK INHIBITORS - DRUGS FOR CANCER**		
MEKINIST ORAL TABLET 0.5 MG (***trametinib dimethyl sulfoxide***)	Tier 4; OC	PA; SP; LD; QL (3 tablets per 1 day)
MEKINIST ORAL TABLET 2 MG (***trametinib dimethyl sulfoxide***)	Tier 4; OC	PA; SP; LD; QL (1 tablet per 1 day)
ANTINEOPLASTIC - MONOCLONAL ANTIBODIES - DRUGS FOR CANCER**		
ERBITUX INTRAVENOUS SOLUTION (***cetuximab***)	Tier 4	PA; SP
ANTINEOPLASTIC - MTOR KINASE INHIBITORS - DRUGS FOR CANCER**		
AFINITOR DISPERZ ORAL TABLET SOLUBLE (***everolimus***)	Tier 4; OC	PA; SP
AFINITOR ORAL TABLET (***everolimus***)	Tier 4; OC	PA; SP
everolimus oral tablet	Tier 4	PA; SP
ANTINEOPLASTIC - MULTIKINASE INHIBITORS - DRUGS FOR CANCER**		
NEXAVAR ORAL TABLET (***sorafenib tosylate***)	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
STIVARGA ORAL TABLET (***regorafenib***)	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
SUTENT ORAL CAPSULE 12.5 MG (***sunitinib malate***)	Tier 4; OC	PA; SP; QL (3 capsules per 1 day)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG (***sunitinib malate***)	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS - DRUGS FOR CANCER**		
BOSULIF ORAL TABLET 100 MG (***bosutinib***)	Tier 4; OC	PA; SP; QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BOSULIF ORAL TABLET 400 MG, 500 MG (***bosutinib***)	Tier 4; OC	PA; SP; QL (1 tablet per 1 day)
CAPRELSA ORAL TABLET 100 MG (***vandetanib***)	Tier 4; OC	PA; LD; QL (3 tablets per 1 day)
CAPRELSA ORAL TABLET 300 MG (***vandetanib***)	Tier 4; OC	PA; LD; QL (1 tablet per 1 day)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG (***cabozantinib s-malate***)	Tier 4; OC	PA; LD; QL (1 dose pack per 28 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (***cabozantinib s-malate***)	Tier 4	PA; QL (1 dose pack per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG (***cabozantinib s-malate***)	Tier 4; OC	PA; LD; QL (1 dose pack per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (***cabozantinib s-malate***)	Tier 4	PA; QL (1 dose pack per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT (***cabozantinib s-malate***)	Tier 4; OC	PA; LD; QL (1 dose pack per 28 days)
erlotinib hcl oral tablet 100 mg, 150 mg	Tier 4; OC	PA; SP; QL (1 tablet per 1 day)
erlotinib hcl oral tablet 25 mg	Tier 4; OC	PA; SP; QL (3 tablets per 1 day)
GILOTRIF ORAL TABLET (***afatinib dimaleate***)	Tier 3; OC	PA; LD; QL (1 tablet per 1 day)
ICLUSIG ORAL TABLET 15 MG (***ponatinib hcl***)	Tier 4; OC	PA; LD; QL (2 tablets per 1 day)
ICLUSIG ORAL TABLET 45 MG (***ponatinib hcl***)	Tier 4; OC	PA; LD; QL (1 tablet per 1 day)
imatinib mesylate oral tablet 100 mg	Tier 4; OC	PA; SP; QL (8 tablets per 1 day)
imatinib mesylate oral tablet 400 mg	Tier 4; OC	PA; SP; QL (2 tablets per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG (***ibrutinib***)	Tier 4; OC	PA; LD; QL (3 capsules per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (***ibrutinib***)	Tier 4; OC	PA; LD; QL (1 capsule per 1 day)
IMBRUVICA ORAL TABLET (***ibrutinib***)	Tier 4; OC	PA; LD; QL (1 tablet per 1 day)
INLYTA ORAL TABLET 1 MG (***axitinib***)	Tier 4; OC	PA; SP; LD; QL (8 tablets per 1 day)
INLYTA ORAL TABLET 5 MG (***axitinib***)	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (***lenvatinib mesylate***)	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (***lenvatinib mesylate***)	Tier 4; OC	PA; SP; LD; QL (1 pack per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (***lenvatinib mesylate***)	Tier 4; OC	PA; SP; LD; QL (2 capsules per 1 day)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (***lenvatinib mesylate***)	Tier 4; OC	PA; SP; LD; QL (1 pack per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (***lenvatinib mesylate***)	Tier 4; OC	PA; SP; LD; QL (2 capsules per 1 day)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (***lenvatinib mesylate***)	Tier 4; OC	PA; SP; LD; QL (3 capsules per 1 day)

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LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (***lenvatinib mesylate***)	Tier 4; OC	PA; SP; LD; QL (30 capsules per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (***lenvatinib mesylate***)	Tier 4; OC	PA; SP; LD; QL (1 pack per 30 days)
SPRYCEL ORAL TABLET (***dasatinib***)	Tier 4; OC	PA; SP; QL (1 tablet per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG (***nilotinib hcl***)	Tier 4; OC	PA; SP; QL (4 capsules per 1 day)
TASIGNA ORAL CAPSULE 50 MG (***nilotinib hcl***)	Tier 4; OC	PA; SP; QL (4 capsule per 1 day)
TYKERB ORAL TABLET (***lapatinib ditosylate***)	Tier 4; OC	PA; SP; LD; QL (6 tablets per 1 day)
VOTRIENT ORAL TABLET (***pazopanib hcl***)	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
XALKORI ORAL CAPSULE (***crizotinib***)	Tier 4; OC	PA; SP; LD; QL (2 capsules per 1 day)
ZYKADIA ORAL CAPSULE (***ceritinib***)	Tier 4; OC	PA; SP; LD; QL (5 capsules per 1 day)
ANTINEOPLASTICS MISC. - DRUGS FOR CANCER**		
ALFERON N INJECTION SOLUTION (***interferon alfa-n3***)	Tier 4	SP
hydroxyurea oral capsule	Tier 2; OC	
INTRON A INJECTION SOLUTION (***interferon alfa-2b***)	Tier 4	SP; LD
INTRON A INJECTION SOLUTION RECONSTITUTED (***interferon alfa-2b***)	Tier 4	SP; LD
MATULANE ORAL CAPSULE (***procarbazine hcl***)	Tier 4; OC	LD
AROMATASE INHIBITORS - DRUGS FOR CANCER**		
anastrozole oral tablet	Tier 2; OC	QL (1 tablet per 1 day)
exemestane oral tablet	Tier 2; OC	QL (2 tablets per 1 day)
letrozole oral tablet	Tier 2; OC	QL (1 tablet per 1 day)
ESTROGENS-ANTINEOPLASTIC - DRUGS FOR CANCER**		
EMCYT ORAL CAPSULE (***estramustine phosphate sodium***)	Tier 4; OC	PA
FOLIC ACID ANTAGONISTS RESCUE AGENTS - DRUGS FOR CANCER**		
leucovorin calcium oral tablet	Tier 2	
IMIDAZOTETRAZINES - DRUGS FOR CANCER**		
temozolomide oral capsule 100 mg, 250 mg	Tier 4; OC	PA; SP; QL (2 capsule per 1 day)
temozolomide oral capsule 140 mg, 180 mg	Tier 4; OC	PA; SP; QL (2 capsules per 1 day)
temozolomide oral capsule 20 mg	Tier 4; OC	PA; SP; QL (4 capsule per 1 day)

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temozolomide oral capsule 5 mg	Tier 4; OC	PA; SP; QL (3 capsule per 1 day)
JANUS ASSOCIATED KINASE (JAK) INHIBITORS - DRUGS FOR CANCER**		
JAKAFI ORAL TABLET 10 MG (***ruxolitinib phosphate***)	Tier 4; OC	PA; SP; LD; QL (5 tablets per 1 day)
JAKAFI ORAL TABLET 15 MG (***ruxolitinib phosphate***)	Tier 4; OC	PA; SP; LD; QL (100 tablets per 30 days)
JAKAFI ORAL TABLET 20 MG (***ruxolitinib phosphate***)	Tier 4; OC	PA; SP; LD; QL (2.5 tablets per 1 day)
JAKAFI ORAL TABLET 25 MG (***ruxolitinib phosphate***)	Tier 4; OC	PA; SP; LD; QL (2 tablets per 1 day)
JAKAFI ORAL TABLET 5 MG (***ruxolitinib phosphate***)	Tier 4; OC	PA; SP; LD; QL (10 tablets per 1 day)
LHRH ANALOGS - DRUGS FOR CANCER**		
leuprolide acetate injection kit	Tier 4	PA; SP
MITOTIC INHIBITORS - DRUGS FOR CANCER**		
etoposide oral capsule	Tier 4; OC	SP
NITROGEN MUSTARDS - DRUGS FOR CANCER**		
cyclophosphamide oral capsule	Tier 4; OC	SP
LEUKERAN ORAL TABLET (***chlorambucil***)	Tier 4; OC	
melphalan oral tablet	Tier 4; OC	SP
NITROSOUREAS - DRUGS FOR CANCER**		
GLEOSTINE ORAL CAPSULE (***lomustine***)	Tier 4; OC	PA
RETINOIDS - DRUGS FOR CANCER**		
tretinoin oral capsule	Tier 2; OC	
SELECTIVE RETINOID X RECEPTOR AGONISTS - DRUGS FOR CANCER**		
bexarotene oral capsule	Tier 4; OC	PA; SP; QL (10 capsules per 1 day)
TOPOISOMERASE I INHIBITORS - DRUGS FOR CANCER**		
HYCAMTIN ORAL CAPSULE (***topotecan hcl***)	Tier 4; OC	PA; SP
***ANTIPARKINSON AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ANTIPARKINSON ANTICHOLINERGICS - DRUGS FOR PARKINSON**		
benztropine mesylate oral tablet	Tier 1	
trihexyphenidyl hcl oral elixir	Tier 1	
trihexyphenidyl hcl oral solution	Tier 1	
trihexyphenidyl hcl oral tablet	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIPARKINSON DOPAMINERGICS - DRUGS FOR PARKINSON**		
amantadine hcl oral capsule	Tier 2	QL (4 capsule per 1 day)
amantadine hcl oral syrup	Tier 2	
amantadine hcl oral tablet	Tier 2	QL (4 tablets per 1 day)
bromocriptine mesylate oral capsule	Tier 1	
bromocriptine mesylate oral tablet	Tier 1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - DRUGS FOR PARKINSON**		
rasagiline mesylate oral tablet	Tier 2	
selegiline hcl oral capsule	Tier 2	
selegiline hcl oral tablet	Tier 2	
DECARBOXYLASE INHIBITORS - DRUGS FOR PARKINSON**		
carbidopa oral tablet	Tier 2	
LEVODOPA COMBINATIONS - DRUGS FOR PARKINSON**		
carbidopa-levodopa er oral tablet extended release	Tier 2	
carbidopa-levodopa oral tablet	Tier 1	
carbidopa-levodopa oral tablet dispersible	Tier 2	
NONERGOLINE DOPAMINE RECEPTOR AGONISTS - DRUGS FOR PARKINSON**		
APOKYN SUBCUTANEOUS SOLUTION (***apomorphine hcl***)	Tier 4	PA; QL (2 mL per 1 day)
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE (***apomorphine hcl***)	Tier 4	PA; SP; LD; QL (2 mL per 1 day)
pramipexole dihydrochloride oral tablet	Tier 2	QL (3 tablets per 1 day)
ropinirole hcl er oral tablet extended release 24 hour	Tier 2	
ropinirole hcl oral tablet	Tier 1	
PERIPHERAL COMT INHIBITORS - DRUGS FOR PARKINSON**		
entacapone oral tablet	Tier 2	QL (8 tablets per 1 day)
***ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ANTIMANIC AGENTS - DRUGS FOR SEVERE MENTAL DISORDERS**		
lithium carbonate er oral tablet extended release	Tier 1	
lithium carbonate oral capsule	Tier 1	
lithium carbonate oral tablet	Tier 1	
lithium oral solution	Tier 2	
ANTIPSYCHOTICS - MISC. - DRUGS FOR SEVERE MENTAL DISORDERS**		
ziprasidone hcl oral capsule 20 mg, 40 mg	Tier 2	DO

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Effective 10/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ziprasidone hcl oral capsule 60 mg, 80 mg	Tier 2	QL (2 capsules per 1 day)
BENZISOXAZOLES - DRUGS FOR SEVERE MENTAL DISORDERS**		
risperidone (Risperidone M-Tab Oral Tablet Dispersible 0.5 Mg, 1 Mg, 2 Mg)	Tier 2	QL (2 tablets per 1 day)
risperidone (Risperidone M-Tab Oral Tablet Dispersible 3 Mg, 4 Mg)	Tier 2	
risperidone oral solution	Tier 1	QL (8 mL per 1 day)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	QL (2 tablets per 1 day)
risperidone oral tablet 3 mg, 4 mg	Tier 1	QL (4 tablets per 1 day)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 2	QL (2 tablets per 1 day)
risperidone oral tablet dispersible 3 mg, 4 mg	Tier 2	QL (4 tablets per 1 day)
BUTYROPHENONES - DRUGS FOR SEVERE MENTAL DISORDERS**		
haloperidol oral tablet	Tier 1	
DIBENZODIAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
clozapine oral tablet 100 mg	Tier 2	QL (9 tablets per 1 day)
clozapine oral tablet 200 mg	Tier 2	QL (4 tablets per 1 day)
clozapine oral tablet 25 mg, 50 mg	Tier 2	DO
clozapine oral tablet dispersible 100 mg	Tier 2	QL (9 tablets per 1 day)
clozapine oral tablet dispersible 12.5 mg, 25 mg	Tier 2	DO
DIBENZOTHIAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
quetiapine fumarate oral tablet 100 mg, 25 mg, 50 mg	Tier 2	DO
quetiapine fumarate oral tablet 200 mg	Tier 2	QL (3 tablets per 1 day)
quetiapine fumarate oral tablet 300 mg, 400 mg	Tier 2	QL (2 tablets per 1 day)
DIBENZOXAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
loxapine succinate oral capsule	Tier 1	
PHENOTHIAZINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
chlorpromazine hcl oral tablet	Tier 2	
fluphenazine hcl oral concentrate	Tier 1	
fluphenazine hcl oral elixir	Tier 1	
fluphenazine hcl oral tablet	Tier 1	
perphenazine oral tablet	Tier 1	
prochlorperazine maleate oral tablet	Tier 1	
thioridazine hcl oral tablet	Tier 1	
trifluoperazine hcl oral tablet	Tier 1	

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QUINOLINONE DERIVATIVES - DRUGS FOR SEVERE MENTAL DISORDERS**		
aripiprazole oral solution	Tier 2	QL (30 mL per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	Tier 2	DO
aripiprazole oral tablet 20 mg, 30 mg	Tier 2	QL (1 tablet per 1 day)
THIENBENZODIAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 2	DO
olanzapine oral tablet 15 mg, 20 mg	Tier 2	QL (1 tablets per 1 day)
olanzapine oral tablet dispersible 10 mg, 5 mg	Tier 2	DO
olanzapine oral tablet dispersible 15 mg	Tier 2	QL (1 tablets per 1 day)
olanzapine oral tablet dispersible 20 mg	Tier 2	QL (1 tablet per 1 day)
THIOXANTHENES - DRUGS FOR SEVERE MENTAL DISORDERS**		
thiothixene oral capsule	Tier 1	
***ANTIVIRALS* - DRUGS FOR INFECTIONS**		
ANTIRETROVIRAL COMBINATIONS - DRUGS FOR VIRAL INFECTIONS**		
abacavir sulfate-lamivudine oral tablet	Tier 2	QL (1 tablet per 1 day)
abacavir-lamivudine-zidovudine oral tablet	Tier 2	QL (2 tablets per 1 day)
BIKTARVY ORAL TABLET (***bictegravir-emtricitab-tenofov***)	Tier 2	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET (***elviteg-cobic-emtricit-tenofaf***)	Tier 2	QL (1 tablet per 1 day)
KALETRA ORAL TABLET 100-25 MG (***lopinavir-ritonavir***)	Tier 2	QL (10 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG (***lopinavir-ritonavir***)	Tier 2	QL (4 tablets per 1 day)
lamivudine-zidovudine oral tablet	Tier 1	QL (2 tablets per 1 day)
lopinavir-ritonavir oral solution	Tier 2	QL (16 mL per 1 day)
STRIBILD ORAL TABLET (***elviteg-cobic-emtricit-tenofdf***)	Tier 2	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET (***abacavir-dolutegravir-lamivud***)	Tier 2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (***emtricitabine-tenofovir df***)	Tier 2	QL (1 tablet per 1 day)
TRUVADA ORAL TABLET 200-300 MG (***emtricitabine-tenofovir df***)	Tier 2; $0	QL (1 tablet per 1 day)
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR) - DRUGS FOR VIRAL INFECTIONS**		
SELZENTRY ORAL TABLET 150 MG, 300 MG (***maraviroc***)	Tier 2	QL (4 tablets per 1 day)
SELZENTRY ORAL TABLET 25 MG (***maraviroc***)	Tier 2	QL (8 tablets per 1 day)
SELZENTRY ORAL TABLET 75 MG (***maraviroc***)	Tier 2	QL (2 tablets per 1 day)

