Traditional Open Drug List
California Student Health Plans

Drug list — Three 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). We're here to help. 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.

The product names to which this formulary applies are shown below.

Azusa Pacific University
California State University, Fullerton
California State University, Northridge
California State University, Sacramento
Caltech
City College of San Francisco
University of California Extension Student Health Plan

Here are a few things to remember:

- You can view and search our current drug lists when you visit anthem.com/ca/pharmacyinformation. Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.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/pharmacy-information/select-your-state or anthem.com/ca/pharmacy-information/drug-list-formulary.
- 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.

Traditional Drug List - California Student Health Plans

Three-Tier

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Traditional Open Drug List / California Student Health Plan – 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 you pay after you have paid the deductible, if a deductible applies to the health care benefit.

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

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

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

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

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

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

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

"**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.

"**Non-formulary drug**" means a prescription drug that is not listed on this 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**" means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

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

"**Prescription**" means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

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

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

"**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 will need to get this drug through a specialty pharmacy.

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

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Frequently Asked Questions

How do I know what drugs are covered under my benefits?
This is a complete listing of all drugs approved through the Pharmacy & Therapeutics (P&T) process to be on the drug list. If your drug is not on the list, your doctor can request a coverage review. Current members can find out more by reading your Certificate/Evidence of Coverage or your Summary Plan Description, which you received when you signed up for your plan.

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 *lowercase italicized letters*;

*STEROID INHALANTS*** - DRUGS FOR ASTHMA/COPD
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (*fluticasone furoate*)

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

*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD
montelukast sodium oral packet

- 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.

norethin ace-eth estrad-fe (Finzala Oral Tablet Chewable)

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.

Local pharmacies
Your plan includes local pharmacies at major retail chains, such as CVS, Walmart, Target, and Kroger. You'll save the most money when you use one of these pharmacies.

To find a pharmacy near you:
1. Log in at anthem.com/ca.
2. Choose Find a Pharmacy.
3. Enter your ZIP code.

CarelonRx Pharmacy
For medications you take regularly, have your prescriptions delivered to your home with CarelonRx Pharmacy. Current Anthem members can get started at anthem.com/ca and go to the "Pharmacy Benefits" page. You can also log in to our Sydney Health mobile app and select "Pharmacy". Register your member account if you haven't already. Go to "View Prescriptions" and follow the guided steps to switch to CarelonRx Pharmacy. Shipping is always free. Call the CarelonRx Pharmacy Contact Center at 833-396-0309 or use the live chat feature on Sydney Health or anthem.com/ca for assistance.

Specialty pharmacy
If you have a complex or chronic condition treated with specialty medication — one that may need special handling or is given by injection or infusion — you'll need to get it through our specialty pharmacy. Your doctor will send the prescription to our specialty pharmacy for you, and it will be delivered to your home or your doctor's office if it needs to be administered by a doctor.

Current Anthem members can find out more by logging in at anthem.com/ca and choose Prescription Benefits or call 833-236-6196. For more details about your coverage, you can call the phone number on your member ID card.

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 833-236-6196. 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?
Drugs not listed on the formulary are called non-formulary drugs. We understand that only you and your doctor know what is best for you. You can also talk to your doctor or pharmacist to see if there's another drug on the drug list 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 it is determined that a non-formulary drug is medically appropriate and necessary, that drug will be covered under the terms of your benefits.

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

Your doctor can get the process started by completing an electronic Prior Authorization, calling the Pharmacy 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 Pharmacy Member Services number on the back of your member ID card.

If the contraceptive you are taking is not on the formulary, your doctor can contact us if it is medically necessary because the preferred contraceptives are inappropriate for you, and we will waive your cost share.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity.

If we fail to respond to a completed prior authorization or exception request within 24 hours of receiving a request based on exigent circumstances, we will provide coverage, including refills for the duration of the exigency.

If we fail to respond to a completed prior authorization or exception request within 72 hours of receiving a non-urgent request, we will provide coverage, including refills for the duration of the prescription.

We will notify you or your authorized representative and prescribing provider about a completed prior authorization or step therapy exception within 24 hours of receipt of a request based on exigent circumstances and within 72 hours of receipt of all other requests.

You may also contact Member Services, 24 hours a day, 7 days a week. If you wish to have a non-formulary drug that your doctor determines not to be medically necessary, you may file a grievance with Member Services by calling 1-800-365-0609 or 1-866-333-4823 (TDD line if you have hearing or speech loss). 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.