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ANTIRETROVIRALS - FUSION INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (***enfuvirtide***)	Tier 2	PA
ANTIRETROVIRALS - INTEGRASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
ISENTRESS ORAL TABLET (***raltegravir potassium***)	Tier 2	QL (4 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG (***raltegravir potassium***)	Tier 2	QL (6 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG (***raltegravir potassium***)	Tier 2	QL (24 tablets per 1 day)
TIVICAY ORAL TABLET 10 MG (***dolutegravir sodium***)	Tier 2	QL (4 tablets per 1 day)
TIVICAY ORAL TABLET 25 MG, 50 MG (***dolutegravir sodium***)	Tier 2	QL (2 tablets per 1 day)
ANTIRETROVIRALS - PROTEASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
APTIVUS ORAL CAPSULE (***tipranavir***)	Tier 2	QL (4 capsules per 1 day)
APTIVUS ORAL SOLUTION (***tipranavir***)	Tier 2	
atazanavir sulfate oral capsule 150 mg, 200 mg	Tier 2	QL (2 capsules per 1 day)
atazanavir sulfate oral capsule 300 mg	Tier 2	QL (1 capsule per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG (***indinavir sulfate***)	Tier 2	QL (12 capsules per 1 day)
CRIXIVAN ORAL CAPSULE 400 MG (***indinavir sulfate***)	Tier 2	QL (6 capsules per 1 day)
fosamprenavir calcium oral tablet	Tier 2	QL (4 tablets per 1 day)
INVIRASE ORAL CAPSULE (***saquinavir mesylate***)	Tier 2	
INVIRASE ORAL TABLET (***saquinavir mesylate***)	Tier 2	QL (4 tablets per 1 day)
LEXIVA ORAL SUSPENSION (***fosamprenavir calcium***)	Tier 2	QL (60 mL per 1 day)
NORVIR ORAL CAPSULE (***ritonavir***)	Tier 2	
NORVIR ORAL SOLUTION (***ritonavir***)	Tier 2	QL (16 mL per 1 day)
PREZISTA ORAL SUSPENSION (***darunavir ethanolate***)	Tier 2	QL (14 mL per 1 day)
PREZISTA ORAL TABLET 150 MG (***darunavir ethanolate***)	Tier 2	QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 600 MG (***darunavir ethanolate***)	Tier 2	QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG (***darunavir ethanolate***)	Tier 2	QL (10 tablets per 1 day)
PREZISTA ORAL TABLET 800 MG (***darunavir ethanolate***)	Tier 2	QL (1 tablet per 1 day)
ritonavir oral tablet	Tier 2	QL (12 tablets per 1 day)
VIRACEPT ORAL TABLET 250 MG (***nelfinavir mesylate***)	Tier 2	QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG (***nelfinavir mesylate***)	Tier 2	QL (4 tablets per 1 day)
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
EDURANT ORAL TABLET (***rilpivirine hcl***)	Tier 2	PA; QL (1 tablet per 1 day)
efavirenz oral capsule 200 mg	Tier 2	QL (4 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
efavirenz oral capsule 50 mg	Tier 2	QL (12 capsules per 1 day)
efavirenz oral tablet	Tier 2	QL (1 tablet per 1 day)
INTELENCE ORAL TABLET 100 MG (***etravirine***)	Tier 2	PA; QL (4 tablets per 1 day)
INTELENCE ORAL TABLET 200 MG (***etravirine***)	Tier 2	PA; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 25 MG (***etravirine***)	Tier 2	PA; QL (16 tablets per 1 day)
nevirapine oral suspension	Tier 1	QL (40 mL per 1 day)
nevirapine oral tablet	Tier 1	QL (2 tablets per 1 day)
RESCRIPTOR ORAL TABLET 100 MG (***delavirdine mesylate***)	Tier 2	
RESCRIPTOR ORAL TABLET 200 MG (***delavirdine mesylate***)	Tier 2	QL (6 tablets per 1 day)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES - DRUGS FOR VIRAL INFECTIONS**		
abacavir sulfate oral solution	Tier 1	QL (32 mL per 1 day)
abacavir sulfate oral tablet	Tier 1	QL (2 tablets per 1 day)
didanosine oral capsule delayed release 125 mg	Tier 1	QL (3 capsules per 1 day)
didanosine oral capsule delayed release 200 mg	Tier 1	QL (2 capsules per 1 day)
didanosine oral capsule delayed release 250 mg	Tier 1	QL (1 capsule per 1 day)
didanosine oral capsule delayed release 400 mg	Tier 1	
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES - DRUGS FOR VIRAL INFECTIONS**		
EMTRIVA ORAL CAPSULE (***emtricitabine***)	Tier 2; $0	QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION (***emtricitabine***)	Tier 2	QL (29 mL per 1 day)
lamivudine oral tablet 150 mg	Tier 1	QL (2 tablets per 1 day)
lamivudine oral tablet 300 mg	Tier 1	QL (1 tablet per 1 day)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES - DRUGS FOR VIRAL INFECTIONS**		
stavudine oral capsule 15 mg, 20 mg	Tier 1	QL (4 capsules per 1 day)
stavudine oral capsule 30 mg, 40 mg	Tier 1	QL (2 capsules per 1 day)
stavudine oral solution reconstituted	Tier 1	
zidovudine oral capsule	Tier 1	QL (6 capsules per 1 day)
zidovudine oral syrup	Tier 1	QL (64 mL per 1 day)
zidovudine oral tablet	Tier 1	QL (2 tablets per 1 day)
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
tenofovir disoproxil fumarate oral tablet	Tier 2; $0	QL (1 tablet per 1 day)
VIREAD ORAL POWDER (***tenofovir disoproxil fumarate***)	Tier 2	QL (8 grams per 1 day)
VIREAD ORAL TABLET (***tenofovir disoproxil fumarate***)	Tier 2	QL (1 tablet per 1 day)
HEPATITIS B AGENTS - DRUGS FOR VIRAL INFECTIONS**		
adefovir dipivoxil oral tablet	Tier 4	SP; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BARACLUDE ORAL SOLUTION (***entecavir***)	Tier 4	
EPIVIR HBV ORAL SOLUTION (***lamivudine***)	Tier 2	QL (20 mL per 1 day)
TYZEKA ORAL TABLET (***telbivudine***)	Tier 4	
VEMLIDY ORAL TABLET (***tenofovir alafenamide fumarate***)	Tier 4	SP; QL (1 tablet per 1 day)
HEPATITIS C AGENTS - DRUGS FOR VIRAL INFECTIONS**		
ribavirin (Moderiba Oral Tablet)	Tier 4	SP
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION (***peginterferon alfa-2a***)	Tier 4	SP; QL (2 pens per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML (***peginterferon alfa-2a***)	Tier 4	SP; QL (2 syringes per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	Tier 4	SP; QL (4 vials per 28 days)
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT (***peginterferon alfa-2b***)	Tier 4	
PEG-INTRON REDIPEN SUBCUTANEOUS KIT (***peginterferon alfa-2b***)	Tier 4	
PEG-INTRON SUBCUTANEOUS KIT (***peginterferon alfa-2b***)	Tier 4	
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 80 MCG/0.5ML (***peginterferon alfa-2b***)	Tier 4	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML (***peginterferon alfa-2b***)	Tier 4	SP
ribavirin (Ribasphere Oral Capsule)	Tier 4	SP
ribavirin (Ribasphere Oral Tablet)	Tier 4	SP
ribavirin oral capsule	Tier 4	SP
ribavirin oral tablet	Tier 4	SP
HERPES AGENTS - PURINE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
acyclovir oral capsule	Tier 1	
acyclovir oral suspension	Tier 1	
acyclovir oral tablet	Tier 1	
valacyclovir hcl oral tablet 1 gm	Tier 1	QL (30 tablets per 1 fill)
valacyclovir hcl oral tablet 500 mg	Tier 1	QL (60 tablets per 1 fill)
HERPES AGENTS - THYMIDINE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
famciclovir oral tablet 125 mg, 250 mg	Tier 1	QL (60 tablets per 1 fill)
famciclovir oral tablet 500 mg	Tier 1	QL (21 tablets per 1 fill)
INFLUENZA AGENTS - DRUGS FOR VIRAL INFECTIONS**		
rimantadine hcl oral tablet	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEURAMINIDASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
oseltamivir phosphate oral capsule 30 mg	Tier 2	QL (20 capsules per 90 days)
oseltamivir phosphate oral capsule 45 mg	Tier 2	QL (10 capsules per 90 days)
oseltamivir phosphate oral capsule 75 mg	Tier 2	QL (10 capsule per 90 days)
oseltamivir phosphate oral suspension reconstituted	Tier 2	QL (180 ML per 90 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (***zanamivir***)	Tier 2	QL (1 package per 90 days)
***ASSORTED CLASSES* - VITAMINS AND MINERALS**		
ANTILEPROTICS - VITAMINS AND MINERALS**		
THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***)	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG (***thalidomide***)	Tier 4; OC	PA; SP; QL (2 capsules per 1 day)
CHELATING AGENTS - VITAMINS AND MINERALS**		
trientine hcl (Clovique Oral Capsule)	Tier 2	PA; SP; QL (8 capsules per 1 day)
penicillamine oral tablet	Tier 2	PA; QL (8 tablets per 1 day)
trientine hcl oral capsule	Tier 2	PA; SP; QL (8 capsules per 1 day)
CYCLOSPORINE ANALOGS - VITAMINS AND MINERALS**		
cyclosporine modified oral capsule	Tier 4	
cyclosporine modified oral solution	Tier 4	
cyclosporine oral capsule	Tier 4	
cyclosporine modified (Gengraf Oral Capsule)	Tier 4	
cyclosporine modified (Gengraf Oral Solution)	Tier 4	
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES - VITAMINS AND MINERALS**		
REVLIMID ORAL CAPSULE (***lenalidomide***)	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS - VITAMINS AND MINERALS**		
mycophenolate mofetil oral capsule	Tier 4	
mycophenolate mofetil oral tablet	Tier 4	
mycophenolate sodium oral tablet delayed release	Tier 4	
MACROLIDE IMMUNOSUPPRESSANTS - VITAMINS AND MINERALS**		
sirolimus oral solution	Tier 4	
POTASSIUM REMOVING RESINS - VITAMINS AND MINERALS**		
sodium polystyrene sulfonate (Kionex Oral Powder)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium polystyrene sulfonate (Kionex Oral Suspension)	Tier 2	
sodium polystyrene sulfonate oral powder	Tier 2	
sodium polystyrene sulfonate oral suspension	Tier 2	
sodium polystyrene sulfonate rectal suspension	Tier 2	
sodium polystyrene sulfonate (Sps Oral Suspension)	Tier 2	
PURINE ANALOGS - VITAMINS AND MINERALS**		
azathioprine oral tablet	Tier 2	
***BETA BLOCKERS* - DRUGS FOR THE HEART**		
ALPHA-BETA BLOCKERS - DRUGS FOR HIGH BLOOD PRESSURE**		
carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg	Tier 1	QL (2 tablets per 1 day)
carvedilol oral tablet 25 mg	Tier 1	QL (4 tablets per 1 day)
BETA BLOCKERS CARDIO-SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE**		
acebutolol hcl oral capsule	Tier 1	
atenolol oral tablet	Tier 1	
betaxolol hcl oral tablet	Tier 1	
bisoprolol fumarate oral tablet	Tier 1	
metoprolol succinate er oral tablet extended release 24 hour	Tier 1	
metoprolol tartrate oral tablet 100 mg	Tier 1	QL (4 tablets per 1 day)
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	QL (2 tablets per 1 day)
BETA BLOCKERS NON-SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE**		
propranolol hcl er oral capsule extended release 24 hour	Tier 1	
propranolol hcl oral solution	Tier 1	
propranolol hcl oral tablet	Tier 1	
sotalol hcl (Sorine Oral Tablet)	Tier 2	
sotalol hcl (af) oral tablet	Tier 2	
sotalol hcl oral tablet	Tier 2	
sotalol hydrochloride oral tablet	Tier 2	
timolol maleate oral tablet	Tier 1	
***CALCIUM CHANNEL BLOCKERS* - DRUGS FOR THE HEART**		
CALCIUM CHANNEL BLOCKERS - DRUGS FOR HIGH BLOOD PRESSURE**		
nifedipine (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg)	Tier 2	DO
nifedipine (Afeditab Cr Oral Tablet Extended Release 24 Hour 60 Mg)	Tier 2	QL (1 tablet per 1 day)
amlodipine besylate oral tablet 10 mg	Tier 1	QL (1 tablet per 1 day)
amlodipine besylate oral tablet 2.5 mg, 5 mg	Tier 1	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg)	Tier 1	DO
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg, 300 Mg)	Tier 1	QL (1 capsule per 1 day)
diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg	Tier 1	DO
diltiazem cd oral capsule extended release 24 hour 240 mg, 300 mg	Tier 1	QL (1 capsule per 1 day)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg	Tier 1	DO
diltiazem hcl er beads oral capsule extended release 24 hour 240 mg, 300 mg, 420 mg	Tier 1	QL (1 capsule per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg	Tier 1	DO
diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg	Tier 1	QL (1 capsule per 1 day)
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg	Tier 1	DO
diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	QL (1 tablet per 1 day)
diltiazem hcl er oral capsule extended release 12 hour	Tier 2	QL (2 capsule per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg	Tier 1	DO
diltiazem hcl er oral capsule extended release 24 hour 240 mg	Tier 1	QL (1 capsule per 1 day)
diltiazem hcl oral tablet 120 mg	Tier 1	QL (3 tablet per 1 day)
diltiazem hcl oral tablet 30 mg, 60 mg	Tier 1	DO
diltiazem hcl oral tablet 90 mg	Tier 1	QL (4 tablet per 1 day)
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg	Tier 1	DO
dilt-xr oral capsule extended release 24 hour 240 mg	Tier 1	QL (1 capsule per 1 day)
felodipine er oral tablet extended release 24 hour 10 mg	Tier 1	QL (1 tablet per 1 day)
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	Tier 1	DO
diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg)	Tier 1	DO
diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	QL (1 tablet per 1 day)
nifedipine (Nifedical Xl Oral Tablet Extended Release 24 Hour)	Tier 1	DO
nifedipine er oral tablet extended release 24 hour 30 mg	Tier 2	DO
nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg	Tier 2	QL (1 tablet per 1 day)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	Tier 2	DO
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg	Tier 2	QL (1 tablet per 1 day)
nifedipine oral capsule	Tier 2	QL (4 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg	Tier 1	DO
nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg	Tier 1	QL (1 tablet per 1 day)
diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 360 Mg)	Tier 1	DO
diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 240 Mg, 300 Mg)	Tier 1	QL (1 capsule per 1 day)
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 360 Mg)	Tier 1	DO
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 240 Mg, 300 Mg, 420 Mg)	Tier 1	QL (1 capsule per 1 day)
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg	Tier 1	DO
verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg	Tier 1	QL (1 capsule per 1 day)
verapamil hcl er oral capsule extended release 24 hour 240 mg	Tier 1	QL (2 capsule per 1 day)
verapamil hcl er oral tablet extended release	Tier 1	QL (2 tablets per 1 day)
verapamil hcl oral tablet 120 mg, 80 mg	Tier 1	QL (4 tablet per 1 day)
verapamil hcl oral tablet 40 mg	Tier 1	QL (3 tablets per 1 day)
***CARDIOTONICS* - DRUGS FOR THE HEART**		
CARDIAC GLYCOSIDES - DRUGS FOR THE HEART**		
digoxin (Digitek Oral Tablet)	Tier 1	
digoxin (Digox Oral Tablet)	Tier 1	
digoxin oral solution	Tier 1	
digoxin oral tablet	Tier 1	
LANOXIN ORAL TABLET (***digoxin***)	Tier 3	
***CARDIOVASCULAR AGENTS - MISC.* - DRUGS FOR THE HEART**		
CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB - DRUGS FOR CHOLESTEROL**		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	Tier 1	QL (1 tablet per 1 day)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 1	DO
PROSTAGLANDIN VASODILATORS - DRUGS FOR HIGH BLOOD PRESSURE**		
treprostinil injection solution	Tier 4	PA; SP; LD
treprostinil sodium injection solution	Tier 4	PA
VENTAVIS INHALATION SOLUTION (***iloprost***)	Tier 4	PA; SP; LD; QL (9 mL per 1 day)

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PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) - DRUGS FOR HIGH BLOOD PRESSURE**		
ADEMPAS ORAL TABLET (***riociguat***)	Tier 4	PA; SP; LD; QL (3 tablets per 1 day)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - DRUGS FOR HIGH BLOOD PRESSURE**		
ambrisentan oral tablet	Tier 4	PA; SP; LD; QL (1 tablet per 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE**		
tadalafil (pah) (Alyq Oral Tablet)	Tier 4	PA; SP; QL (2 tablets per 1 day)
tadalafil (pah) oral tablet	Tier 4	PA; SP; QL (2 tablet per 1 day)
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE**		
tadalafil oral tablet 10 mg, 20 mg	Tier 1	PA; QL (8 tablets per 25 days)
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA; QL (30 tablets per 25 days)
***CEPHALOSPORINS* - DRUGS FOR INFECTIONS**		
CEPHALOSPORINS - 1ST GENERATION - ANTIBIOTICS**		
cefadroxil oral capsule	Tier 1	
cefadroxil oral suspension reconstituted	Tier 1	
cefadroxil oral tablet	Tier 1	
cephalexin oral capsule	Tier 1	
cephalexin oral suspension reconstituted	Tier 1	
cephalexin oral tablet	Tier 1	
CEPHALOSPORINS - 2ND GENERATION - ANTIBIOTICS**		
cefaclor er oral tablet extended release 12 hour	Tier 2	
cefaclor oral capsule	Tier 1	
cefaclor oral suspension reconstituted	Tier 1	
cefprozil oral suspension reconstituted	Tier 1	
cefprozil oral tablet	Tier 1	
cefuroxime axetil oral tablet	Tier 1	
CEPHALOSPORINS - 3RD GENERATION - ANTIBIOTICS**		
cefdinir oral capsule	Tier 1	QL (20 capsules per 1 fill)
cefdinir oral suspension reconstituted 125 mg/5ml	Tier 1	QL (240 mL per 1 fill)
cefdinir oral suspension reconstituted 250 mg/5ml	Tier 1	QL (120 mL per 1 fill)
cefditoren pivoxil oral tablet	Tier 2	
cefixime oral capsule	Tier 2	QL (10 capsules per 1 fill)
cefpodoxime proxetil oral suspension reconstituted	Tier 2	
cefpodoxime proxetil oral tablet	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ceftibuten oral capsule	Tier 2	
ceftibuten oral suspension reconstituted	Tier 2	
SUPRAX ORAL SUSPENSION RECONSTITUTED (***cefixime***)	Tier 3	QL (40 mL per 1 fill)
***CONTRACEPTIVES* - DRUGS FOR WOMEN**		
BIPHASIC CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
desogestrel-ethinyl estradiol (Azurette Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol (Bekyree Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol oral tablet	Tier 1; $0	
desogestrel-ethinyl estradiol (Kariva Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol (Kimidess Oral Tablet)	Tier 1; $0	
LO LOESTRIN FE ORAL TABLET (***norethin-eth estrad-fe biphas***)	Tier 3; $0	
desogestrel-ethinyl estradiol (Pimtrea Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol (Simliya Oral Tablet)	Tier 1; $0	
viorele oral tablet	Tier 1; $0	
desogestrel-ethinyl estradiol (Volnea Oral Tablet)	Tier 1; $0	
COMBINATION CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Altavera Oral Tablet)	Tier 1; $0	
alyacen 1/35 oral tablet	Tier 1; $0	
desogestrel-ethinyl estradiol (Apri Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Aubra Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Aurovela 24 Fe Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Aviane Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet)	Tier 1; $0	
BALCOLTRA ORAL TABLET (***levonorgest-eth estrad-fe bisg***)	Tier 3; $0	
norethindrone-eth estradiol (Balziva Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet)	Tier 1; $0	
briellyn oral tablet	Tier 1; $0	
norethin ace-eth estrad-fe (Charlotte 24 Fe Oral Tablet Chewable)	Tier 1; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Chateal Oral Tablet)	Tier 1; $0	
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Cyclafem 1/35 Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol (Cyred Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Dasetta 1/35 Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Delyla Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol oral tablet	Tier 1; $0	
drospiren-eth estrad-levomefol oral tablet	Tier 1; $0	
drospirenone-ethinyl estradiol oral tablet	Tier 1; $0	
norgestrel-ethinyl estradiol (Elinest Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol (Emoquette Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet)	Tier 1; $0	
norgestimate-eth estradiol (Estarylla Oral Tablet)	Tier 1; $0	
ethynodiol diac-eth estradiol oral tablet	Tier 1; $0	
levonorgestrel-ethinyl estrad (Falmina Oral Tablet)	Tier 1; $0	
norgestimate-eth estradiol (Femynor Oral Tablet)	Tier 1; $0	
drospirenone-ethinyl estradiol (Gianvi Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Gildagia Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Gildess 1.5/30 Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Gildess 1/20 Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Hailey 1.5/30 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Hailey 24 Fe Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Hailey Fe 1.5/30 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Hailey Fe 1/20 Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol (Isibloom Oral Tablet)	Tier 1; $0	
drospirenone-ethinyl estradiol (Jasmiel Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol (Juleber Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet)	Tier 1; $0	
norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable)	Tier 1; $0	
desogestrel-ethinyl estradiol (Kalliga Oral Tablet)	Tier 1; $0	
ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet)	Tier 1; $0	

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ethynodiol diac-eth estradiol (Kelnor 1/50 Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Kurvelo Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Larin 24 Fe Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Larissia Oral Tablet)	Tier 1; $0	
norethin-eth estradiol-fe (Layolis Fe Oral Tablet Chewable)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Lessina Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad oral tablet	Tier 1; $0	
levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Lillow Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Lomedia 24 Fe Oral Tablet)	Tier 1; $0	
drospirenone-ethinyl estradiol (Loryna Oral Tablet)	Tier 1; $0	
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet)	Tier 1; $0	
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Lutera Oral Tablet)	Tier 1; $0	
marlissa oral tablet	Tier 1; $0	
norethin ace-eth estrad-fe (Melodetta 24 Fe Oral Tablet Chewable)	Tier 1; $0	
norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable)	Tier 1; $0	
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Microgestin 24 Fe Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet)	Tier 1; $0	
norgestimate-eth estradiol (Mili Oral Tablet)	Tier 1; $0	
norgestimate-eth estradiol (Mono-Linyah Oral Tablet)	Tier 1; $0	
norgestimate-eth estradiol (Mononessa Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Necon 1/35 (28) Oral Tablet)	Tier 1; $0	
NECON 1/50 (28) ORAL TABLET (***norethindrone-mestranol***)	Tier 1; $0	
drospirenone-ethinyl estradiol (Nikki Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe oral tablet	Tier 1; $0	
norethin ace-eth estrad-fe oral tablet chewable	Tier 1; $0	
norethindrone acet-ethinyl est oral tablet	Tier 1; $0	
norethindrone acet-ethinyl est oral tablet chewable	Tier 1; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin-eth estradiol-fe oral tablet chewable	Tier 1; $0	
norgestimate-eth estradiol oral tablet	Tier 1; $0	
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet)	Tier 1; $0	
drospirenone-ethinyl estradiol (Ocella Oral Tablet)	Tier 1; $0	
OGESTREL ORAL TABLET (***norgestrel-ethinyl estradiol***)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Philith Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Pirmella 1/35 Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet)	Tier 1; $0	
norgestimate-eth estradiol (Previfem Oral Tablet)	Tier 1; $0	
drospiren-eth estrad-levomefol (Rajani Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet)	Tier 1; $0	
norgestimate-eth estradiol (Sprintec 28 Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet)	Tier 1; $0	
drospirenone-ethinyl estradiol (Syeda Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Tarina 24 Fe Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Tarina Fe 1/20 Eq Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Tarina Fe 1/20 Oral Tablet)	Tier 1; $0	
TAYTULLA ORAL CAPSULE (***norethin ace-eth estrad-fe***)	Tier 3; $0	
drospiren-eth estrad-levomefol (Tydemy Oral Tablet)	Tier 1; $0	
drospirenone-ethinyl estradiol (Vestura Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Vienva Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Vyfemla Oral Tablet)	Tier 1; $0	
norgestimate-eth estradiol (Vylibra Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Wera Oral Tablet)	Tier 1; $0	
norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable)	Tier 1; $0	
drospirenone-ethinyl estradiol (Zarah Oral Tablet)	Tier 1; $0	
norethin-eth estradiol-fe (Zenchent Fe Oral Tablet Chewable)	Tier 1; $0	
norethindrone-eth estradiol (Zenchent Oral Tablet)	Tier 1; $0	
ethynodiol diac-eth estradiol (Zovia 1/35E (28) Oral Tablet)	Tier 1; $0	
ethynodiol diac-eth estradiol (Zovia 1/50E (28) Oral Tablet)	Tier 1; $0	
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet)	Tier 1; $0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL - BIRTH CONTROL PILLS**		
XULANE TRANSDERMAL PATCH WEEKLY (***norelgestromin-eth estradiol***)	Tier 1; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBINATION CONTRACEPTIVES - VAGINAL - BIRTH CONTROL PILLS**		
etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring)	Tier 1; $0	
etonogestrel-ethinyl estradiol vaginal ring	Tier 1; $0	
CONTINUOUS CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
levonorgestrel-ethinyl estrad (Amethyst Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad oral tablet	Tier 1; $0	
EMERGENCY CONTRACEPTIVES - BIRTH CONTROL PILLS**		
AFTERA ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
ECONTRA EZ ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
ECONTRA ONE-STEP ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
ELLA ORAL TABLET (***ulipristal acetate***)	Tier 3; $0	
levonorgestrel oral tablet	Tier 1; $0	QL (1 tablet per 30 days)
MY CHOICE ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
MY WAY ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
NEW DAY ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
NEXT CHOICE ONE DOSE ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
OPCICON ONE-STEP ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
OPTION 2 ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
PREVENTEZA ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
REACT ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
TAKE ACTION ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
EXTENDED-CYCLE CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
levonorgest-eth estrad 91-day (Amethia Lo Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Amethia Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Ashlyna Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Camrese Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Daysee Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Fayosim Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Introvale Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Jaimiess Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Jolessa Oral Tablet)	Tier 1; $0	
levonorgest-eth est & eth est oral tablet	Tier 1; $0	
levonorgest-eth estrad 91-day oral tablet	Tier 1; $0	
levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet)	Tier 1; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgest-eth estrad 91-day (Quasense Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Setlakin Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Simpesse Oral Tablet)	Tier 1; $0	
FOUR PHASE CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
NATAZIA ORAL TABLET (***estradiol valerate-dienogest***)	Tier 3; $0	
PROGESTIN CONTRACEPTIVES - INJECTABLE - BIRTH CONTROL PILLS**		
medroxyprogesterone acetate intramuscular suspension	Tier 1; $0	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	Tier 1; $0	
PROGESTIN CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
norethindrone (Camila Oral Tablet)	Tier 1; $0	
norethindrone (Deblitane Oral Tablet)	Tier 1; $0	
norethindrone (Errin Oral Tablet)	Tier 1; $0	
norethindrone (Heather Oral Tablet)	Tier 1; $0	
norethindrone (Incassia Oral Tablet)	Tier 1; $0	
norethindrone (Jencycla Oral Tablet)	Tier 1; $0	
norethindrone (Jolivette Oral Tablet)	Tier 1; $0	
norethindrone (Lyza Oral Tablet)	Tier 1; $0	
norethindrone (Nora-Be Oral Tablet)	Tier 1; $0	
norethindrone oral tablet	Tier 1; $0	
norethindrone (Norlyda Oral Tablet)	Tier 1; $0	
norethindrone (Norlyroc Oral Tablet)	Tier 1; $0	
norethindrone (Sharobel Oral Tablet)	Tier 1; $0	
SLYND ORAL TABLET (***drospirenone***)	Tier 3; $0	
norethindrone (Tulana Oral Tablet)	Tier 1; $0	
TRIPHASIC CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
alyacen 7/7/7 oral tablet	Tier 1; $0	
norethin-eth estrad triphasic (Aranelle Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol (Caziant Oral Tablet)	Tier 1; $0	
norethin-eth estrad triphasic (Cyclafem 7/7/7 Oral Tablet)	Tier 1; $0	
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet)	Tier 1; $0	
levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet)	Tier 1; $0	
norethin-eth estrad triphasic (Leena Oral Tablet)	Tier 1; $0	
levonorg-eth estrad triphasic (Levonest Oral Tablet)	Tier 1; $0	

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levonorg-eth estrad triphasic oral tablet	Tier 1; $0	
levonorg-eth estrad triphasic (Myzilra Oral Tablet)	Tier 1; $0	
norethin-eth estrad triphasic (Necon 7/7/7 Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic oral tablet	Tier 1; $0	
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet)	Tier 1; $0	
norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet)	Tier 1; $0	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri Femynor Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet)	Tier 1; $0	
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Trinessa (28) Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Trinessa Lo Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Previfem Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet)	Tier 1; $0	
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Vylibra Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol (Velivet Oral Tablet)	Tier 1; $0	
***CORTICOSTEROIDS* - HORMONES**		
GLUCOCORTICOSTEROIDS - DRUGS FOR INFLAMMATION**		
budesonide oral capsule delayed release particles	Tier 2	QL (3 capsule per 1 day)
cortisone acetate oral tablet	Tier 1	
dexamethasone (Decadron Oral Elixir)	Tier 1	
dexamethasone (Decadron Oral Tablet)	Tier 1	
prednisone (Deltasone Oral Tablet)	Tier 1	
dexamethasone oral elixir	Tier 1	
dexamethasone oral solution	Tier 1	
dexamethasone oral tablet	Tier 1	
hydrocortisone oral tablet	Tier 1	
methylprednisolone oral tablet	Tier 1	
methylprednisolone oral tablet therapy pack	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisolone oral solution	Tier 1	
prednisolone oral syrup	Tier 1	
prednisolone sodium phosphate oral solution	Tier 1	
prednisone oral solution	Tier 1	
prednisone oral tablet	Tier 1	
prednisone oral tablet therapy pack	Tier 1	
MINERALOCORTICOIDS - DRUGS FOR INFLAMMATION**		
fludrocortisone acetate oral tablet	Tier 1	
***COUGH/COLD/ALLERGY* - DRUGS FOR THE LUNGS**		
ANTITUSSIVE - NONNARCOTIC - DRUGS FOR ALLERGIES**		
benzonatate oral capsule	Tier 1	
ANTITUSSIVE - OPIOID - DRUGS FOR COUGH AND COLD**		
hydrocodone-homatropine oral syrup	Tier 1	
hydromet oral syrup	Tier 1	
ANTITUSSIVE-EXPECTORANT - DRUGS FOR COUGH AND COLD**		
cheratussin ac oral syrup	Tier 1	PA
g tussin ac oral solution	Tier 1	PA
guaiatussin ac oral syrup	Tier 1	PA
guaifenesin ac oral syrup	Tier 1	PA
guaifenesin-codeine oral solution	Tier 1	PA
robafen ac oral solution	Tier 1	PA
virtussin a/c oral solution	Tier 1	PA
DECONGESTANT & ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
promethazine vc oral syrup	Tier 1	
promethazine vc plain oral solution	Tier 1	QL (120 mL per 1 fill)
promethazine-phenylephrine oral syrup	Tier 1	QL (120 mL per 1 fill)
MUCOLYTICS - DRUGS FOR THE LUNGS**		
acetylcysteine inhalation solution	Tier 2	
NON-NARC ANTITUSSIVE-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
promethazine-dm oral solution	Tier 1	QL (120 mL per 1 fill)
promethazine-dm oral syrup	Tier 1	QL (120 mL per 1 fill)
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
pseudoeph-bromphen-dm (Bromfed Dm Oral Syrup)	Tier 1	
pseudoeph-bromphen-dm oral syrup	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPIOID ANTITUSSIVE-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
hydrocod polst-cpm polst er oral suspension extended release	Tier 1	QL (120 mL per 1 fill)
promethazine-codeine oral solution	Tier 1	PA; QL (120 mL per 1 fill)
promethazine-codeine oral syrup	Tier 1	PA; QL (120 mL per 1 fill)
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE (***codeine polst-chlorphen polst***)	Tier 3	PA
VITUZ ORAL SOLUTION (***hydrocodone-chlorpheniramine***)	Tier 3	
OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
promethazine vc/codeine oral syrup	Tier 1	PA; QL (120 mL per 1 fill)
promethazine-phenyleph-codeine oral syrup	Tier 1	PA; QL (120 mL per 1 fill)
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS - DRUGS FOR CANCER**		
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS - DRUGS FOR CANCER**		
IBRANCE ORAL CAPSULE (***palbociclib***)	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
***DERMATOLOGICALS* - DRUGS FOR THE SKIN**		
ACNE ANTIBIOTICS - DRUGS FOR THE SKIN**		
clindamycin phosphate (Clindacin Etz External Swab)	Tier 1	QL (2 pads per 1 day)
clindamycin phosphate (Clindacin-P External Swab)	Tier 1	QL (2 pads per 1 day)
clindamycin phosphate external foam	Tier 1	
clindamycin phosphate external gel	Tier 1	QL (60 grams per 30 days)
clindamycin phosphate external lotion	Tier 1	QL (4 mL per 1 day)
clindamycin phosphate external solution	Tier 1	QL (4 mL per 1 day)
clindamycin phosphate external swab	Tier 1	QL (2 pads per 1 day)
dapsone external gel	Tier 2	QL (60 grams per 30 days)
ery external pad	Tier 1	QL (2 pads per 1 day)
erythromycin external gel	Tier 1	QL (60 grams per 30 days)
erythromycin external pad	Tier 1	QL (2 pads per 1 day)
erythromycin external solution	Tier 1	
sulfacetamide sodium (acne) external lotion	Tier 1	
ACNE COMBINATIONS - DRUGS FOR THE SKIN**		
adapalene-benzoyl peroxide external gel	Tier 2	QL (45 grams per 30 days)
benzoyl peroxide-erythromycin external gel	Tier 1	QL (2 packets per 1 day)
sulfacetamide sodium-sulfur (Cerisa Wash External Emulsion)	Tier 1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	Tier 1	QL (45 grams per 30 days)
clindamycin phos-benzoyl perox external gel 1-5 %	Tier 1	QL (50 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulfacetamide sodium-sulfur external emulsion	Tier 1	
sulfacetamide sodium-sulfur external liquid	Tier 1	
sulfacetamide sodium-sulfur external pad	Tier 1	
sulfacetamide sodium-sulfur external suspension	Tier 1	
sulfacetamide-sulfur in urea external gel	Tier 1	
sulfamez wash external emulsion	Tier 1	
ACNE PRODUCTS - DRUGS FOR THE SKIN**		
adapalene external cream	Tier 1	
adapalene external gel	Tier 1	QL (45 grams per 30 days)
isotretinoin (Amnesteem Oral Capsule)	Tier 2	PA
tretinoin (Avita External Cream)	Tier 1	PA; QL (45 grams per 30 days)
benzoyl peroxide cleanser external lotion	Tier 1	
benzoyl peroxide external foam	Tier 1	
benzoyl peroxide external gel	Tier 1	QL (42.5 grams per 30 days)
bp foaming wash external liquid	Tier 1	
bpo foaming cloths external	Tier 1	
isotretinoin (Claravis Oral Capsule)	Tier 2	PA
benzoyl peroxide (Clearplex X External Gel)	Tier 1	
tretinoin external cream 0.025 %, 0.05 %	Tier 1	PA; QL (45 grams per 30 days)
tretinoin external cream 0.1 %	Tier 1	PA
tretinoin external gel 0.01 %	Tier 1	PA; QL (45 grams per 30 days)
tretinoin external gel 0.025 %	Tier 1	PA
isotretinoin (Zenatane Oral Capsule)	Tier 2	PA
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS - DRUGS FOR THE SKIN**		
VEREGEN EXTERNAL OINTMENT (***sinecatechins***)	Tier 3	
AGENTS FOR FACIAL WRINKLES - RETINOIDS - DRUGS FOR THE SKIN**		
tretinoin (emollient) external cream	Tier 1	PA; QL (40 grams per 30 days)
ANTIBIOTIC STEROID COMBINATIONS - TOPICAL - DRUGS FOR THE SKIN**		
CORTISPORIN EXTERNAL OINTMENT (***bacit-poly-neo hc***)	Tier 1	
ANTIBIOTICS - TOPICAL - DRUGS FOR THE SKIN**		
ALTABAX EXTERNAL OINTMENT (***retapamulin***)	Tier 3	QL (30 grams per 1 fill)
mupirocin external ointment	Tier 1	QL (30 grams per 1 fill)
ANTIFUNGALS - TOPICAL COMBINATIONS - DRUGS FOR THE SKIN**		
clotrimazole-betamethasone external cream	Tier 1	QL (120 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clotrimazole-betamethasone external lotion	Tier 1	QL (120 mL per 30 days)
nystatin-triamcinolone external cream	Tier 1	QL (120 grams per 30 days)
nystatin-triamcinolone external ointment	Tier 1	
ANTIFUNGALS - TOPICAL - DRUGS FOR THE SKIN**		
ciclopirox external gel	Tier 1	
ciclopirox external shampoo	Tier 1	
ciclopirox external solution	Tier 1	QL (7 mL per 30 days)
ciclopirox olamine external cream	Tier 1	QL (90 grams per 30 days)
ciclopirox olamine external suspension	Tier 1	
nystatin (Nyamyc External Powder)	Tier 1	QL (30 grams per 30 days)
nystatin external cream	Tier 1	QL (120 grams per 30 days)
nystatin external ointment	Tier 1	QL (120 grams per 30 days)
nystatin external powder	Tier 1	QL (30 grams per 30 days)
nystatin (Nystop External Powder)	Tier 1	QL (30 grams per 30 days)
ANTI-INFLAMMATORY AGENTS - TOPICAL - DRUGS FOR THE SKIN**		
diclofenac sodium transdermal gel	Tier 2	QL (1000 grams per 30 days)
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL - DRUGS FOR THE SKIN**		
fluorouracil external cream	Tier 1	QL (40 grams per 365 days)
fluorouracil external solution	Tier 1	QL (10 mL per 365 days)
ANTIPSORIATICS - SYSTEMIC - DRUGS FOR THE SKIN**		
acitretin oral capsule	Tier 2	
methoxsalen oral capsule	Tier 2; OC	SP
methoxsalen rapid oral capsule	Tier 2; OC	SP
ANTIPSORIATICS - DRUGS FOR THE SKIN**		
calcipotriene external cream	Tier 1	QL (120 grams per 30 days)
calcipotriene external ointment	Tier 1	QL (120 grams per 30 days)
calcipotriene external solution	Tier 1	QL (60 mL per 30 days)
calcipotriene (Calcitrene External Ointment)	Tier 2	QL (120 grams per 30 days)
ANTISEBORRHEIC COMBINATIONS - DRUGS FOR THE SKIN**		
sodium sulfacetamide wash external liquid	Tier 2	
ANTISEBORRHEIC PRODUCTS - DRUGS FOR THE SKIN**		
selenium sulfide external lotion	Tier 1	QL (120 mL per 30 days)
selenium sulfide external shampoo	Tier 1	
sodium sulfacetamide external shampoo	Tier 1	
BURN PRODUCTS - DRUGS FOR THE SKIN**		
silver sulfadiazine external cream	Tier 1	

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silver sulfadiazine (Ssd External Cream)	Tier 1	
silver sulfadiazine (Thermazene External Cream)	Tier 1	
CORTICOSTEROIDS - TOPICAL - DRUGS FOR THE SKIN**		
alclometasone dipropionate external cream	Tier 1	QL (60 grams per 30 days)
alclometasone dipropionate external ointment	Tier 1	QL (2 grams per 1 day)
amcinonide external cream	Tier 1	QL (60 grams per 30 days)
amcinonide external lotion	Tier 1	QL (60 mL per 30 days)
amcinonide external ointment	Tier 2	QL (60 grams per 30 days)
fluticasone propionate (Beser External Lotion)	Tier 1	QL (120 mL per 30 days)
betamethasone dipropionate aug external cream	Tier 1	QL (50 grams per 30 days)
betamethasone dipropionate aug external gel	Tier 1	QL (50 grams per 30 days)
betamethasone dipropionate aug external lotion	Tier 1	QL (60 mL per 30 days)
betamethasone dipropionate aug external ointment	Tier 1	QL (50 grams per 30 days)
betamethasone dipropionate external cream	Tier 1	QL (45 grams per 30 days)
betamethasone dipropionate external lotion	Tier 1	QL (60 mL per 30 days)
betamethasone dipropionate external ointment	Tier 1	QL (45 grams per 30 days)
betamethasone valerate external cream	Tier 1	QL (45 grams per 30 days)
betamethasone valerate external foam	Tier 1	QL (100 grams per 30 days)
betamethasone valerate external lotion	Tier 1	QL (60 mL per 30 days)
betamethasone valerate external ointment	Tier 1	QL (45 grams per 30 days)
clobetasol prop emollient base external cream	Tier 1	QL (60 grams per 30 days)
clobetasol propionate e external cream	Tier 1	QL (60 grams per 30 days)
clobetasol propionate emulsion external foam	Tier 1	QL (100 grams per 30 days)
clobetasol propionate external cream	Tier 1	QL (60 grams per 30 days)
clobetasol propionate external foam	Tier 1	QL (100 mL per 30 days)
clobetasol propionate external gel	Tier 1	QL (60 grams per 30 days)
clobetasol propionate external lotion	Tier 1	QL (118 mL per 30 days)
clobetasol propionate external ointment	Tier 1	QL (60 grams per 30 days)
clobetasol propionate external shampoo	Tier 1	
clobetasol propionate external solution	Tier 1	QL (50 mL per 30 days)
clocortolone pivalate external cream	Tier 1	QL (90 grams per 30 days)
clocortolone pivalate pump external cream	Tier 1	QL (90 grams per 30 days)
clobetasol propionate (Clodan External Shampoo)	Tier 1	
clobetasol propionate (Cormax Scalp Application External Solution)	Tier 1	QL (1.7 mL per 1 day)
desonide external cream	Tier 1	QL (60 grams per 30 days)
desonide external lotion	Tier 1	QL (118 mL per 30 days)
desonide external ointment	Tier 1	QL (60 grams per 30 days)