If you are currently taking the drug and it was approved by your previous health plan or by us, we will not require you to try other drugs first. If the drug is safe and effective for your condition, we will continue to cover it.

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. These include contraceptive products when prescribed to a female. 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. Some plans split Tier 1 into Tier 1a and Tier 1b:

- Tier 1a drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.
- Tier 1b drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others 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 the highest 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 or specialty drugs that are used to treat serious, long-term health conditions and that may need special handling.

How will I know if my drug is covered and how much will it cost?
You can go online and with the Price a Medication tool, get pharmacy-specific drug coverage details and 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.

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.

What is Prior Authorization? How does it work?
Prior Authorization 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.

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.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity.

If we fail to respond to a completed prior authorization or exception request within 24 hours of receiving a request based on exigent circumstances, we will provide coverage, including refills for the duration of the exigency.

If we fail to respond to a completed prior authorization or exception request within 72 hours of receiving a non-urgent request, we will provide coverage, including refills for the duration of the prescription.

We will notify you or your authorized representative and prescribing provider about a completed prior authorization or step therapy exception within 24 hours of receipt of a request based on exigent circumstances and within 72 hours of receipt of all other requests.

You may also contact Member Services, 24 hours a day, 7 days a week. If you wish to have a non-formulary drug that your doctor determines not to be medically necessary, you may file a grievance with Member Services by calling 1-800-365-0609 or 1-866-333-4823 (TDD line if you have hearing or speech loss). 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.

If you are currently taking the drug and it was approved by your previous health plan or by us, we will not require you to try other drugs first. If the drug is safe and effective for your condition, we will continue to cover it.

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.

There are a few options for your doctor to start the Step Therapy (ST) exception 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.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity.

If we fail to respond to a completed step therapy exception request within 24 hours of receiving a request based on exigent circumstances, we will provide coverage, including refills for the duration of the exigency.

If we fail to respond to a completed step therapy exception request within 72 hours of receiving a non-urgent request, we will provide coverage, including refills for the duration of the prescription.

We will notify you or your authorized representative and prescribing provider about a completed prior authorization or step therapy exception within 24 hours of receipt of a request based on exigent circumstances and within 72 hours of receipt of all other requests.

In circumstances where an enrollee is changing plans, we will not require the enrollee to repeat step therapy when they are already being treated for a medical condition by a prescription drug, provided that the drug is appropriately prescribed and considered safe and effective for the enrollee's condition.

If we have previously approved coverage of the drug for your medical condition, and your provider continues to prescribe for the medical condition, provided the drug is appropriately prescribed and safe and effective for your condition, we will not exclude coverage of the drug.

Rights Available to Members
If you don't agree with a coverage decision, you have the right to ask for a grievance (also known as an appeal). Unless your benefits booklet states otherwise, you must ask for a grievance within 180 calendar days from the date you get the coverage decision letter. Your provider, or any other person you choose (authorized representative), may ask for a grievance on your behalf. A person of your choice may also help you during the grievance process. You need to let us know, in writing, if you want someone to help or represent you.

How do I ask for an urgent (expedited) grievance?
An urgent grievance is available if you haven't had services (pre-service) or if you are currently getting services (concurrent care) and you, or your health care provider, believe that your condition could involve an imminent and serious threat to your health, including, but not limited to, severe pain or potential loss of life, limb, or major bodily function.

We will let you know the decision within 3 calendar days after we get a qualifying urgent grievance. We will let you know the decision by phone. We will also send you the decision in writing.

You, or any person you choose, can ask for an urgent grievance in writing or by phone:

In writing: Overnight mail
Grievances and Appeals
21215 Burbank Boulevard
Woodland Hills, CA 91367
By phone: **1-800-365-0609** or **1-866-333-4823** (TDD line if you have hearing or speech loss)
By fax: **1-855-211-3699**

If you qualify for an urgent grievance, you may ask for an independent medical review (IMR) with the California Department of Insurance (CDI) instead of, or at the same time as, asking for an urgent grievance with your health plan. Details about IMR are included in this document (see "If I don't agree with the grievance decision, what other rights do I have?").

How do I ask for a standard (not expedited) grievance?
You, or any person you choose, can ask for a standard grievance in writing, by phone or online at www.anthem.com/ca.