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desoximetasone external cream	Tier 1	QL (100 grams per 30 days)
desoximetasone external gel	Tier 1	QL (60 grams per 30 days)
desoximetasone external ointment	Tier 1	QL (100 grams per 30 days)
diflorasone diacetate external cream	Tier 1	QL (60 grams per 30 days)
diflorasone diacetate external ointment	Tier 1	QL (60 grams per 30 days)
fluocinolone acetonide body external oil	Tier 1	QL (120 mL per 30 days)
fluocinolone acetonide external cream 0.01 %	Tier 1	QL (60 grams per 30 days)
fluocinolone acetonide external cream 0.025 %	Tier 1	QL (120 grams per 30 days)
fluocinolone acetonide external ointment	Tier 1	QL (120 grams per 30 days)
fluocinolone acetonide external solution	Tier 1	QL (90 mL per 30 days)
fluocinolone acetonide scalp external oil	Tier 1	QL (120 mL per 30 days)
fluocinonide emulsified base external cream	Tier 1	
fluocinonide external cream	Tier 1	QL (120 grams per 30 days)
fluocinonide external gel	Tier 1	QL (60 grams per 30 days)
fluocinonide external ointment	Tier 1	QL (120 grams per 30 days)
fluocinonide external solution	Tier 1	QL (60 mL per 30 days)
flurandrenolide external cream	Tier 2	QL (120 grams per 30 days)
flurandrenolide external lotion	Tier 2	QL (120 mL per 30 days)
flurandrenolide external ointment	Tier 2	QL (120 grams per 30 days)
fluticasone propionate external cream	Tier 1	QL (60 grams per 30 days)
fluticasone propionate external lotion	Tier 1	QL (120 mL per 30 days)
fluticasone propionate external ointment	Tier 1	QL (60 grams per 30 days)
halcinonide external cream	Tier 1	QL (216 grams per 30 days)
halobetasol propionate external cream	Tier 1	QL (50 grams per 30 days)
halobetasol propionate external ointment	Tier 1	QL (50 grams per 30 days)
HALOG EXTERNAL OINTMENT (***halcinonide***)	Tier 1	QL (60 grams per 30 days)
hydrocortisone butyr lipo base external cream	Tier 1	QL (60 grams per 30 days)
hydrocortisone butyrate external cream	Tier 1	QL (60 grams per 30 days)
hydrocortisone butyrate external lotion	Tier 1	
hydrocortisone butyrate external ointment	Tier 1	QL (60 grams per 30 days)
hydrocortisone butyrate external solution	Tier 1	QL (60 mL per 30 days)
hydrocortisone external cream	Tier 1	QL (454 grams per 30 days)
hydrocortisone external lotion	Tier 1	QL (118 mL per 30 days)
hydrocortisone external ointment	Tier 1	QL (454 grams per 30 days)
hydrocortisone valerate external cream	Tier 1	QL (60 grams per 30 days)
hydrocortisone valerate external ointment	Tier 1	QL (60 grams per 30 days)
mometasone furoate external cream	Tier 1	QL (50 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mometasone furoate external ointment	Tier 1	QL (50 grams per 30 days)
mometasone furoate external solution	Tier 1	QL (60 mL per 30 days)
prednicarbate external cream	Tier 1	QL (60 grams per 30 days)
prednicarbate external ointment	Tier 1	QL (60 grams per 30 days)
clobetasol propionate emulsion (Tovet External Foam)	Tier 1	QL (100 grams per 30 days)
triamcinolone acetonide external cream	Tier 1	QL (454 grams per 30 days)
triamcinolone acetonide external lotion	Tier 1	QL (60 mL per 30 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %	Tier 1	QL (454 grams per 30 days)
triamcinolone acetonide external ointment 0.05 %	Tier 2	QL (430 grams per 30 days)
triamcinolone acetonide external ointment 0.5 %	Tier 1	QL (30 grams per 30 days)
triamcinolone acetonide (Trianex External Ointment)	Tier 2	QL (430 grams per 30 days)
triamcinolone acetonide (Triderm External Cream)	Tier 1	QL (454 grams per 30 days)
EMOLLIENTS - DRUGS FOR THE SKIN**		
ammonium lactate external cream	Tier 1	QL (450 grams per 30 days)
ammonium lactate external lotion	Tier 1	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL - DRUGS FOR THE SKIN**		
clotrimazole af external cream	Tier 1	
clotrimazole anti-fungal external cream	Tier 1	
clotrimazole external cream	Tier 1	
clotrimazole external solution	Tier 1	
CLOTRIMAZOLE GRX EXTERNAL CREAM (***clotrimazole***)	Tier 1	
cvs clotrimazole external cream	Tier 1	
cvs clotrimazole external solution	Tier 1	
econazole nitrate external cream	Tier 1	
ketoconazole external cream	Tier 1	QL (120 grams per 30 days)
ketoconazole external foam	Tier 1	
ketoconazole external shampoo	Tier 1	QL (120 mL per 30 days)
kp clotrimazole external cream	Tier 1	
qc clotrimazole external cream	Tier 1	
ra clotrimazole external cream	Tier 1	
tgt clotrimazole external cream	Tier 1	
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL - DRUGS FOR THE SKIN**		
imiquimod external cream	Tier 1	PA; QL (48 packets per 365 days)
KERATOLYTIC/ANTIMITOTIC AGENTS - DRUGS FOR THE SKIN**		
podofilox external solution	Tier 1	

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salicylic acid (Salacyn External Cream)	Tier 1	
salicylic acid (Salacyn External Lotion)	Tier 1	
salicylic acid external cream	Tier 1	
salicylic acid external gel	Tier 1	
salicylic acid external liquid	Tier 1	
salicylic acid external lotion	Tier 1	
salicylic acid external solution	Tier 1	
salicylic acid wart remover external liquid	Tier 1	
salicylic acid-cleanser external kit	Tier 1	
salitech forte external lotion	Tier 1	
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL - DRUGS FOR THE SKIN**		
pimecrolimus external cream	Tier 1	PA; QL (100 grams per 90 days)
tacrolimus external ointment	Tier 1	PA; QL (100 grams per 90 days)
ROSACEA AGENTS - DRUGS FOR THE SKIN**		
azelaic acid external gel	Tier 2	QL (50 grams per 30 days)
doxycycline oral capsule delayed release	Tier 2	PA; QL (1 capsule per 1 day)
metronidazole external cream	Tier 1	QL (45 grams per 30 days)
metronidazole external gel 0.75 %	Tier 1	QL (45 grams per 30 days)
metronidazole external gel 1 %	Tier 1	QL (55 grams per 30 days)
metronidazole external lotion	Tier 1	QL (59 mL per 30 days)
metronidazole (Rosadan External Cream)	Tier 1	QL (45 grams per 30 days)
metronidazole (Rosadan External Gel)	Tier 1	QL (45 grams per 30 days)
SCABICIDES & PEDICULICIDES - DRUGS FOR THE SKIN**		
lindane external shampoo	Tier 1	QL (60 mL per 30 days)
malathion external lotion	Tier 1	
permethrin external cream	Tier 1	QL (120 grams per 30 days)
spinosad external suspension	Tier 1	QL (120 mL per 7 days)
SKIN CLEANSERS - DRUGS FOR THE SKIN**		
essentra wipes 9x9" external	Tier 3	
TOPICAL ANESTHETIC COMBINATIONS - DRUGS FOR THE SKIN**		
lidocaine-prilocaine external cream	Tier 1	QL (1 gram per 1 day)
lidocaine-prilocaine external kit	Tier 1	QL (1 kit per 30 days)
TOPICAL STEROID COMBINATIONS - DRUGS FOR THE SKIN**		
calcipotriene-betameth diprop external ointment	Tier 1	QL (400 grams per 28 days)

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DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS**		
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED (***glucagon hcl rdna (diagnostic)***)	Tier 2	
glucagon hcl (diagnostic) injection solution reconstituted	Tier 2	
DIAGNOSTIC TESTS**		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (***glucose blood***)	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (***glucose blood***)	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK GUIDE IN VITRO STRIP (***glucose blood***)	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (***glucose blood***)	Tier 2	QL (204 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP (***glucose blood***)	Tier 2	QL (204 strips per 30 days)
CHEMSTRIP K IN VITRO STRIP (***acetone (urine) test***)	Tier 3	
DIASTIX IN VITRO STRIP (***glucose urine test-glucose ox***)	Tier 3	
ketone test in vitro strip	Tier 3	
KETOSTIX IN VITRO STRIP (***acetone (urine) test***)	Tier 3	
ONETOUCH ULTRA IN VITRO STRIP (***glucose blood***)	Tier 2	QL (204 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP (***glucose blood***)	Tier 2	QL (204 strips per 30 days)
RELION KETONE IN VITRO STRIP (***acetone (urine) test***)	Tier 3	
RELION KETONE TEST IN VITRO STRIP (***acetone (urine) test***)	Tier 3	
***DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS* - DRUGS FOR NUTRITION**		
INFANT FOODS - DRUGS FOR NUTRITION**		
ENFAGROW PREMIUM LIPIL ORAL POWDER (***infant foods***)	Tier 3	
ENFAGROW PREMIUM OLDER TODDLER ORAL POWDER (***infant foods***)	Tier 3	
SIMILAC PURE BLISS ORAL POWDER (***infant foods***)	Tier 3	
NUTRITIONAL SUPPLEMENTS - DRUGS FOR NUTRITION**		
equacare jr oral powder	Tier 3	
ESSENTIAL CARE JR ORAL POWDER (***nutritional supplements***)	Tier 3	
GLYTACTIN BURST ORAL PACKET (***nutritional supplements***)	Tier 3	
KATE FARMS CORE ESSENTIALS 1.0 ORAL LIQUID (***nutritional supplements***)	Tier 3	
KATE FARMS STANDARD 1.0 ORAL LIQUID (***nutritional supplements***)	Tier 3	
NUTRAMINE ORAL PACKET (***nutritional supplements***)	Tier 3	
PKU SPHERE 20 ORAL PACKET (***nutritional supplements***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***DIGESTIVE AIDS* - DRUGS FOR THE STOMACH**		
DIGESTIVE ENZYMES - DRUGS FOR THE STOMACH**		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (***pancrelipase (lip-prot-amyl)***)	Tier 2	QL (25 capsules per 1 day)
***DIURETICS* - DRUGS FOR THE HEART**		
CARBONIC ANHYDRASE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE**		
acetazolamide er oral capsule extended release 12 hour	Tier 1	
acetazolamide oral tablet	Tier 1	
methazolamide oral tablet	Tier 2	
DIURETIC COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE**		
amiloride-hydrochlorothiazide oral tablet	Tier 1	
triamterene-hctz oral capsule	Tier 1	
triamterene-hctz oral tablet	Tier 1	
LOOP DIURETICS - DRUGS FOR HIGH BLOOD PRESSURE**		
ethacrynic acid oral tablet	Tier 2	
furosemide oral solution	Tier 1	
furosemide oral tablet	Tier 1	
torsemide oral tablet	Tier 1	
POTASSIUM SPARING DIURETICS - DRUGS FOR HIGH BLOOD PRESSURE**		
amiloride hcl oral tablet	Tier 2	
spironolactone oral tablet	Tier 1	
triamterene oral capsule	Tier 2	
THIAZIDES AND THIAZIDE-LIKE DIURETICS - DRUGS FOR HIGH BLOOD PRESSURE**		
chlorthalidone oral tablet	Tier 1	
hydrochlorothiazide oral capsule	Tier 1	DO
hydrochlorothiazide oral tablet 12.5 mg, 25 mg	Tier 1	DO
hydrochlorothiazide oral tablet 50 mg	Tier 1	QL (2 tablets per 1 day)
indapamide oral tablet	Tier 1	
methyclothiazide oral tablet	Tier 1	
***ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES**		
BISPHOSPHONATES - DRUGS FOR MENOPAUSE AND BONE LOSS**		
alendronate sodium oral solution	Tier 1	QL (10.72 mg per 1 day)
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	Tier 1	QL (1 tablet per 1 day)
alendronate sodium oral tablet 35 mg, 70 mg	Tier 1	QL (4 tablets per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (***alendronate-cholecalciferol***)	Tier 3	ST; QL (4 tablets per 28 days)
ibandronate sodium oral tablet	Tier 1	QL (1 tablet per 28 days)
risedronate sodium oral tablet 150 mg	Tier 1	QL (1 tablet per 30 days)
risedronate sodium oral tablet 30 mg, 5 mg	Tier 1	QL (1 tablet per 1 day)
risedronate sodium oral tablet 35 mg	Tier 1	QL (4 tablets per 28 days)
CALCIMIMETIC AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
cinacalcet hcl oral tablet 30 mg, 60 mg	Tier 4	PA; QL (2 tablets per 1 day)
cinacalcet hcl oral tablet 90 mg	Tier 4	PA; QL (4 tablets per 1 day)
CALCITONINS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
calcitonin (salmon) nasal solution	Tier 2	QL (1 bottle per 30 days)
FORTICAL NASAL SOLUTION (***calcitonin (salmon)***)	Tier 2	QL (1 bottle per 30 days)
CARNITINE REPLENISHER - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
levocarnitine oral solution	Tier 1	
levocarnitine oral tablet	Tier 2	
levocarnitine sf oral solution	Tier 1	
DOPAMINE RECEPTOR AGONISTS - DRUGS FOR WOMEN**		
cabergoline oral tablet	Tier 1	QL (16 tablets per 30 days)
GROWTH HORMONES - DRUGS FOR GROWTH**		
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION (***somatropin***)	Tier 4	PA; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION (***somatropin***)	Tier 4	PA; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION (***somatropin***)	Tier 4	PA; SP; QL (1 vial per 1 day)
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
nitisinone oral capsule	Tier 4	PA; LD
ORFADIN ORAL CAPSULE (***nitisinone***)	Tier 4	PA; LD
HOMOCYSTINURIA TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
CYSTADANE ORAL POWDER (***betaine***)	Tier 3	LD
HYPERAMMONEMIA TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
CARBAGLU ORAL TABLET (***carglumic acid***)	Tier 4	PA; LD
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
paricalcitol oral capsule	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OVULATION STIMULANTS-GONADOTROPINS - DRUGS FOR WOMEN**		
chorionic gonadotropin intramuscular solution reconstituted	Tier 4	PA; SP
PHENYLKETONURIA TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
KUVAN ORAL TABLET SOLUBLE (***sapropterin dihydrochloride***)	Tier 4	PA; SP; LD
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) - DRUGS FOR MENOPAUSE AND BONE LOSS**		
raloxifene hcl oral tablet	Tier 1; $0	
SOMATOSTATIC AGENTS - DRUGS FOR GROWTH**		
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 30 MG (***octreotide acetate***)	Tier 4	PA; SP; QL (1 kit per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 20 MG (***octreotide acetate***)	Tier 4	PA; SP; QL (2 kits per 28 days)
UREA CYCLE DISORDER - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
sodium phenylbutyrate oral tablet	Tier 2	PA; QL (40 tablets per 1 day)
VASOPRESSIN - HORMONES**		
desmopressin ace spray refrig nasal solution	Tier 2	
desmopressin acetate oral tablet 0.1 mg	Tier 1	DO
desmopressin acetate oral tablet 0.2 mg	Tier 1	QL (6 tablets per 1 day)
desmopressin acetate spray nasal solution	Tier 2	
***ESTROGENS* - HORMONES**		
ESTROGEN & PROGESTIN - DRUGS FOR WOMEN**		
estradiol-norethindrone acet (Amabelz Oral Tablet)	Tier 1	
estradiol-norethindrone acet oral tablet	Tier 1	
norethindrone-eth estradiol (Fyavolv Oral Tablet)	Tier 1	
jevantique lo oral tablet	Tier 1	
norethindrone-eth estradiol (Jinteli Oral Tablet)	Tier 1	
estradiol-norethindrone acet (Lopreeza Oral Tablet)	Tier 1	
estradiol-norethindrone acet (Mimvey Lo Oral Tablet)	Tier 1	
estradiol-norethindrone acet (Mimvey Oral Tablet)	Tier 1	
norethindrone-eth estradiol oral tablet	Tier 1	
PREMPHASE ORAL TABLET (***conj estrog-medroxyprogest ace***)	Tier 3	
PREMPRO ORAL TABLET (***conj estrog-medroxyprogest ace***)	Tier 3	
ESTROGENS - DRUGS FOR WOMEN**		
estradiol (Dotti Transdermal Patch Twice Weekly)	Tier 1	QL (8 patches per 28 days)
estradiol oral tablet	Tier 1	
estradiol transdermal patch twice weekly	Tier 1	QL (8 patches per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol transdermal patch weekly	Tier 1	QL (4 patches per 28 days)
estropipate oral tablet	Tier 1	
PREMARIN ORAL TABLET (***estrogens conjugated***)	Tier 3	QL (1 tablet per 1 day)
***FLUOROQUINOLONES* - DRUGS FOR INFECTIONS**		
FLUOROQUINOLONES - ANTIBIOTICS**		
ciprofloxacin hcl oral tablet	Tier 1	QL (28 tablets per 30 days)
ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg	Tier 1	QL (14 tablets per 30 days)
ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 500 mg	Tier 1	QL (3 tablets per 30 days)
levofloxacin oral tablet	Tier 2	QL (14 tablets per 30 days)
ofloxacin oral tablet	Tier 1	QL (28 tablets per 30 days)
***GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH**		
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS - DRUGS FOR IRRITABLE BOWEL SYNDROME**		
AMITIZA ORAL CAPSULE (***lubiprostone***)	Tier 3	QL (2 capsules per 1 day)
GASTROINTESTINAL STIMULANTS - DRUGS FOR THE STOMACH**		
metoclopramide hcl oral solution	Tier 1	
metoclopramide hcl oral tablet	Tier 1	
metoclopramide hcl oral tablet dispersible 10 mg	Tier 2	
metoclopramide hcl oral tablet dispersible 5 mg	Tier 1	
INFLAMMATORY BOWEL AGENTS - DRUGS FOR INFLAMMATORY BOWEL DISEASE**		
balsalazide disodium oral capsule	Tier 1	QL (9 capsule per 1 day)
mesalamine er oral capsule extended release 24 hour	Tier 2	QL (4 capsules per 1 day)
mesalamine-cleanser rectal kit	Tier 2	QL (1 kit per 28 days)
sulfasalazine oral tablet	Tier 1	QL (8 tablets per 1 day)
sulfasalazine oral tablet delayed release	Tier 1	QL (8 tablets per 1 day)
INTESTINAL ACIDIFIERS - DRUGS FOR THE STOMACH**		
enulose oral solution	Tier 1	
generlac oral solution	Tier 1	
lactulose encephalopathy oral solution	Tier 1	
PHOSPHATE BINDER AGENTS - DRUGS FOR THE STOMACH**		
calcium acetate (phos binder) oral tablet	Tier 2	QL (12 tablets per 1 day)
calcium acetate oral tablet	Tier 2	QL (12 tablets per 1 day)
sevelamer carbonate oral packet 0.8 gm	Tier 1	QL (6 packets per 1 day)
sevelamer carbonate oral packet 2.4 gm	Tier 1	QL (3 packets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sevelamer carbonate oral tablet	Tier 1	QL (9 tablets per 1 day)
***GENITOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM**		
5-ALPHA REDUCTASE INHIBITORS - DRUGS FOR THE PROSTATE**		
finasteride oral tablet	Tier 1	QL (1 tablet per 1 day)
ALPHA 1-ADRENOCEPTOR ANTAGONISTS - DRUGS FOR THE PROSTATE**		
alfuzosin hcl er oral tablet extended release 24 hour	Tier 1	QL (1 tablet per 1 day)
tamsulosin hcl oral capsule	Tier 1	QL (2 capsules per 1 day)
CITRATES - DRUGS FOR INFECTIONS**		
potassium citrate er oral tablet extended release	Tier 2	
potassium citrate-citric acid oral packet	Tier 1	
potassium citrate-citric acid oral solution	Tier 1	
potassium citrate-citric acid (Taron-Crystals Oral Packet)	Tier 1	
virtrate-k oral solution	Tier 1	
GENITOURINARY IRRIGANTS - DRUGS FOR THE URINARY SYSTEM**		
sodium chloride (gu irrigant) (Curity Sterile Saline Irrigation Solution)	Tier 1	
sodium chloride irrigation solution	Tier 1	
INTERSTITIAL CYSTITIS AGENTS - DRUGS FOR THE URINARY SYSTEM**		
ELMIRON ORAL CAPSULE (***pentosan polysulfate sodium***)	Tier 3	QL (3 capsules per 1 day)
URINARY ANALGESICS - DRUGS FOR INFECTIONS**		
phenazopyridine hcl (Phenazo Oral Tablet)	Tier 1	
phenazopyridine hcl oral tablet	Tier 1	
GLYCOPEPTIDES - DRUGS FOR INFECTIONS**		
GLYCOPEPTIDES - DRUGS FOR INFECTIONS**		
vancomycin hcl oral capsule	Tier 2	PA
***GOUT AGENTS* - DRUGS FOR PAIN AND FEVER**		
GOUT AGENT COMBINATIONS - GOUT DRUGS**		
colchicine-probenecid oral tablet	Tier 1	
GOUT AGENTS - GOUT DRUGS**		
allopurinol oral tablet	Tier 1	
colchicine oral capsule	Tier 2	QL (2 capsules per 1 day)
colchicine oral tablet	Tier 2	QL (2.3 tablets per 1 day)
URICOSURICS - GOUT DRUGS**		
probenecid oral tablet	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD**		
C1 INHIBITORS - DRUGS FOR THE BLOOD**		
BERINERT INTRAVENOUS KIT (***c1 esterase inhibitor (human)***)	Tier 4	PA; SP; LD; QL (24 vials per 30 days)
HEMATORHEOLOGIC AGENTS - DRUGS FOR THE BLOOD**		
pentoxifylline er oral tablet extended release	Tier 1	
PHOSPHODIESTERASE III INHIBITORS - DRUGS FOR THE BLOOD**		
cilostazol oral tablet	Tier 2	
PLATELET AGGREGATION INHIBITOR COMBINATIONS - DRUGS FOR THE BLOOD**		
aspirin-dipyridamole er oral capsule extended release 12 hour	Tier 2	QL (2 capsule per 1 day)
PLATELET AGGREGATION INHIBITORS - DRUGS FOR THE BLOOD**		
dipyridamole oral tablet	Tier 2	
QUINAZOLINE AGENTS - DRUGS FOR THE BLOOD**		
anagrelide hcl oral capsule	Tier 2	
THIENOPYRIDINE DERIVATIVES - DRUGS FOR THE BLOOD**		
clopidogrel bisulfate oral tablet 300 mg	Tier 2	
clopidogrel bisulfate oral tablet 75 mg	Tier 2	QL (1 tablet per 1 day)
ticlopidine hcl oral tablet	Tier 1	
***HEMATOPOIETIC AGENTS* - DRUGS FOR NUTRITION**		
COBALAMINS - DRUGS FOR NUTRITION**		
cyanocobalamin injection solution	Tier 1	
CYTOTOXIC AGENTS - DRUGS FOR NUTRITION**		
DROXIA ORAL CAPSULE (***hydroxyurea***)	Tier 4	
ERYTHROPOIESIS-STIMULATING AGENTS (ESAS) - 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 (***darbepoetin alfa***)	Tier 4	PA; SP; QL (4 vials per 28 days)
aranesp (albumin free) injection solution 150 mcg/0.75ml	Tier 4	PA
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, 60 MCG/0.3ML (***darbepoetin alfa***)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (***darbepoetin alfa***)	Tier 4	PA; SP; QL (4 syringes per 30 days)

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ERYTHROPOIETINS - 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 (***darbepoetin alfa***)	Tier 4	PA; SP; QL (4 vials per 28 days)
aranesp (albumin free) injection solution 150 mcg/0.75ml	Tier 4	PA
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, 60 MCG/0.3ML (***darbepoetin alfa***)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (***darbepoetin alfa***)	Tier 4	PA; SP; QL (4 syringes per 30 days)
FOLIC ACID/FOLATES - DRUGS FOR NUTRITION**		
folic acid oral tablet	Tier 1	
kp folic acid oral tablet	Tier 1	
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF) - DRUGS FOR NUTRITION**		
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT (***pegfilgrastim***)	Tier 4	PA; SP; QL (2 injectors/kits per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***pegfilgrastim***)	Tier 4	PA; SP; QL (2 syringes per 28 days)
IRON COMBINATIONS - DRUGS FOR NUTRITION**		
fe c tab plus oral tablet	Tier 1	
ICAR-C PLUS ORAL TABLET (***iron-vit c-vit b12-folic acid***)	Tier 1	QL (1 tablet per 1 day)
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS - DRUGS FOR NUTRITION**		
PROMACTA ORAL TABLET 12.5 MG, 25 MG (***eltrombopag olamine***)	Tier 4	PA; SP; LD; DO
PROMACTA ORAL TABLET 50 MG (***eltrombopag olamine***)	Tier 4	PA; SP; LD; QL (3 tablets per 1 day)
PROMACTA ORAL TABLET 75 MG (***eltrombopag olamine***)	Tier 4	PA; SP; LD; QL (1 tablet per 1 day)
***HEMOSTATICS* - DRUGS FOR THE BLOOD**		
HEMOSTATICS - SYSTEMIC - DRUGS TO PREVENT BLEEDING**		
tranexamic acid oral tablet	Tier 1	QL (6 tablets per 1 day)
HEPATITIS C AGENT - COMBINATIONS - DRUGS FOR INFECTIONS**		
HEPATITIS C AGENT - COMBINATIONS - DRUGS FOR INFECTIONS**		
SOFOSBUVIR-VELPATASVIR ORAL TABLET	Tier 4	PA; SP; QL (1 tablet per 1 day)
***HYPNOTICS* - DRUGS FOR THE NERVOUS SYSTEM**		
ANTIHISTAMINE HYPNOTICS - DRUGS FOR INSOMNIA**		
cvs sleep aid nighttime oral capsule	Tier 1	

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eq nighttime sleep aid max st oral capsule	Tier 1	
BARBITURATE HYPNOTICS - DRUGS FOR INSOMNIA**		
phenobarbital oral elixir	Tier 1	QL (100 mL per 1 day)
phenobarbital oral solution	Tier 1	QL (100 mL per 1 day)
phenobarbital oral tablet 100 mg	Tier 1	QL (4 tablets per 1 day)
phenobarbital oral tablet 15 mg	Tier 1	QL (800 tablets per 30 days)
phenobarbital oral tablet 16.2 mg	Tier 1	QL (741 tablets per 30 days)
phenobarbital oral tablet 30 mg	Tier 1	QL (400 tablets per 30 days)
phenobarbital oral tablet 32.4 mg	Tier 1	QL (370 tablets per 30 days)
phenobarbital oral tablet 60 mg	Tier 1	QL (200 tablets per 30 days)
phenobarbital oral tablet 64.8 mg	Tier 1	QL (185 tablets per 30 days)
phenobarbital oral tablet 97.2 mg	Tier 1	QL (123 tablets per 30 days)
BENZODIAZEPINE HYPNOTICS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
temazepam oral capsule	Tier 1	QL (1 capsule per 1 day)
triazolam oral tablet	Tier 1	QL (1 tablet per 1 day)
HYPNOTICS - TRICYCLIC AGENTS - DRUGS FOR INSOMNIA**		
doxepin hcl oral tablet	Tier 2	QL (1 tablet per 1 day)
SILENOR ORAL TABLET (***doxepin hcl***)	Tier 3	QL (1 tablet per 1 day)
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS - DRUGS FOR INSOMNIA**		
zaleplon oral capsule	Tier 1	QL (1 capsule per 1 day)
zolpidem tartrate er oral tablet extended release	Tier 2	QL (1 tablet per 1 day)
zolpidem tartrate oral tablet	Tier 1	QL (1 tablet per 1 day)
***LAXATIVES* - DRUGS FOR THE STOMACH**		
BOWEL EVACUANT COMBINATIONS - DRUGS TO PREVENT CONSTIPATION**		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED (***peg 3350-kcl-nabcb-nacl-nasulf***)	Tier 1; $0	QL (4000 grams per 30 days)
peg 3350-kcl-nabcb-nacl-nasulf (Gavilyte-G Oral Solution Reconstituted)	Tier 1; $0	QL (4000 grams per 30 days)
bisacodyl-peg-kcl-nabicar-nacl (Gavilyte-H Oral Kit)	Tier 1; $0	
peg 3350-kcl-na bicarb-nacl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)	Tier 1; $0	QL (4000 grams per 30 days)
MOVIPREP ORAL SOLUTION RECONSTITUTED (***peg-kcl-nacl-nasulf-na asc-c***)	Tier 3	QL (1 gram per 30 days)
peg 3350/electrolytes oral solution reconstituted	Tier 1; $0	QL (4000 grams per 30 days)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	Tier 1; $0	QL (4000 grams per 30 days)
peg-3350/electrolytes oral solution reconstituted	Tier 1; $0	QL (4000 grams per 30 days)

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bisacodyl-peg-kcl-nabicar-nacl (Peg-Prep Oral Kit)	Tier 1; $0	
PLENVU ORAL SOLUTION RECONSTITUTED (***peg-kcl-nacl-nasulf-na asc-c***)	Tier 3	QL (1 gram per 30 days)
peg 3350-kcl-na bicarb-nacl (Trilyte Oral Solution Reconstituted)	Tier 1; $0	QL (4000 grams per 30 days)
LAXATIVES - MISCELLANEOUS - DRUGS TO PREVENT CONSTIPATION**		
constulose oral solution	Tier 1	
lactulose oral solution	Tier 1	
peg 3350 oral packet	Tier 1; $0	
peg 3350 oral powder	Tier 1; $0	
polyethylene glycol 3350 (Pegylax Oral Powder)	Tier 1; $0	
polyethylene glycol 3350 oral packet	Tier 1; $0	
polyethylene glycol 3350 oral powder	Tier 1; $0	
sb polyethylene glycol 3350 oral powder	Tier 1; $0	
SALINE LAXATIVE MIXTURES - DRUGS TO PREVENT CONSTIPATION**		
cvs phosphate saline laxative oral solution	Tier 1	
OSMOPREP ORAL TABLET (***sod phos mono-sod phos dibasic***)	Tier 3	QL (32 tablet per 30 days)
phosphate laxative oral solution	Tier 3	
ra oral saline laxative oral solution	Tier 1	
ra saline laxative oral solution	Tier 1	
saline laxative oral solution 0.9-2.4 gm/5ml	Tier 3	
saline laxative oral solution 2.7-7.2 gm/5ml	Tier 1	
sm oral saline laxative oral solution	Tier 1	
LHRH/GNRH AGONIST ANALOG COMBINATIONS - HORMONES**		
LHRH/GNRH AGONIST ANALOG COMBINATIONS - HORMONES**		
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG (***leuprolide & norethindrone***)	Tier 4	PA; SP; QL (1 kit per 84 days)
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG (***leuprolide & norethindrone***)	Tier 4	PA; SP; QL (1 kit per 28 days)
LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG - DRUGS FOR THE EYE**		
LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG - DRUGS FOR THE EYE**		
XIIDRA OPHTHALMIC SOLUTION (***lifitegrast***)	Tier 3	PA; QL (2 vial per 1 day)
***MACROLIDES* - DRUGS FOR INFECTIONS**		
AZITHROMYCIN - ANTIBIOTICS**		
azithromycin oral packet	Tier 1	QL (2 packets per 30 days)