In writing: **Grievances and Appeals**
P.O. Box 4310
Woodland Hills, CA 91365-4310
By phone: **1-800-365-0609** or **866-333-4823** (TDD line for the hearing and speech impaired)
By fax: **1-877-551-6183**
Online: **www.anthem.com/ca**

We will send a written decision within 30 calendar days from the date we get the grievance. Our response will have reasons for the decision and references to the plan provisions on which the decision was based.

Can I get copies of documents for my records?
Of course! You can call us or send a letter to ask for free copies of all documents, including the actual benefit provision, guideline, protocol or other similar criterion this decision was based on.

Can I get diagnosis and treatment codes?
You can! Just call us to ask for them. You can also ask for descriptions of the codes, if they are available.

What should my grievance include?
Include, if available, the following information:
- The member's name and ID number;
- The name of the provider who will or has provided care;
- The date(s) of service;
- The claim or reference number for the specific decision with which you don't agree; and
- The specific reason(s) why you don't agree with the decision.

You have the right, and we encourage you, to give us written comments, documents, and other relevant information with your grievance.

How will my grievance be handled?
The appropriate administrative and/or clinical specialists will review your grievance. All relevant information submitted by you or on your behalf will be reviewed regardless of whether it was considered at the time the initial decision was made. We may contact any providers who may have additional information to support your grievance. The reviewers will not have been involved in the initial decision. They also will not be a subordinate of the person who made the initial decision.

If I don't agree with the grievance decision, what other rights do I have?
You, or any person you choose, have the right to ask for an IMR of disputed health care service with the CDI if you believe that services have been improperly denied, modified, or delayed. A disputed health care service is any health care service eligible for coverage and payment under your health plan that has been denied, modified, or delayed by your health plan in whole or in part because the service is not medically necessary. In most situations, you must go through the grievance process with your health plan before asking for an IMR with the CDI. Your request for an IMR must be made within six months of the health plan upholding its decision within the grievances process. If a grievance remains unresolved for thirty days after you have filed it, the grievance process with your health plan will be considered exhausted and you can ask for an IMR.

You may ask for IMR immediately without going through your health plan's grievance process if:

- Your disputed health care service involves experimental or investigational treatment; or
- The CDI decides that an earlier review is warranted; or
- There is an imminent or serious threat to your health that requires an urgent review of your case.

We will help you with the application process if an urgent review of your case is necessary. You can find the application and instructions online at www.insurance.ca.gov (CDI website). There is no cost to you for IMR. There aren't any filing fees either.

If we deny your grievance, we will give you more details about dispute resolution options available to you. You may also refer to your benefits booklet or call Member Services at the phone number on your member ID card for details about the entire grievance process.

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.

Certain drug(s) may not be on the drug list based on your plan's benefit design. Refer to your Certificate/Evidence of Coverage or your Summary Plan Description for more details.

Anthem

KEY

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

Brand name drugs are in UPPER CASE, bold type.

Generic drugs are in lower case, plain 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.

AL = age limits. Some drugs require a prior authorization if your age does not meet drug manufacturer, Food and Drug Administration (FDA), or clinical recommendations.

BE = benefit exclusion. This drug may not be covered depending on your plans design. To find out if your drug is covered, log into your member portal or use the Sydney app to Price a Medication and refer to your plan documents.

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 will need to get this drug through a specialty pharmacy.

ST = step therapy. You must use a recommended drug first before another prescribed drug will be 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 1a = drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.

Tier 1b = drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others 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 = have the highest 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 or specialty drugs that are 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 ALPHA ADRENERGIC AGONISTS - DRUGS FOR ATTENTION DEFICIT DISORDER**		
clonidine hcl er oral tablet extended release 12 hour	1 or 1b*	PA
guanfacine hcl er oral tablet extended release 24 hour	1 or 1b*	PA
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR (*guanfacine hcl*)	3	PA
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE (*clonidine hcl*)	3	ST
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR - DRUGS FOR ATTENTION DEFICIT DISORDER**		
atomoxetine hcl oral capsule	1 or 1b*	PA
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR (*viloxazine hcl*)	3	ST
STRATTERA ORAL CAPSULE (*atomoxetine hcl*)	3	PA
AMPHETAMINE MIXTURES - DRUGS FOR ATTENTION DEFICIT DISORDER**		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (*amphetamine-dextroamphetamine*)	3	ST; DO
ADDERALL ORAL TABLET 20 MG (*amphetamine-dextroamphetamine*)	3	ST; QL (3 tablets per 1 day)
ADDERALL ORAL TABLET 30 MG (*amphetamine-dextroamphetamine*)	3	ST; QL (2 tablets per 1 day)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (*amphetamine-dextroamphetamine*)	3	ST; DO
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG (*amphetamine-dextroamphetamine*)	3	ST; QL (1 capsule per 1 day)
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1 or 1b*	PA; DO
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	1 or 1b*	PA; QL (1 capsule per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	1 or 1b*	PA; DO
amphetamine-dextroamphetamine oral tablet 20 mg	1 or 1b*	PA; QL (3 tablets per 1 day)
amphetamine-dextroamphetamine oral tablet 30 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour	1 or 1b*	PA; QL (1 capsule per 1 day)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR (*amphetamine-dextroamphetamine*)	3	ST; QL (1 capsule per 1 day)