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azithromycin oral suspension reconstituted 100 mg/5ml	Tier 1	QL (15 ML per 30 days)
azithromycin oral suspension reconstituted 200 mg/5ml	Tier 1	QL (15 mL per 30 days)
azithromycin oral tablet 250 mg	Tier 1	QL (6 tablets per 30 days)
azithromycin oral tablet 500 mg	Tier 1	QL (3 tablets per 30 days)
azithromycin oral tablet 600 mg	Tier 1	QL (8 tablets per 28 days)
CLARITHROMYCIN - ANTIBIOTICS**		
clarithromycin er oral tablet extended release 24 hour	Tier 1	
clarithromycin oral suspension reconstituted	Tier 1	
clarithromycin oral tablet	Tier 1	
ERYTHROMYCINS - ANTIBIOTICS**		
E.E.S. 400 ORAL TABLET (***erythromycin ethylsuccinate***)	Tier 2	
erythromycin base (Ery-Tab Oral Tablet Delayed Release)	Tier 1	
ERYTHROCIN STEARATE ORAL TABLET (***erythromycin stearate***)	Tier 1	
erythromycin base oral capsule delayed release particles	Tier 2	
erythromycin base oral tablet	Tier 2	
erythromycin base oral tablet delayed release	Tier 1	
erythromycin ethylsuccinate oral tablet	Tier 2	
erythromycin oral tablet delayed release	Tier 1	
erythromycin stearate oral tablet	Tier 1	
***MEDICAL DEVICES* - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
CERVICAL CAPS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
FEMCAP VAGINAL DEVICE (***cervical caps***)	Tier 3; $0	
DIAPHRAGMS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
CAYA VAGINAL DIAPHRAGM (***diaphragm arc-spring***)	Tier 3; $0	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (***diaphragms***)	Tier 3; $0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	Tier 3; $0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	Tier 3; $0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	Tier 3; $0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	Tier 3; $0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	Tier 3; $0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	Tier 3; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	Tier 3; $0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	Tier 3; $0	
GLUCOSE MONITORING TEST SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
ONETOUCH COMBO PACK (***lancets***)	Tier 2	QL (200 lancets per 30 days)
ONETOUCH DELICA LANCETS FINE (***lancets***)	Tier 2	QL (200 lancets per 30 days)
NEBULIZERS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
BESTMED COMPRESSOR NEBULIZER (***nebulizers***)	Tier 3	
BESTMED ULTRASONIC NEBULIZER (***nebulizers***)	Tier 3	
HEALTHY LIVING COMPRESSOR/NEB DEVICE (***nebulizers***)	Tier 3	
LEXAN POCKET NEBULIZER (***nebulizers***)	Tier 3	
nebulizer updraft-style	Tier 3	
PULMOMATE COMP/MICRO-MIST NEB (***nebulizers***)	Tier 3	
NEEDLES & SYRINGES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
1st tier unifine pentips	Tier 3	QL (200 needles per 30 days)
1st tier unifine pentips plus	Tier 3	QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
ADVOCATE INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
anti-stick allergy syringe	Tier 3	
anti-stick immun syringe	Tier 3	
anti-stick insulin syringe	Tier 3	QL (200 syringes per 30 days)
anti-stick tuberculin syringe	Tier 3	
ASSURE ID INSULIN SAFETY SYR (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
ASSURE ID SAFETY PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
aurora pen needles	Tier 3	QL (200 needles per 30 days)
aurora unifine pentips	Tier 3	QL (200 needles per 30 days)
BD AUTOSHIELD (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
BD AUTOSHIELD DUO (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
BD INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F 1/2UNIT (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO U/F (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE MINI U/F (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD PEN NEEDLE NANO 2ND GEN (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE NANO U/F (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE ORIGINAL U/F (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE SHORT U/F (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
BD SAFETY-LOK INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
CAREFINE PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
careone insulin syringe	Tier 3	QL (200 syringes per 30 days)
careone unifine pentips	Tier 3	QL (200 needles per 30 days)
careone unifine pentips plus	Tier 3	QL (200 needles per 30 days)
CARETOUCH INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
CARETOUCH PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
CLEVER CHOICE COMFORT EZ (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
CLICKFINE PEN NEEDLES 31G X 5 MM (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
clickfine pen needles 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Tier 3	QL (200 needles per 30 days)
COMFORT ASSIST INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
COMFORT EZ MICRO PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
COMFORT EZ SHORT PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
DROPLET INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
DROPLET PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
dropsafe safety pen needles	Tier 3	QL (200 needles per 30 days)
drug mart unifine pentips	Tier 3	QL (200 needles per 30 days)
drug mart unifine pentips plus	Tier 3	QL (200 needles per 30 days)
easy comfort insulin syringe	Tier 3	QL (200 syringes per 30 days)
easy comfort pen needles	Tier 3	QL (200 needles per 30 days)
easy glide pen needles	Tier 3	QL (200 needles per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
EASY TOUCH INSULIN SAFETY SYR (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
EASY TOUCH PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eql insulin syringe	Tier 3	QL (200 syringes per 30 days)
EXEL COMFORT POINT INSULIN SYR (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
EXEL COMFORT POINT PEN NEEDLE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
FIFTY50 PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
FIFTY50 SUPERIOR COMFORT SYR (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
freds pharmacy unifine pentip+	Tier 3	QL (200 needles per 30 days)
freds pharmacy unifine pentips	Tier 3	QL (200 needles per 30 days)
FREESTYLE PRECISION INS SYR (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
global ease inject pen needles	Tier 3	QL (200 needles per 30 days)
global easy glide insulin syr	Tier 3	QL (200 syringes per 30 days)
global easy glide pen needles	Tier 3	QL (200 needles per 30 days)
global inject ease insulin syr	Tier 3	QL (200 syringes per 30 days)
global insulin syringes	Tier 3	QL (200 syringes per 30 days)
gnp clickfine pen needles	Tier 3	QL (200 needles per 30 days)
gnp insulin syringe	Tier 3	QL (200 syringes per 30 days)
gnp ultra com insulin syringe	Tier 3	QL (200 syringes per 30 days)
goodsense clickfine pen needle	Tier 3	QL (200 needles per 30 days)
GOODSENSE PEN NEEDLE PENFINE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
healthwise micron pen needles	Tier 3	QL (200 needles per 30 days)
healthwise mini pen needles	Tier 3	QL (200 needles per 30 days)
healthwise pen needles	Tier 3	QL (200 needles per 30 days)
healthwise short pen needles	Tier 3	QL (200 needles per 30 days)
healthwise unifine pentips	Tier 3	QL (200 needles per 30 days)
healthy accents unifine pentip	Tier 3	QL (200 needles per 30 days)
h-e-b incontrol pen needles	Tier 3	QL (200 needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
HM ULTICARE INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
HM ULTICARE SHORT PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
insulin syringe	Tier 3	QL (200 syringes per 30 days)
insulin syringe/needle	Tier 3	QL (200 syringes per 30 days)
insulin syringe-needle u-100	Tier 3	QL (200 syringes per 30 days)
insupen pen needles	Tier 3	QL (200 needles per 30 days)
INSUPEN SENSITIVE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
INSUPEN ULTRAFIN (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
kinray insulin syringe	Tier 3	QL (200 syringes per 30 days)
kmart valu insulin syringe 29g	Tier 3	QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
kmart valu insulin syringe 30g	Tier 3	QL (200 syringes per 30 days)
kroger insulin syringe	Tier 3	QL (200 syringes per 30 days)
kroger pen needles	Tier 3	QL (200 needles per 30 days)
leader insulin syringe	Tier 3	QL (200 syringes per 30 days)
LEADER UNIFINE PENTIPS (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
LEADER UNIFINE PENTIPS PLUS (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
LITETOUCH INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
longs insulin syringe	Tier 3	QL (200 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
MARATHON MEDICAL PENTIPS (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
MAXICOMFORT II PEN NEEDLE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
MAXI-COMFORT INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
medicine shoppe pen needles	Tier 3	QL (200 needles per 30 days)
meijer pen needles	Tier 3	QL (200 needles per 30 days)
MICRODOT PEN NEEDLE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
mm insulin syringe/needle	Tier 3	QL (200 syringes per 30 days)
MM PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
MONOJECT INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
ms insulin syringe	Tier 3	QL (200 syringes per 30 days)
NOVOFINE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
NOVOFINE AUTOCOVER (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
NOVOFINE PLUS (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
NOVOTWIST (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
pc unifine pentips	Tier 3	QL (200 needles per 30 days)
pen needles	Tier 3	QL (200 needles per 30 days)
pen needles 1/2"	Tier 3	QL (200 needles per 30 days)
pen needles 3/16"	Tier 3	QL (200 needles per 30 days)
pen needles 5/16"	Tier 3	QL (200 needles per 30 days)
PENTIPS (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
preferred plus insulin syringe	Tier 3	QL (200 syringes per 30 days)
preferred plus unifine pentips	Tier 3	QL (200 needles per 30 days)
PREVENT SAFETY PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
PRO COMFORT INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pro comfort pen needles 31g x 8 mm , 32g x 5 mm , 32g x 6 mm	Tier 3	QL (200 needles per 30 days)
PRO COMFORT PEN NEEDLES 32G X 4 MM	Tier 3	QL (200 needles per 30 days)
PRODIGY INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
pure comfort pen needle	Tier 3	QL (200 needles per 30 days)
px extra short pen needles	Tier 3	QL (200 needles per 30 days)
px insulin syringe	Tier 3	QL (200 syringes per 30 days)
px mini pen needles	Tier 3	QL (200 needles per 30 days)
px pen needle	Tier 3	QL (200 needles per 30 days)
px shortlength pen needles	Tier 3	QL (200 needles per 30 days)
qc pen needles	Tier 3	QL (200 needles per 30 days)
qc unifine pentips	Tier 3	QL (200 needles per 30 days)
ra insulin syringe	Tier 3	QL (200 syringes per 30 days)
ra pen needles	Tier 3	QL (200 needles per 30 days)
RELION INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
RELI-ON INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
RELION MINI PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
RELION PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
RELION SHORT PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
SAFESNAP INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
sb insulin syringe	Tier 3	QL (200 syringes per 30 days)
SHOPKO UNIFINE PENTIPS (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
SHOPKO UNIFINE PENTIPS PLUS (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
sm insulin syringe	Tier 3	QL (200 syringes per 30 days)
sure comfort insulin syringe	Tier 3	QL (200 syringes per 30 days)
sure comfort pen needles	Tier 3	QL (200 needles per 30 days)
SURE-FINE PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
SURE-JECT INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
techlite insulin syringe	Tier 3	QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
TERUMO SURGUARD2 SYRINGE (***syringe/needle (disp)***)	Tier 3	
todays health mini pen needles	Tier 3	QL (200 needles per 30 days)
todays health pen needles	Tier 3	QL (200 needles per 30 days)
todays health short pen needle	Tier 3	QL (200 needles per 30 days)
topcare clickfine pen needles	Tier 3	QL (200 needles per 30 days)
topcare ultra comfort ins syr	Tier 3	QL (200 syringes per 30 days)
true comfort insulin syringe	Tier 3	QL (200 syringes per 30 days)
TRUE COMFORT PEN NEEDLES	Tier 3	QL (200 needles per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUEPLUS 5-BEVEL PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
TRUEPLUS INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
TRUEPLUS PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
ULTICARE INSULIN SAFETY SYR (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
ULTICARE MICRO PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
ULTICARE MINI PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
ULTICARE PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
ULTICARE SHORT PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
ultiguard safepack pen needle	Tier 3	QL (200 needles per 30 days)
ULTILET INSULIN SYRINGE SHORT (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
ULTILET PEN NEEDLE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
ULTRA THIN PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
ultracare insulin syringe	Tier 3	QL (200 syringes per 30 days)
ultracare pen needles	Tier 3	QL (200 needles per 30 days)
ultra-comfort insulin syringe	Tier 3	QL (200 syringes per 30 days)
ULTRA-THIN II INS SYR SHORT (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
ULTRA-THIN II INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
ULTRA-THIN II MINI PEN NEEDLE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
UNIFINE PENTIPS (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
value health insulin syringe	Tier 3	QL (200 syringes per 30 days)
valumark pen needles	Tier 3	QL (200 needles per 30 days)
VANISHPOINT INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
VIDA MIA UNIFINE PENTIPS (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
vp insulin syringe	Tier 3	QL (200 syringes per 30 days)
wegmans unifine pentips plus	Tier 3	QL (200 needles per 30 days)
***MIGRAINE PRODUCTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ERGOT COMBINATIONS - DRUGS FOR MIGRAINE HEADACHES**		
ergotamine-caffeine oral tablet	Tier 1	
MIGERGOT RECTAL SUPPOSITORY (***ergotamine-caffeine***)	Tier 1	
MIGRAINE PRODUCTS - DRUGS FOR MIGRAINE HEADACHES**		
dihydroergotamine mesylate nasal solution	Tier 2	QL (8 bottles per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELECTIVE SEROTONIN AGONISTS 5-HT(1) - DRUGS FOR MIGRAINE HEADACHES**		
naratriptan hcl oral tablet	Tier 1	QL (9 tablets per 30 days)
rizatriptan benzoate oral tablet	Tier 1	QL (9 tablets per 30 days)
rizatriptan benzoate oral tablet dispersible	Tier 1	QL (9 tablets per 30 days)
sumatriptan succinate oral tablet	Tier 1	QL (9 tablets per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge	Tier 2	QL (6 cartridges per 30 days)
sumatriptan succinate subcutaneous solution	Tier 2	QL (5 vial per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	Tier 2	QL (6 syringes per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	Tier 2	QL (6 cartriges per 30 days)
sumatriptan succinate subcutaneous solution prefilled syringe	Tier 2	QL (2 syringes per 30 days)
***MINERALS & ELECTROLYTES* - DRUGS FOR NUTRITION**		
CALCIUM COMBINATIONS - DRUGS FOR NUTRITION**		
calcium + d3 oral tablet	Tier 1	
PRONUTRIENTS CALCIUM+D3 ORAL TABLET (***calcium carb-cholecalciferol***)	Tier 1	
qc calcium 600 +d3 oral tablet	Tier 1	
FLUORIDE COMBINATIONS - DRUGS FOR NUTRITION**		
FLUOR-A-DAY ORAL TABLET CHEWABLE (***sodium fluoride-xylitol***)	Tier 3	
FLUORIDE - DRUGS FOR NUTRITION**		
fluoritab oral tablet chewable	Tier 1; $0	
sodium fluoride (Ludent Oral Tablet Chewable)	Tier 1; $0	
sodium fluoride (Nafrinse Oral Tablet Chewable)	Tier 1; $0	
sodium fluoride oral solution	Tier 1; $0	QL (2 mL per 1 day)
sodium fluoride oral tablet	Tier 1; $0	
sodium fluoride oral tablet chewable	Tier 1; $0	
POTASSIUM COMBINATIONS - DRUGS FOR NUTRITION**		
EFFER-K ORAL TABLET EFFERVESCENT (***potassium bicarb-citric acid***)	Tier 3	
effervescent pot chloride oral tablet effervescent	Tier 1	
pot bicarb-pot chloride oral tablet effervescent	Tier 1	
POTASSIUM - DRUGS FOR NUTRITION**		
potassium bicarbonate (Effer-K Oral Tablet Effervescent)	Tier 1	
k-effervescent oral tablet effervescent	Tier 1	
potassium chloride (Klor-Con 10 Oral Tablet Extended Release)	Tier 1	
potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE (***potassium chloride crys er***)	Tier 1	
potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release)	Tier 1	
potassium chloride (Klor-Con Oral Tablet Extended Release)	Tier 1	
potassium chloride (Klor-Con Sprinkle Oral Capsule Extended Release)	Tier 1	
potassium bicarbonate (Klor-Con/Ef Oral Tablet Effervescent)	Tier 1	
potassium bicarbonate (K-Prime Oral Tablet Effervescent)	Tier 1	
k-vescent oral tablet effervescent	Tier 1	
potassium bicarbonate oral tablet effervescent	Tier 1	
potassium chloride crys er oral tablet extended release	Tier 1	
potassium chloride er oral capsule extended release	Tier 1	
potassium chloride er oral tablet extended release	Tier 1	
SODIUM - DRUGS FOR NUTRITION**		
sodium chloride (pf) injection solution	Tier 1	
sodium chloride injection solution	Tier 1	
sodium chloride intravenous solution	Tier 1	
MONOBACTAMS - DRUGS FOR INFECTIONS**		
MONOBACTAMS - DRUGS FOR INFECTIONS**		
CAYSTON INHALATION SOLUTION RECONSTITUTED (***aztreonam lysine***)	Tier 4	LD; QL (84 vials per 28 days)
***MOUTH/THROAT/DENTAL AGENTS* - DRUGS FOR THE MOUTH AND THROAT**		
ANESTHETICS TOPICAL ORAL - DRUGS FOR THE MOUTH AND THROAT**		
lidocaine viscous hcl mouth/throat solution	Tier 1	QL (10 mL per 1 day)
lidocaine viscous mouth/throat solution	Tier 1	QL (10 mL per 1 day)
ANTI-INFECTIVES - THROAT - DRUGS FOR THE MOUTH AND THROAT**		
clotrimazole mouth/throat lozenge	Tier 2	QL (5 tablet per 1 day)
clotrimazole mouth/throat troche	Tier 2	QL (5 tablet per 1 day)
nystatin mouth/throat suspension	Tier 1	
ANTISEPTICS - MOUTH/THROAT - DRUGS FOR THE MOUTH AND THROAT**		
chlorhexidine gluconate mouth/throat solution	Tier 1	QL (480 mL per 30 days)
chlorhexidine gluconate (Paroex Mouth/Throat Solution)	Tier 1	QL (480 mL per 30 days)
chlorhexidine gluconate (Periogard Mouth/Throat Solution)	Tier 1	QL (480 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DENTAL PRODUCTS - COMBINATIONS - DRUGS FOR THE MOUTH AND THROAT**		
sod fluoride-potassium nitrate (Fluoridex Sensitivity Relief Dental Paste)	Tier 1	
sodium fluoride 5000 sensitive dental paste	Tier 1	
FLUORIDE DENTAL PRODUCTS - DRUGS FOR THE MOUTH AND THROAT**		
sodium fluoride (Cavarest Dental Gel)	Tier 1	
sodium fluoride (Clinpro 5000 Dental Paste)	Tier 1	
sodium fluoride (Denta 5000 Plus Dental Cream)	Tier 1	
sodium fluoride (Dentagel Dental Gel)	Tier 1	
sodium fluoride (Fluoridex Dental Paste)	Tier 1	
sodium fluoride (Fluoridex Enhanced Whitening Dental Paste)	Tier 1	
sodium fluoride (Karigel Dental Gel)	Tier 1	
sodium fluoride (Karigel-N Dental Gel)	Tier 1	
sodium fluoride (Neutragard Advanced Dental Gel)	Tier 1	
neutral sodium fluoride mouth/throat solution	Tier 1	
sf 5000 plus dental cream	Tier 1	
sf dental gel	Tier 1	
sodium fluoride 5000 plus dental cream	Tier 1	
sodium fluoride 5000 ppm dental cream	Tier 1	
sodium fluoride 5000 ppm dental paste	Tier 1	
sodium fluoride dental cream	Tier 1	
sodium fluoride dental gel	Tier 1	
SALIVA STIMULANTS - DRUGS FOR THE MOUTH AND THROAT**		
cevimeline hcl oral capsule	Tier 2	
STEROIDS - MOUTH/THROAT - DRUGS FOR THE MOUTH AND THROAT**		
triamcinolone acetonide (Oralone Mouth/Throat Paste)	Tier 1	
triamcinolone acetonide mouth/throat paste	Tier 1	
***MULTIVITAMINS* - DRUGS FOR NUTRITION**		
B-COMPLEX W/ C & FOLIC ACID - DRUGS FOR NUTRITION**		
b-plex oral tablet	Tier 1; $0	
PED MV W/ FLUORIDE - DRUGS FOR NUTRITION**		
multi vit/fl oral tablet chewable	Tier 3; $0	
multi vitamin/fluoride oral tablet chewable	Tier 1; $0	
multi-vit/fluoride oral solution	Tier 1; $0	
multivitamin/fluoride oral solution	Tier 1; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
multi-vitamin/fluoride oral solution	Tier 1; $0	
multivitamin/fluoride oral tablet chewable	Tier 1; $0	
multi-vitamin/fluoride oral tablet chewable	Tier 1; $0	
multi-vitamins/fluoride oral solution	Tier 1; $0	
multivitamins/fluoride oral tablet chewable	Tier 1; $0	
pediatric multivitamins-fl (Mvc-Fluoride Oral Tablet Chewable)	Tier 1; $0	
polyvitamin/fluoride oral solution	Tier 3; $0	
PED VITAMINS ACD W/ FLUORIDE - DRUGS FOR NUTRITION**		
adc/f (0.5mg/ml) oral solution	Tier 1; $0	
triple-vitamin/fluoride oral solution	Tier 1; $0	
tri-vit/fluoride oral solution	Tier 1; $0	
tri-vitamin/fluoride oral solution	Tier 1; $0	
tri-vite/fluoride oral solution	Tier 1; $0	
vitamins acd-fluoride oral solution	Tier 1; $0	
PRENATAL MV & MIN W/FE-FA - DRUGS FOR NUTRITION**		
ATABEX EC ORAL TABLET DELAYED RELEASE (***prenatal vit-dss-fe cbn-fa***)	Tier 2	QL (1 tablet per 1 day)
ATABEX OB ORAL TABLET (***prenatal vit w/ fe bisg-fa***)	Tier 2	QL (1 tablet per 1 day)
BAL-CARE DHA ORAL (***prenat-fepoly-fered-fa-omega 3***)	Tier 2	
bp multinatal plus oral tablet	Tier 1	
bp multinatal plus oral tablet chewable	Tier 1	
CITRANATAL B-CALM ORAL (***prenat w/o a fecbnfeglu-fa &b6***)	Tier 2	
completenate oral tablet chewable	Tier 2	QL (1 tablet per 1 day)
CO-NATAL FA ORAL TABLET (***prenatal vit-fe fumarate-fa***)	Tier 2	QL (1 tablet per 1 day)
CONCEPT DHA ORAL CAPSULE (***prenat-fefum-fepo-fa-omega 3***)	Tier 2	QL (1 capsule per 1 day)
CONCEPT OB ORAL CAPSULE (***prenat w/o a vit-fefum-fepo-fa***)	Tier 2	QL (1 capsule per 1 day)
dothelle dha oral capsule	Tier 2	
ELITE-OB ORAL TABLET (***prenatal vit-iron carbonyl-fa***)	Tier 1	QL (1 tablet per 1 day)
FOLCAPS OMEGA 3 ORAL CAPSULE (***prenatal-fecbn-feaspgl-fa-omeg***)	Tier 2	
FOLIVANE-OB ORAL CAPSULE (***prenat w/o a vit-fefum-fepo-fa***)	Tier 2	QL (1 capsule per 1 day)
hemenatal ob + dha oral	Tier 2	
INATAL GT ORAL TABLET (***prenatal vit-dss-fe cbn-fa***)	Tier 1	QL (1 tablet per 1 day)
M-VIT ORAL TABLET (***prenatal vit-fe fumarate-fa***)	Tier 2	QL (1 tablet per 1 day)
MYNATAL ADVANCE ORAL TABLET (***prenatal vit-dss-fe cbn-fa***)	Tier 2	QL (1 tablet per 1 day)
MYNATAL ORAL CAPSULE (***prenatal multivit-min-fe-fa***)	Tier 2	QL (1 capsule per 1 day)
MYNATAL ORAL TABLET (***prenatal vit-dss-fe cbn-fa***)	Tier 2	QL (1 tablet per 1 day)
mynatal plus oral tablet	Tier 2	QL (1 tablet per 1 day)

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mynatal-z oral tablet	Tier 2	QL (1 tablet per 1 day)
mynate 90 plus oral tablet extended release	Tier 2	QL (1 tablet per 1 day)
NATALVIT ORAL TABLET (***prenatal vit-fe fumarate-fa***)	Tier 2	QL (1 tablet per 1 day)
neonatal complete oral tablet	Tier 2	QL (1 tablet per 1 day)
NEONATAL PLUS ORAL TABLET (***prenatal vit-fe fumarate-fa***)	Tier 2	QL (1 tablet per 1 day)
NIVA-PLUS ORAL TABLET (***prenatal vit-fe fumarate-fa***)	Tier 2	QL (1 tablet per 1 day)
OBSTETRIX DHA ORAL (***prenatal-fecbn-fa-dss-omega 3***)	Tier 2	QL (1 EA per 1 day)
OBSTETRIX EC ORAL TABLET (***prenatal vit-dss-fe cbn-fa***)	Tier 2	QL (1 tablet per 1 day)
OBTREX DHA ORAL (***prenatal-fecbn-fa-dss-omega 3***)	Tier 2	
O-CAL FA ORAL TABLET (***prenatal vit-fe fumarate-fa***)	Tier 2	
O-CAL PRENATAL ORAL TABLET (***prenatal vit-fe fumarate-fa***)	Tier 2	QL (1 tablet per 1 day)
pnv folic acid + iron oral tablet	Tier 2	QL (1 tablet per 1 day)
pnv prenatal plus multivit+dha oral	Tier 2	
pnv prenatal plus multivitamin oral tablet	Tier 2	
pnv tabs 29-1 oral tablet	Tier 2	QL (1 tablet per 1 day)
pnv-vp-u oral capsule	Tier 2	
prenaissance harmony dha oral	Tier 2	
PRENATA ORAL TABLET CHEWABLE (***prenatal w/o a vit-fe fum-fa***)	Tier 2	QL (1 tablet per 1 day)
PRENATABS RX ORAL TABLET (***prenatal vit-iron carbonyl-fa***)	Tier 1	QL (1 tablet per 1 day)
prenatal 19 oral tablet	Tier 1	QL (1 tablet per 1 day)
prenatal 19 oral tablet 29-1 mg	Tier 2	QL (1 tablet per 1 day)
prenatal 19 oral tablet chewable	Tier 1	QL (1 tablet per 1 day)
prenatal 19 oral tablet chewable 29-1 mg	Tier 2	QL (1 tablet per 1 day)
prenatal one daily oral tablet	Tier 2	QL (1 tablet per 1 day)
prenatal oral tablet	Tier 2	QL (1 tablet per 1 day)
prenatal plus iron oral tablet	Tier 2	QL (1 tablet per 1 day)
prenatal plus oral tablet	Tier 2	
prenatal vitamin plus low iron oral tablet	Tier 2	QL (1 tablet per 1 day)
PRENATAL-U ORAL CAPSULE (***prenatal w/o a vit-fe fum-fa***)	Tier 2	QL (1 capsule per 1 day)
preplus oral tablet	Tier 2	QL (1 tablet per 1 day)
pretab oral tablet	Tier 2	QL (1 tablet per 1 day)
PROVIDA OB ORAL CAPSULE (***prenat w/o a vit-fefum-fepo-fa***)	Tier 2	QL (1 capsule per 1 day)
purefe ob plus oral capsule	Tier 2	
SELECT-OB ORAL TABLET CHEWABLE (***prenatal vit-fe psac cmplx-fa***)	Tier 2	QL (1 tablet per 1 day)
se-natal 19 oral tablet	Tier 2	QL (1 tablet per 1 day)
se-natal 19 oral tablet chewable	Tier 2	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TARON-BC ORAL (***prenatal w/o vit a-fecbn-fa-b6***)	Tier 2	
TARON-C DHA ORAL CAPSULE (***prenat-fefum-fepo-fa-omega 3***)	Tier 2	QL (1 capsule per 1 day)
thrivite 19 oral tablet	Tier 2	
thrivite rx oral tablet	Tier 2	QL (1 tablet per 1 day)
tl folate oral tablet	Tier 2	
tl-care dha oral capsule	Tier 2	
TRICARE ORAL TABLET (***prenatal vit-fe fumarate-fa***)	Tier 2	QL (1 tablet per 1 day)
TRICARE PRENATAL DHA ONE ORAL CAPSULE 0.8 MG (***prenatal multivit-min-fe-fa***)	Tier 2	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG (***prenatal-fefum-fa-dss-fish oil***)	Tier 2	QL (1 capsule per 1 day)
trinatal rx 1 oral tablet	Tier 2	QL (1 tablet per 1 day)
TRINATE ORAL TABLET (***prenatal vit-fe fumarate-fa***)	Tier 1	QL (1 tablet per 1 day)
tri-tabs dha oral	Tier 2	
ultimatecare one oral capsule	Tier 2	
vena-bal dha oral	Tier 2	
vil-rx oral tablet	Tier 2	
VINATE CARE ORAL TABLET CHEWABLE (***prenatal w/o a vit-fe fum-fa***)	Tier 2	
VINATE II ORAL TABLET (***prenatal vit w/ fe bisg-fa***)	Tier 2	QL (1 tablet per 1 day)
VINATE M ORAL TABLET (***prenatal vit-sel-fe fum-fa***)	Tier 2	
VINATE ONE ORAL TABLET (***prenatal vit-fe fumarate-fa***)	Tier 2	QL (1 tablet per 1 day)
virt nate oral tablet	Tier 2	
virt-advance oral tablet	Tier 2	
virt-c dha oral capsule	Tier 2	QL (1 capsule per 1 day)
virt-pn oral tablet	Tier 2	
virt-vite gt oral tablet	Tier 2	
VITAFOL GUMMIES ORAL TABLET CHEWABLE (***prenatal vit-fe phos-fa-omega***)	Tier 2	QL (1 tablet per 1 day)
VITAFOL-OB ORAL TABLET (***prenatal vit-fe fumarate-fa***)	Tier 2	QL (1 tablet per 1 day)
VITA-PREN ORAL TABLET (***prenatal vit-docusate-iron-fa***)	Tier 2	
VITATHELY WITH GINGER ORAL TABLET (***prenatal vit-fe fumarate-fa***)	Tier 2	QL (1 tablet per 1 day)
vol-nate oral tablet	Tier 2	
vol-plus oral tablet	Tier 2	QL (1 tablet per 1 day)
vol-tab rx oral tablet	Tier 2	QL (1 tablet per 1 day)
vp-heme ob + dha oral	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL - DRUGS FOR NUTRITION**		
complete natal dha oral	Tier 2	
PR NATAL 400 EC ORAL (***prenat-febis-fepro-fa-ca-omega***)	Tier 2	
PR NATAL 400 ORAL (***prenat-febis-fepro-fa-ca-omega***)	Tier 2	
PR NATAL 430 EC ORAL (***prenat-febis-fepro-fa-ca-omega***)	Tier 2	
PR NATAL 430 ORAL (***prenat-febis-fepro-fa-ca-omega***)	Tier 2	
TRIVEEN-DUO DHA ORAL (***prenat-febis-fepro-fa-ca-omega***)	Tier 2	
PRENATAL MV & MIN W/FE-FA-DHA - DRUGS FOR NUTRITION**		
cadeau dha oral capsule	Tier 2	
OBSTETRIX ONE ORAL CAPSULE (***prenat-fe-methyl-dss-dha w/o a***)	Tier 2	QL (1 capsule per 1 day)
pnv ob+dha oral	Tier 2	
pnv-dha+docusate oral capsule	Tier 2	QL (1 capsule per 1 day)
PREFERAOB +DHA ORAL (***prenat fepoly-fehempo-fa-dha***)	Tier 2	
prena 1 true oral	Tier 2	
TARON-PREX ORAL CAPSULE (***prenat-fefum-dss-fa-dha w/o a***)	Tier 2	QL (1 capsule per 1 day)
VEMAVITE-PRX 2 ORAL CAPSULE (***prenat-fefum-dss-fa-dha w/o a***)	Tier 2	
virtprex oral capsule	Tier 2	
PRENATAL VITAMINS - DRUGS FOR NUTRITION**		
bp folinatal plus b oral tablet	Tier 1	
prenaissance next oral tablet	Tier 2	
prenaissance next-b oral tablet	Tier 2	
vp-ggr-b6 prenatal oral tablet	Tier 2	
***MUSCULOSKELETAL THERAPY AGENTS* - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
CENTRAL MUSCLE RELAXANTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
baclofen oral tablet 10 mg	Tier 2	QL (3 tablets per 1 day)
baclofen oral tablet 20 mg	Tier 2	QL (4 tablets per 1 day)
chlorzoxazone oral tablet	Tier 1	QL (4 tablets per 1 day)
cyclobenzaprine hcl oral tablet 10 mg	Tier 1	QL (3 tablets per 1 day)
cyclobenzaprine hcl oral tablet 5 mg, 7.5 mg	Tier 1	
tizanidine hcl oral capsule 2 mg	Tier 1	QL (4 capsules per 1 day)
tizanidine hcl oral capsule 4 mg	Tier 1	QL (9 capsules per 1 day)
tizanidine hcl oral capsule 6 mg	Tier 1	QL (6 capsules per 1 day)
tizanidine hcl oral tablet 2 mg	Tier 1	QL (4 tablets per 1 day)
tizanidine hcl oral tablet 4 mg	Tier 1	QL (9 tablets per 1 day)

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DIRECT MUSCLE RELAXANTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
dantrolene sodium oral capsule	Tier 2	
***NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE**		
NASAL ANTICHOLINERGICS - ALLERGY**		
ipratropium bromide nasal solution	Tier 1	QL (2 bottles per 30 days)
NASAL ANTIHISTAMINES - ALLERGY**		
azelastine hcl nasal solution	Tier 1	QL (1 bottle per 28 days)
olopatadine hcl nasal solution	Tier 1	QL (1 bottle per 30 days)
NASAL STEROIDS - ALLERGY**		
fluticasone propionate nasal suspension	Tier 1	QL (1 bottle per 30 days)
triamcinolone acetonide nasal aerosol	Tier 1	QL (1 bottle per 30 days)
***NUTRIENTS* - DRUGS FOR NUTRITION**		
AMINO ACID MIXTURES - DRUGS FOR NUTRITION**		
amino acids (Aminoamrms Oral Capsule)	Tier 1	
***OPHTHALMIC AGENTS* - DRUGS FOR THE EYE**		
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS - DRUGS FOR GLAUCOMA**		
dorzolamide hcl-timolol mal ophthalmic solution	Tier 1	QL (10 mL per 30 days)
BETA-BLOCKERS - OPHTHALMIC - DRUGS FOR GLAUCOMA**		
betaxolol hcl ophthalmic solution	Tier 1	QL (0.5 mL per 1 day)
carteolol hcl ophthalmic solution	Tier 1	
metipranolol ophthalmic solution	Tier 1	
timolol maleate ophthalmic gel forming solution	Tier 1	QL (5 mL per 30 days)
timolol maleate ophthalmic solution 0.25 %	Tier 1	QL (20 mL per 30 days)
timolol maleate ophthalmic solution 0.5 %	Tier 1	
MIOTICS - CHOLINESTERASE INHIBITORS - DRUGS FOR GLAUCOMA**		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED (***echothiophate iodide***)	Tier 3	QL (5 mL per 30 days)
OPHTHALMIC ANTIALLERGIC - DRUGS FOR ITCHY EYE**		
ALOCRIL OPHTHALMIC SOLUTION (***nedocromil sodium***)	Tier 3	ST; QL (1 bottle per 30 days)
ALOMIDE OPHTHALMIC SOLUTION (***lodoxamide tromethamine***)	Tier 3	ST; QL (1 bottle per 30 days)
azelastine hcl ophthalmic solution	Tier 1	QL (1 bottle per 24 days)
cromolyn sodium ophthalmic solution	Tier 1	QL (1 bottle per 30 days)
epinastine hcl ophthalmic solution	Tier 1	QL (1 bottle per 30 days)
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	Tier 2	ST; QL (1 bottle per 30 days)

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OPHTHALMIC ANTIBIOTICS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
bacitracin ophthalmic ointment	Tier 1	QL (7 grams per 30 days)
BESIVANCE OPHTHALMIC SUSPENSION (***besifloxacin hcl***)	Tier 3	
ciprofloxacin hcl ophthalmic solution	Tier 1	
erythromycin ophthalmic ointment	Tier 1	
GENTAK OPHTHALMIC OINTMENT (***gentamicin sulfate***)	Tier 1	QL (7 grams per 30 days)
gentamicin sulfate ophthalmic ointment	Tier 1	
gentamicin sulfate ophthalmic solution	Tier 1	QL (10 mL per 30 days)
levofloxacin ophthalmic solution	Tier 1	
moxifloxacin hcl ophthalmic solution	Tier 1	QL (1 vial per 30 days)
ofloxacin ophthalmic solution	Tier 1	QL (10 mL per 30 days)
tobramycin ophthalmic solution	Tier 1	QL (20 mL per 30 days)
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
ak-poly-bac ophthalmic ointment	Tier 1	
bacitracin-polymyxin b ophthalmic ointment	Tier 1	
neomycin-bacitracin zn-polymyx ophthalmic ointment	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic solution	Tier 1	QL (10 mL per 30 days)
neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment)	Tier 1	
bacitracin-polymyxin b (Polycin Ophthalmic Ointment)	Tier 1	
polymyxin b-trimethoprim ophthalmic solution	Tier 1	QL (10 mL per 30 days)
OPHTHALMIC ANTIVIRALS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
ZIRGAN OPHTHALMIC GEL (***ganciclovir***)	Tier 3	QL (5 gram per 7 days)
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS - DRUGS FOR GLAUCOMA**		
dorzolamide hcl ophthalmic solution	Tier 1	
OPHTHALMIC DECONGESTANTS - DRUGS FOR ITCHY EYE**		
naphazoline hcl ophthalmic solution	Tier 1	
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
diclofenac sodium ophthalmic solution	Tier 1	QL (5 mL per 30 days)
ketorolac tromethamine ophthalmic solution	Tier 1	QL (5 mL per 30 days)
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS - DRUGS FOR GLAUCOMA**		
apraclonidine hcl ophthalmic solution	Tier 1	
brimonidine tartrate ophthalmic solution	Tier 1	QL (15 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPHTHALMIC STEROID COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
bacitra-neomycin-polymyxin-hc ophthalmic ointment	Tier 1	
neomycin-polymyxin-dexameth ophthalmic ointment	Tier 1	
neomycin-polymyxin-dexameth ophthalmic suspension	Tier 1	
neomycin-polymyxin-hc ophthalmic suspension	Tier 1	
bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment)	Tier 1	
sulfacetamide-prednisolone ophthalmic solution	Tier 1	QL (15 mL per 30 days)
tobramycin-dexamethasone ophthalmic suspension	Tier 1	QL (10 mL per 30 days)
OPHTHALMIC STEROIDS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
dexamethasone sodium phosphate ophthalmic solution	Tier 1	
fluorometholone ophthalmic suspension	Tier 1	
LOTEMAX OPHTHALMIC GEL (***loteprednol etabonate***)	Tier 3	
LOTEMAX OPHTHALMIC OINTMENT (***loteprednol etabonate***)	Tier 3	
loteprednol etabonate ophthalmic suspension	Tier 2	
prednisolone acetate ophthalmic suspension	Tier 1	
prednisolone sodium phosphate ophthalmic solution	Tier 1	
OPHTHALMIC SULFONAMIDES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
sulfacetamide sodium ophthalmic ointment	Tier 1	QL (3.5 grams per 30 days)
sulfacetamide sodium ophthalmic solution	Tier 1	QL (15 mL per 30 days)
PROSTAGLANDINS - OPHTHALMIC - DRUGS FOR GLAUCOMA**		
bimatoprost ophthalmic solution	Tier 2	
latanoprost ophthalmic solution	Tier 1	QL (5 mL per 30 days)
LUMIGAN OPHTHALMIC SOLUTION (***bimatoprost***)	Tier 3	QL (7.5 mL per 30 days)
travoprost (bak free) ophthalmic solution	Tier 2	QL (5 mL per 30 days)
***OTIC AGENTS* - DRUGS FOR THE EAR**		
OTIC AGENTS - MISCELLANEOUS - WAX REMOVAL**		
acetic acid otic solution	Tier 1	
OTIC ANALGESIC COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
CORTANE-B AQUEOUS OTIC SOLUTION (***pramoxine-hc-chloroxylenol aq***)	Tier 1	
pramoxine-hc-chloroxylenol (Cortic-Nd Otic Solution)	Tier 1	
OTIC ANTI-INFECTIVES - ANTIBIOTICS**		
ciprofloxacin hcl otic solution	Tier 1	QL (28 containers per 1 fill)
ofloxacin otic solution	Tier 1	QL (10 mL per 1 fill)

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OTIC STEROID-ANTI-INFECTIVE COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
CIPRODEX OTIC SUSPENSION (***ciprofloxacin-dexamethasone***)	Tier 3	QL (7.5 mL per 1 fill)
neomycin-polymyxin-hc otic solution	Tier 1	
neomycin-polymyxin-hc otic suspension	Tier 1	
OTIC STEROIDS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
hydrocortisone-acetic acid (Acetasol Hc Otic Solution)	Tier 2	QL (1 fill per 30 days)
fluocinolone acetonide otic oil	Tier 1	
hydrocortisone-acetic acid otic solution	Tier 2	QL (10 mL per 1 fill)
***OXYTOCICS* - HORMONES**		
OXYTOCICS - DRUGS FOR WOMEN**		
methylergonovine maleate (Methergine Oral Tablet)	Tier 1	
methylergonovine maleate oral tablet	Tier 1	
PA ENDONUCLEASE INHIBITORS - DRUGS FOR INFECTIONS**		
PA ENDONUCLEASE INHIBITORS - DRUGS FOR INFECTIONS**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK (***baloxavir marboxil***)	Tier 3	QL (1 dose pack per 90 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK (***baloxavir marboxil***)	Tier 3	QL (1 dose pack per 90 days)
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - BIOLOGICAL AGENTS**		
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - BIOLOGICAL AGENTS**		
HYQVIA SUBCUTANEOUS KIT (***immune globulin-hyaluronidase***)	Tier 4	PA; SP
***PENICILLINS* - DRUGS FOR INFECTIONS**		
AMINOPENICILLINS - ANTIBIOTICS**		
amoxicillin oral capsule	Tier 1	
amoxicillin oral suspension reconstituted	Tier 1	QL (500 mL per 1 fill)
amoxicillin oral tablet	Tier 1	
amoxicillin oral tablet chewable	Tier 1	
ampicillin oral capsule	Tier 1	
ampicillin oral suspension reconstituted	Tier 1	
NATURAL PENICILLINS - ANTIBIOTICS**		
penicillin v potassium oral solution reconstituted	Tier 1	
penicillin v potassium oral tablet	Tier 1	
PENICILLIN COMBINATIONS - ANTIBIOTICS**		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	Tier 1	QL (40 tablets per 1 fill)
amoxicillin-pot clavulanate oral suspension reconstituted	Tier 1	
amoxicillin-pot clavulanate oral tablet	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amoxicillin-pot clavulanate oral tablet chewable	Tier 1	
PENICILLINASE-RESISTANT PENICILLINS - ANTIBIOTICS**		
dicloxacillin sodium oral capsule	Tier 1	
PHARMACEUTICAL ADJUVANTS		
ORAL VEHICLES**		
solvatech plus oral suspension	Tier 2	
solvatech sweet sf oral syrup	Tier 2	
SUSPENDRX W/BITTERBLOC SWEET ORAL SUSPENSION (***oral vehicles***)	Tier 2	
SUSPENDRX W/BITTERBLOC UNSWEET ORAL SUSPENSION (***oral vehicles***)	Tier 2	
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS - DRUGS FOR CANCER**		
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS - DRUGS FOR CANCER**		
ZYDELIG ORAL TABLET (***idelalisib***)	Tier 4; OC	PA; SP; LD; QL (2 tablets per 1 day)
***POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER**		
***POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER**		
LYNPARZA ORAL CAPSULE (***olaparib***)	Tier 4	PA; SP; LD; QL (16 capsules per 1 day)
LYNPARZA ORAL TABLET (***olaparib***)	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS - DRUGS FOR CANCER**		
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS - DRUGS FOR CANCER**		
LYNPARZA ORAL CAPSULE (***olaparib***)	Tier 4	PA; SP; LD; QL (16 capsules per 1 day)
LYNPARZA ORAL TABLET (***olaparib***)	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
POTASSIUM REMOVING AGENTS - DRUGS FOR NUTRITION**		
POTASSIUM REMOVING AGENTS - DRUGS FOR NUTRITION**		
sodium polystyrene sulfonate (Kionex Oral Powder)	Tier 2	
sodium polystyrene sulfonate (Kionex Oral Suspension)	Tier 2	
sodium polystyrene sulfonate oral powder	Tier 2	
sodium polystyrene sulfonate oral suspension	Tier 2	
sodium polystyrene sulfonate rectal suspension	Tier 2	
sodium polystyrene sulfonate (Sps Oral Suspension)	Tier 2	

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***PROGESTINS* - HORMONES**		
PROGESTINS - DRUGS FOR WOMEN**		
medroxyprogesterone acetate oral tablet	Tier 1	QL (1 tablet per 1 day)
norethindrone acetate oral tablet	Tier 1	
progesterone micronized oral capsule 100 mg	Tier 1	QL (2 capsules per 1 day)
progesterone micronized oral capsule 200 mg	Tier 1	QL (1 capsule per 1 day)
***PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* - DRUGS FOR THE NERVOUS SYSTEM**		
ALCOHOL DETERRENTS - DRUGS FOR THE NERVOUS SYSTEM**		
acamprosate calcium oral tablet delayed release	Tier 2	QL (6 tablets per 1 day)
disulfiram oral tablet	Tier 1	
CHOLINOMIMETICS - ACHE INHIBITORS - DRUGS FOR ALZHEIMER'S DISEASE**		
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg	Tier 2	QL (1 capsule per 1 day)
galantamine hydrobromide er oral capsule extended release 24 hour 8 mg	Tier 2	DO
galantamine hydrobromide oral solution	Tier 2	
galantamine hydrobromide oral tablet 12 mg, 8 mg	Tier 2	QL (2 tablets per 1 day)
galantamine hydrobromide oral tablet 4 mg	Tier 2	DO
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	Tier 2	DO
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	Tier 2	QL (2 capsules per 1 day)
FIBROMYALGIA AGENT - SNRIS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
SAVELLA ORAL TABLET (***milnacipran hcl***)	Tier 3	QL (2 tablets per 1 day)
SAVELLA TITRATION PACK ORAL (***milnacipran hcl***)	Tier 3	QL (1 pack per 365 days)
MULTIPLE SCLEROSIS AGENTS - INTERFERONS - DRUGS FOR MULTIPLE SCLEROSIS**		
AVONEX INTRAMUSCULAR KIT (***interferon beta-1a***)	Tier 4	PA; SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (***interferon beta-1a***)	Tier 4	PA; SP; QL (4 kits per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (***interferon beta-1a***)	Tier 4	PA; SP; QL (4 kits per 28 days)
EXTAVIA SUBCUTANEOUS KIT (***interferon beta-1b***)	Tier 4	PA; SP; QL (15 kits per 30 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR (***peginterferon beta-1a***)	Tier 4	PA; SP; LD
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***peginterferon beta-1a***)	Tier 4	PA; SP; LD