BRAND=Brand drug *generic*=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMPHETAMINES - DRUGS FOR ATTENTION DEFICIT DISORDER**		
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE (*amphetamine*)	3	ST; QL (1 tablet per 1 day)
amphetamine sulfate oral tablet 10 mg	1 or 1b*	QL (6 tablets per 1 day)
amphetamine sulfate oral tablet 5 mg	1 or 1b*	DO
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (*dextroamphetamine sulfate*)	3	ST; QL (4 capsules per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	1 or 1b*	PA; QL (4 capsules per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
dextroamphetamine sulfate oral solution	1 or 1b*	PA; QL (60 mL per 1 day)
dextroamphetamine sulfate oral tablet 10 mg, 7.5 mg	1 or 1b*	PA; QL (6 tablets per 1 day)
dextroamphetamine sulfate oral tablet 15 mg	1 or 1b*	PA; QL (3 tablets per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE (*amphetamine*)	3	ST; QL (8 mL per 1 day)
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 5 MG (*amphetamine*)	3	ST; DO
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 15 MG, 20 MG (*amphetamine*)	3	ST; QL (1 tablet per 1 day)
EVEKEO ORAL TABLET 10 MG (*amphetamine sulfate*)	3	PA; QL (6 tablets per 1 day)
EVEKEO ORAL TABLET 5 MG (*amphetamine sulfate*)	3	PA; DO
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg	1 or 1b*	PA; QL (1 capsule per 1 day)
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL (1 tablet per 1 day)
methamphetamine hcl oral tablet	3	ST; QL (5 tablets per 1 day)
procentra oral solution	1 or 1b*	PA; QL (60 mL per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (*lisdexamfetamine dimesylate*)	3	PA; DO
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (*lisdexamfetamine dimesylate*)	3	PA; QL (1 capsule per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (*lisdexamfetamine dimesylate*)	3	PA; DO
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (*lisdexamfetamine dimesylate*)	3	PA; QL (1 tablet per 1 day)
XELSTRYM TRANSDERMAL PATCH (*dextroamphetamine*)	3	ST; QL (1 patch per 1 day)
zenzedi oral tablet 10 mg, 7.5 mg	1 or 1b*	PA; QL (6 tablets per 1 day)
zenzedi oral tablet 15 mg	1 or 1b*	PA; QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zenzedi oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
zenzedi oral tablet 20 mg, 30 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
ANALEPTICS - DRUGS FOR THE NERVOUS SYSTEM**		
caffeine citrate intravenous solution	3	
caffeine citrate oral solution	1 or 1b*	
DOPRAM INTRAVENOUS SOLUTION (*doxapram hcl*)	3	
ANOREXIANT COMBINATIONS - DRUGS FOR THE NERVOUS SYSTEM**		
phentermine-topiramate er oral capsule extended release 24 hour	3	PA; BE; QL (1 capsule per 1 day)
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (*phentermine-topiramate*)	3	PA; BE; QL (1 capsule per 1 day)
ANOREXIANTS NON-AMPHETAMINE - DRUGS FOR THE NERVOUS SYSTEM**		
ADIPEX-P ORAL TABLET (*phentermine hcl*)	3	PA; BE; QL (1 tablet per 1 day)
benzphetamine hcl oral tablet	1 or 1b*	PA; BE; QL (3 tablets per 1 day)
diethylpropion hcl er oral tablet extended release 24 hour	1 or 1b*	PA; BE; QL (1 tablet per 1 day)
diethylpropion hcl oral tablet	1 or 1b*	PA; BE; QL (3 tablets per 1 day)
LOMAIRA ORAL TABLET (*phentermine hcl*)	3	PA; BE; QL (3 tablets per 1 day)
PHENDIMETRAZINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; BE; QL (1 capsule per 1 day)
phendimetrazine tartrate oral tablet	1 or 1b*	PA; BE; QL (6 tablets per 1 day)
phentermine hcl oral capsule	1 or 1b*	PA; BE; QL (1 capsule per 1 day)
phentermine hcl oral tablet	1 or 1b*	PA; BE; QL (1 tablet per 1 day)
ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS - DRUGS FOR THE NERVOUS SYSTEM**		
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*tirzepatide-weight management*)	2	PA; BE; QL (1 pen per 1 week)
ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS - DRUGS FOR THE NERVOUS SYSTEM**		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR (*liraglutide - weight management*)	3	PA; BE; QL (3 mg per 1 day)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*semaglutide-weight management*)	2	PA; BE; QL (1 pen per 1 week)
***ANTI-OBESITY AGENT COMBINATIONS** - DRUGS FOR THE NERVOUS SYSTEM**		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR (*naltrexone-bupropion hcl*)	3	PA; BE; QL (4 tablets per 1 day)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - DRUGS FOR SLEEP DISORDER**		
SUNOSI ORAL TABLET 150 MG (*solriamfetol hcl*)	3	PA; QL (1 tablet per 1 day)
SUNOSI ORAL TABLET 75 MG (*solriamfetol hcl*)	3	PA; DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - DRUGS FOR SLEEP DISORDER**		
WAKIX ORAL TABLET 17.8 MG (*pitolisant hcl*)	3	PA; LD; QL (2 tablets per 1 day); SP
WAKIX ORAL TABLET 4.45 MG (*pitolisant hcl*)	3	PA; LD; DO; SP
LIPASE INHIBITORS - DRUGS FOR THE NERVOUS SYSTEM**		
orlistat oral capsule	1 or 1b*	PA; BE; QL (3 capsules per 1 day)
XENICAL ORAL CAPSULE (*orlistat*)	3	PA; BE; QL (3 capsules per 1 day)
MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS - DRUGS FOR THE NERVOUS SYSTEM**		
IMCIVREE SUBCUTANEOUS SOLUTION (*setmelanotide acetate*)	3	PA; LD; BE; QL (9 vials per 30 days)
STIMULANT COMBINATIONS - DRUGS FOR ATTENTION DEFICIT DISORDER**		
AZSTARYS ORAL CAPSULE (*serdexmethylphen-dexmethylphen*)	3	ST; QL (1 capsule per 1 day)
STIMULANTS - MISC. - DRUGS FOR ATTENTION DEFICIT DISORDER**		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG (*methylphenidate hcl*)	3	ST; DO
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG (*methylphenidate hcl*)	3	ST; QL (1 capsule per 1 day)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	1 or 1b*	PA; QL (1 tablet per 1 day)
armodafinil oral tablet 50 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG (*methylphenidate hcl*)	3	ST; DO
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG (*methylphenidate hcl*)	3	ST; QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG (*methylphenidate hcl*)	3	ST; QL (1 tablet per 1 day)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE (*methylphenidate*)	3	ST; QL (2 tablets per 1 day)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR (*methylphenidate*)	3	ST; DO
DAYTRANA TRANSDERMAL PATCH 20 MG/9HR, 30 MG/9HR (*methylphenidate*)	3	ST; QL (1 patch per 1 day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg	1 or 1b*	ST; DO
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg	1 or 1b*	ST; QL (1 capsule per 1 day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg	1 or 1b*	PA; QL (1 capsule per 1 day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
dexmethylphenidate hcl oral tablet 10 mg	1 or 1b*	PA; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
FOCALIN ORAL TABLET 10 MG (*dexmethylphenidate hcl*)	3	ST; QL (2 tablets per 1 day)
FOCALIN ORAL TABLET 2.5 MG, 5 MG (*dexmethylphenidate hcl*)	3	ST; DO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG (*dexmethylphenidate hcl*)	3	ST; DO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG (*dexmethylphenidate hcl*)	3	ST; QL (1 capsule per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG (*methylphenidate hcl*)	3	ST; QL (1 capsule per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG (*methylphenidate hcl*)	3	ST; DO
METADATE CD ORAL CAPSULE EXTENDED RELEASE (*methylphenidate hcl*)	3	PA; DO
METHYLIN ORAL SOLUTION 10 MG/5ML (*methylphenidate hcl*)	3	ST; QL (30 mL per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5ML (*methylphenidate hcl*)	3	ST; QL (60 mL per 1 day)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL (1 capsule per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg	1 or 1b*	PA; DO