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PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR (***peginterferon beta-1a***)	Tier 4	PA; SP; LD
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***peginterferon beta-1a***)	Tier 4	PA; SP; LD
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***interferon beta-1a***)	Tier 4	PA; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***interferon beta-1a***)	Tier 4	PA; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***interferon beta-1a***)	Tier 4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***interferon beta-1a***)	Tier 4	PA; SP
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS - DRUGS FOR ALZHEIMER'S DISEASE**		
memantine hcl oral solution	Tier 2	QL (10 mL per 1 day)
memantine hcl oral tablet 10 mg	Tier 2	QL (2 tablets per 1 day)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Tier 2	QL (1 tablet per 1 day)
memantine hcl oral tablet 5 mg	Tier 2	DO
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS - DRUGS FOR DEPRESSION**		
fluoxetine hcl (pmdd) oral capsule	Tier 1	DO
fluoxetine hcl (pmdd) oral tablet 10 mg	Tier 1	DO
fluoxetine hcl (pmdd) oral tablet 20 mg	Tier 1	QL (4 tablets per 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR SEVERE MENTAL DISORDERS**		
ergoloid mesylates oral tablet	Tier 2	QL (3 tablets per 1 day)
pimozide oral tablet	Tier 2	
SMOKING DETERRENTS - DRUGS FOR DEPRESSION**		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	Tier 1; $0	QL (2 tablets per 1 day)
CHANTIX CONTINUING MONTH PAK ORAL TABLET (***varenicline tartrate***)	Tier 3; $0	QL (2 tablets per 1 day)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (***varenicline tartrate***)	Tier 3; $0	QL (2 tablets per 1 day)
CHANTIX STARTING MONTH PAK ORAL TABLET (***varenicline tartrate***)	Tier 3; $0	QL (1 dose pack per 365 days)
NICOTROL INHALATION INHALER (***nicotine***)	Tier 3; $0	
NICOTROL NS NASAL SOLUTION (***nicotine***)	Tier 3; $0	
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR (***bupropion hcl (smoking deter)***)	Tier 3; $0	QL (2 tablets per 1 day)

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SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS - DRUGS FOR MULTIPLE SCLEROSIS**		
GILENYA ORAL CAPSULE (***fingolimod hcl***)	Tier 4	PA; SP; QL (1 capsule per 1 day)
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS - DRUGS FOR CANCER**		
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS - DRUGS FOR CANCER**		
OFEV ORAL CAPSULE (***nintedanib esylate***)	Tier 4	PA; SP; LD; QL (2 capsules per 1 day)
***RESPIRATORY AGENTS - MISC.* - DRUGS FOR THE LUNGS**		
CFTR POTENTIATORS - DRUGS FOR CYSTIC FIBROSIS**		
KALYDECO ORAL PACKET 25 MG (***ivacaftor***)	Tier 4	PA; LD; QL (2 packets per 1 day)
KALYDECO ORAL PACKET 50 MG, 75 MG (***ivacaftor***)	Tier 4	PA; LD; QL (2 packets per 1 day)
KALYDECO ORAL TABLET (***ivacaftor***)	Tier 4	PA; LD; QL (2 tablets per 1 day)
SEROTONIN MODULATORS - DRUGS FOR THE NERVOUS SYSTEM**		
SEROTONIN MODULATORS - DRUGS FOR THE NERVOUS SYSTEM**		
nefazodone hcl oral tablet	Tier 1	
trazodone hcl oral tablet	Tier 1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB - HORMONES**		
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB - HORMONES**		
SYNJARDY ORAL TABLET (***empagliflozin-metformin hcl***)	Tier 2	ST; QL (2 tablets per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (***dapagliflozin-metformin hcl***)	Tier 3	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (***dapagliflozin-metformin hcl***)	Tier 3	ST; QL (2 tablets per 1 day)
STEROIDS - MOUTH/THROAT/DENTAL - DRUGS FOR THE MOUTH AND THROAT**		
STEROIDS - MOUTH/THROAT/DENTAL - DRUGS FOR THE MOUTH AND THROAT**		
triamcinolone acetonide (Oralone Mouth/Throat Paste)	Tier 1	
triamcinolone acetonide mouth/throat paste	Tier 1	
***SULFONAMIDES* - DRUGS FOR INFECTIONS**		
SULFONAMIDES - ANTIBIOTICS**		
sulfadiazine oral tablet	Tier 2	

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***TETRACYCLINES* - DRUGS FOR INFECTIONS**		
TETRACYCLINES - ANTIBIOTICS**		
minocycline hcl (Coremino Oral Tablet Extended Release 24 Hour)	Tier 1	ST
demeclocycline hcl oral tablet	Tier 2	
doxycycline hyclate oral capsule	Tier 1	
doxycycline hyclate oral tablet	Tier 1	
doxycycline hyclate oral tablet delayed release	Tier 1	PA
doxycycline monohydrate oral capsule	Tier 1	
doxycycline monohydrate oral suspension reconstituted	Tier 1	
doxycycline monohydrate oral tablet	Tier 1	
minocycline hcl er oral tablet extended release 24 hour	Tier 1	ST
minocycline hcl oral capsule	Tier 1	
minocycline hcl oral tablet	Tier 1	
doxycycline hyclate (Morgidox Oral Capsule)	Tier 1	
tetracycline hcl oral capsule	Tier 1	
***THYROID AGENTS* - HORMONES**		
ANTITHYROID AGENTS - DRUGS FOR THYROID**		
methimazole oral tablet	Tier 1	
propylthiouracil oral tablet	Tier 1	
THYROID HORMONES - DRUGS FOR THYROID**		
levothyroxine sodium (Euthyrox Oral Tablet)	Tier 1	
levothyroxine sodium (Levo-T Oral Tablet)	Tier 1	
levothyroxine sodium oral tablet	Tier 1	
levothyroxine-liothyronine oral tablet	Tier 1	
levothyroxine sodium (Levoxyl Oral Tablet)	Tier 1	
liothyronine sodium oral tablet	Tier 1	
NATURE-THROID ORAL TABLET (***thyroid***)	Tier 1	
np thyroid oral tablet	Tier 1	
SYNTHROID ORAL TABLET (***levothyroxine sodium***)	Tier 1	
thyroid oral tablet	Tier 1	
levothyroxine sodium (Unithroid Oral Tablet)	Tier 1	
WESTHROID ORAL TABLET (***thyroid***)	Tier 1	
***TOXOIDS* - BIOLOGICAL AGENTS**		
TOXOID COMBINATIONS - VACCINES**		
ADACEL INTRAMUSCULAR SUSPENSION (***tetanus-diphth-acell pertussis***)	Tier 3; $0	
BOOSTRIX INTRAMUSCULAR SUSPENSION (***tetanus-diphth-acell pertussis***)	Tier 3; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAPTACEL INTRAMUSCULAR SUSPENSION (***diphth-acell pertussis-tetanus***)	Tier 3; $0	
diphtheria-tetanus toxoids dt intramuscular suspension	Tier 3; $0	
INFANRIX INTRAMUSCULAR SUSPENSION (***diphth-acell pertussis-tetanus***)	Tier 3; $0	
KINRIX INTRAMUSCULAR SUSPENSION (***dtap-ipv vaccine***)	Tier 3; $0	
PEDIARIX INTRAMUSCULAR SUSPENSION (***dtap-hepatitis b recomb-ipv***)	Tier 3; $0	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (***dtap-ipv-hib vaccine***)	Tier 3; $0	
QUADRACEL INTRAMUSCULAR SUSPENSION (***dtap-ipv vaccine***)	Tier 3; $0	
TDVAX INTRAMUSCULAR SUSPENSION (***tetanus-diphtheria toxoids td***)	Tier 3; $0	
TENIVAC INTRAMUSCULAR INJECTABLE (***tetanus-diphtheria toxoids td***)	Tier 3; $0	
tetanus-diphtheria toxoids td intramuscular suspension	Tier 3; $0	
***ULCER DRUGS* - DRUGS FOR THE STOMACH**		
ANTISPASMODICS - DRUGS FOR STOMACH CRAMPS**		
dicyclomine hcl oral capsule	Tier 1	
dicyclomine hcl oral solution	Tier 1	
dicyclomine hcl oral tablet	Tier 1	
BELLADONNA ALKALOIDS - DRUGS FOR STOMACH CRAMPS**		
hyoscyamine sulfate er oral tablet extended release 12 hour	Tier 1	
hyoscyamine sulfate sl sublingual tablet sublingual	Tier 1	
H-2 ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID**		
cimetidine 200 oral tablet	Tier 1	
cimetidine hcl oral solution	Tier 1	
cimetidine oral tablet 200 mg, 400 mg	Tier 1	
cimetidine oral tablet 300 mg	Tier 1	QL (4 tablets per 1 day)
cimetidine oral tablet 800 mg	Tier 1	QL (3 tablets per 1 day)
cvs heartburn relief oral tablet	Tier 1	
famotidine oral suspension reconstituted	Tier 1	
famotidine oral tablet 20 mg	Tier 1	QL (4 tablets per 1 day)
famotidine oral tablet 40 mg	Tier 1	QL (2 tablets per 1 day)
gnp heartburn relief oral tablet	Tier 1	
hm famotidine oral tablet	Tier 1	
px acid reducer max st oral tablet	Tier 1	
sb cimetidine oral tablet	Tier 1	

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MISC. ANTI-ULCER - DRUGS FOR ULCERS AND STOMACH ACID**		
sucralfate oral suspension	Tier 1	
sucralfate oral tablet	Tier 1	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID**		
cvs lansoprazole oral capsule delayed release	Tier 1	QL (1 capsule per 1 day)
eq lansoprazole oral capsule delayed release	Tier 1	QL (1 capsule per 1 day)
eql lansoprazole oral capsule delayed release	Tier 1	QL (1 capsule per 1 day)
gnp lansoprazole oral capsule delayed release	Tier 1	QL (1 capsule per 1 day)
goodsense lansoprazole oral capsule delayed release	Tier 1	QL (1 capsule per 1 day)
hm lansoprazole oral capsule delayed release	Tier 1	QL (1 capsule per 1 day)
kls lansoprazole oral capsule delayed release	Tier 1	QL (1 capsule per 1 day)
lansoprazole oral capsule delayed release	Tier 1	QL (1 capsule per 1 day)
omeprazole capsule delayed release 20 mg oral (rx)	Tier 1	QL (1 capsule per 1 day)
omeprazole oral capsule delayed release 10 mg, 40 mg	Tier 1	
pantoprazole sodium oral tablet delayed release	Tier 2	
ra lansoprazole oral capsule delayed release	Tier 1	QL (1 capsule per 1 day)
sm lansoprazole oral capsule delayed release	Tier 1	QL (1 capsule per 1 day)
QUATERNARY ANTICHOLINERGICS - DRUGS FOR STOMACH CRAMPS**		
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
glycopyrrolate oral tablet 1.5 mg	Tier 2	
methscopolamine bromide oral tablet	Tier 1	
ULCER DRUGS - PROSTAGLANDINS - DRUGS FOR ULCERS AND STOMACH ACID**		
misoprostol oral tablet	Tier 1	
***URINARY ANTI-INFECTIVES* - DRUGS FOR THE URINARY SYSTEM**		
URINARY ANTI-INFECTIVES - DRUGS FOR INFECTIONS**		
methenamine hippurate oral tablet	Tier 2	
methenamine mandelate oral tablet	Tier 2	
nitrofurantoin macrocrystal oral capsule	Tier 1	QL (4 capsules per 1 day)
nitrofurantoin monohyd macro oral capsule	Tier 1	QL (14 capsules per 1 fill)
nitrofurantoin oral suspension	Tier 1	QL (80 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***URINARY ANTISPASMODICS* - DRUGS FOR THE URINARY SYSTEM**		
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC) - DRUGS FOR THE BLADDER**		
oxybutynin chloride er oral tablet extended release 24 hour 10 mg	Tier 1	QL (2 tablets per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 15 mg	Tier 1	
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	Tier 1	QL (1 tablet per 1 day)
oxybutynin chloride oral syrup	Tier 1	QL (20 mL per 1 day)
oxybutynin chloride oral tablet	Tier 1	QL (4 tablets per 1 day)
tolterodine tartrate er oral capsule extended release 24 hour	Tier 1	QL (1 capsule per 1 day)
tolterodine tartrate oral tablet	Tier 1	QL (2 tablets per 1 day)
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOL)(NEW) - DRUGS FOR THE BLADDER**		
oxybutynin chloride er oral tablet extended release 24 hour 10 mg	Tier 1	QL (2 tablets per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 15 mg	Tier 1	
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	Tier 1	QL (1 tablet per 1 day)
oxybutynin chloride oral syrup	Tier 1	QL (20 mL per 1 day)
oxybutynin chloride oral tablet	Tier 1	QL (4 tablets per 1 day)
tolterodine tartrate er oral capsule extended release 24 hour	Tier 1	QL (1 capsule per 1 day)
tolterodine tartrate oral tablet	Tier 1	QL (2 tablets per 1 day)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - DRUGS FOR THE BLADDER**		
bethanechol chloride oral tablet	Tier 2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS (NEW) - DRUGS FOR THE BLADDER**		
bethanechol chloride oral tablet	Tier 2	
***VACCINES* - BIOLOGICAL AGENTS**		
BACTERIAL VACCINES - VACCINES**		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (***haemophilus b polysac conj vac***)	Tier 3; $0	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***meningococcal b recomb omv adj***)	Tier 2; $0	
HIBERIX INJECTION SOLUTION RECONSTITUTED (***haemophilus b polysac conj vac***)	Tier 3; $0	
MENACTRA INTRAMUSCULAR INJECTABLE (***meningococcal a c y&w-135 conj***)	Tier 3; $0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (***meningococcal a c y&w-135 olig***)	Tier 3; $0	
PEDVAX HIB INTRAMUSCULAR SUSPENSION (***haemophilus b polysac conj vac***)	Tier 3; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PNEUMOVAX 23 INJECTION INJECTABLE (***pneumococcal vac polyvalent***)	Tier 2; $0	
PREVNAR 13 INTRAMUSCULAR SUSPENSION (***pneumococcal 13-val conj vacc***)	Tier 2; $0	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***meningococcal b vac (recomb)***)	Tier 2; $0	
TYPHIM VI INTRAMUSCULAR SOLUTION (***typhoid vi polysaccharide vacc***)	Tier 3	
VIVOTIF ORAL CAPSULE DELAYED RELEASE (***typhoid vaccine***)	Tier 2	
VIRAL VACCINE COMBINATIONS - VACCINES**		
M-M-R II INJECTION SOLUTION RECONSTITUTED (***measles, mumps & rubella vac***)	Tier 3; $0	
M-M-R II SUBCUTANEOUS INJECTABLE (***measles, mumps & rubella vac***)	Tier 3; $0	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (***measles-mumps-rubella-varicell***)	Tier 3; $0	
TWINRIX INTRAMUSCULAR SUSPENSION (***hepatitis a-hep b recomb vac***)	Tier 3; $0	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***hepatitis a-hep b recomb vac***)	Tier 3; $0	
VIRAL VACCINES - VACCINES**		
AFLURIA INTRAMUSCULAR SUSPENSION (***influenza virus vaccine split***)	Tier 1; $0	QL (2 injections per 180 days)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza virus vacc split pf***)	Tier 1; $0	QL (2 injections per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (***influenza vac split quad***)	Tier 1; $0	QL (1 fill per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza vac split quad***)	Tier 1; $0	QL (1 fill per 180 days)
ENGERIX-B INJECTION SUSPENSION (***hepatitis b vac recombinant***)	Tier 3; $0	
ENGERIX-B INTRAMUSCULAR INJECTABLE (***hepatitis b vac recombinant***)	Tier 3; $0	
EZ FLU SHOT-FLUCELVAX QUAD INTRAMUSCULAR PREFILLED SYRINGE KIT (***influenza vac subunit quad***)	Tier 1; $0	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza vac a&b surf ant adj***)	Tier 1; $0	QL (1 fill per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza vac split quad***)	Tier 1; $0	QL (1 fill per 180 days)
FLUBLOK INTRAMUSCULAR SOLUTION (***influenza vac recombinant ha***)	Tier 1; $0	
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (***influenza vac recomb ha quad***)	Tier 1; $0	QL (1 fill per 180 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (***influenza vac subunit quad***)	Tier 1; $0	QL (1 fill per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza vac subunit quad***)	Tier 1; $0	QL (1 fill per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION (***influenza vac split quad***)	Tier 1; $0	QL (1 fill per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza vac split quad***)	Tier 1; $0	QL (1 fill per 180 days)
FLUMIST QUADRIVALENT NASAL SUSPENSION (***influenza virus vac live quad***)	Tier 1; $0	QL (1 fill per 180 days)
FLUVIRIN INTRAMUSCULAR SUSPENSION (***influenza vac typ a&b surf ant***)	Tier 1; $0	
FLUVIRIN INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza vac typ a&b surf ant***)	Tier 1; $0	
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza vac split high-dose***)	Tier 1; $0	QL (1 fill per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza vac high-dose quad***)	Tier 1	QL (0.7 mL per 1 fill)
FLUZONE QUADRIVALENT INTRADERMAL SUSPENSION PEN-INJECTOR (***influenza vac split quad***)	Tier 1; $0	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (***influenza vac split quad***)	Tier 1; $0	QL (1 fill per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza vac split quad***)	Tier 1; $0	QL (1 fill per 180 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (***hpv 9-valent recomb vaccine***)	Tier 2; $0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***hpv 9-valent recomb vaccine***)	Tier 2; $0	
HAVRIX INTRAMUSCULAR SUSPENSION (***hepatitis a vaccine***)	Tier 3; $0	
HEPLISAV-B INTRAMUSCULAR SOLUTION (***hepatitis b vac recomb adj***)	Tier 3; $0	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (***hepatitis b vac recomb adj***)	Tier 3; $0	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE (***rabies virus vaccine, hdc***)	Tier 3	
IPOL INJECTION INJECTABLE (***poliovirus vaccine inactivated***)	Tier 3; $0	
IXIARO INTRAMUSCULAR SUSPENSION (***japanese encephalitis vac inac***)	Tier 3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (***rabies vaccine, pcec***)	Tier 3	
RECOMBIVAX HB INJECTION SUSPENSION (***hepatitis b vac recombinant***)	Tier 3; $0	

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ROTARIX ORAL SUSPENSION RECONSTITUTED (***rotavirus vaccine live oral***)	Tier 3; $0	
ROTATEQ ORAL SOLUTION (***rotavirus vac live pentavalent***)	Tier 3; $0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED (***zoster vac recomb adjuvanted***)	Tier 2; $0	
VAQTA INTRAMUSCULAR SUSPENSION (***hepatitis a vaccine***)	Tier 3; $0	
VARIVAX SUBCUTANEOUS INJECTABLE (***varicella virus vaccine live***)	Tier 3; $0	
YF-VAX SUBCUTANEOUS INJECTABLE (***yellow fever vaccine***)	Tier 3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED (***zoster vaccine live***)	Tier 2; $0	
***VAGINAL PRODUCTS* - DRUGS FOR WOMEN**		
IMIDAZOLE-RELATED ANTIFUNGALS - DRUGS FOR INFECTIONS**		
terconazole vaginal cream 0.4 %	Tier 1	QL (90 grams per 30 days)
terconazole vaginal cream 0.8 %	Tier 1	QL (40 grams per 30 days)
terconazole vaginal suppository	Tier 1	QL (6 suppositories per 30 days)
VAGINAL ANTI-INFECTIVES - DRUGS FOR INFECTIONS**		
clindamycin phosphate vaginal cream	Tier 1	
metronidazole vaginal gel	Tier 1	
metronidazole (Vandazole Vaginal Gel)	Tier 1	
VAGINAL ESTROGENS - DRUGS FOR WOMEN**		
estradiol vaginal cream	Tier 2	
estradiol vaginal tablet	Tier 2	QL (18 tablets per 28 days)
ESTRING VAGINAL RING (***estradiol***)	Tier 3	QL (1 ring per 90 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG (***estradiol***)	Tier 3	QL (18 inserts per 28 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG (***estradiol***)	Tier 3	QL (18 packs per 28 days)
PREMARIN VAGINAL CREAM (***estrogens, conjugated***)	Tier 3	QL (1 grams per 1 day)
estradiol (Yuvafem Vaginal Tablet)	Tier 2	QL (18 tablets per 28 days)
***VASOPRESSORS* - DRUGS FOR THE HEART**		
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR SERIOUS ALLERGIC REACTION**		
epinephrine injection solution auto-injector	Tier 1	QL (2 pens per 1 fill)
VASOPRESSORS - DRUGS FOR SERIOUS ALLERGIC REACTION**		
midodrine hcl oral tablet	Tier 2	

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Effective 10/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***VITAMINS* - DRUGS FOR NUTRITION**		
VITAMIN D - DRUGS FOR NUTRITION**		
ergocalciferol oral capsule	Tier 1	
vitamin d (ergocalciferol) oral capsule	Tier 1	

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