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	1 or 1b*	PA; QL (2 capsules per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg	1 or 1b*	PA; QL (1 capsule per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg	1 or 1b*	PA; DO
methylphenidate hcl er (osm) oral tablet extended release 36 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 54 mg, 63 mg	1 or 1b*	PA; QL (1 tablet per 1 day)
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 72 MG	1 or 1b*	PA; QL (1 tablet per 1 day)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL (1 capsule per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg	1 or 1b*	PA; DO
methylphenidate hcl er oral tablet extended release 20 mg	1 or 1b*	PA; QL (3 tablets per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour	1 or 1b*	PA; DO
methylphenidate hcl oral solution 10 mg/5ml	1 or 1b*	PA; QL (30 mL per 1 day)
methylphenidate hcl oral solution 5 mg/5ml	1 or 1b*	PA; QL (60 mL per 1 day)
methylphenidate hcl oral tablet 10 mg, 5 mg	1 or 1b*	PA; DO
methylphenidate hcl oral tablet 20 mg	1 or 1b*	PA; QL (3 tablets per 1 day)
methylphenidate hcl oral tablet chewable 10 mg	1 or 1b*	PA; QL (3 tablets per 1 day)
methylphenidate hcl oral tablet chewable 2.5 mg	1 or 1b*	ST; DO
methylphenidate hcl oral tablet chewable 5 mg	1 or 1b*	PA; DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr	1 or 1b*	ST; DO
methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr	1 or 1b*	ST; QL (1 patch per 1 day)
modafinil oral tablet 100 mg	1 or 1b*	PA; DO
modafinil oral tablet 200 mg	1 or 1b*	PA; QL (1 tablet per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (*armodafinil*)	3	PA; QL (1 tablet per 1 day)
NUVIGIL ORAL TABLET 50 MG (*armodafinil*)	3	PA; QL (2 tablets per 1 day)
PROVIGIL ORAL TABLET 100 MG (*modafinil*)	3	PA; DO
PROVIGIL ORAL TABLET 200 MG (*modafinil*)	3	PA; QL (1 tablet per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG (*methylphenidate hcl*)	3	ST; DO
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG (*methylphenidate hcl*)	3	ST; QL (2 tablets per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG (*methylphenidate hcl*)	3	ST; QL (1 tablet per 1 day)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER (*methylphenidate hcl*)	3	ST; QL (12 mL per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG (*methylphenidate hcl*)	3	ST; DO
RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG (*methylphenidate hcl*)	3	ST; QL (2 tablets per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 54 MG, 63 MG, 72 MG (*methylphenidate hcl*)	3	ST; QL (1 tablet per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG (*methylphenidate hcl*)	3	ST; DO
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG (*methylphenidate hcl*)	3	ST; QL (2 capsules per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (*methylphenidate hcl*)	3	ST; QL (1 capsule per 1 day)
RITALIN ORAL TABLET 10 MG, 5 MG (*methylphenidate hcl*)	3	ST; DO
RITALIN ORAL TABLET 20 MG (*methylphenidate hcl*)	3	ST; QL (3 tablets per 1 day)
***ALLERGENIC EXTRACTS/BIOLOGICALS MISC* - BIOLOGICAL AGENTS**		
ALLERGENIC EXTRACTS - BIOLOGICAL AGENTS**		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL (*timothy grass pollen allergen*)	3	PA; QL (1 tablet per 1 day)
PALFORZIA (1 MG DAILY DOSE) ORAL (*peanut powder-dnfp*)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (12 MG DAILY DOSE) ORAL (*peanut powder-dnfp*)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (120 MG DAILY DOSE) ORAL (*peanut powder-dnfp*)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (160 MG DAILY DOSE) ORAL (*peanut powder-dnfp*)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (20 MG DAILY DOSE) ORAL (*peanut powder-dnfp*)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (200 MG DAILY DOSE) ORAL (*peanut powder-dnfp*)	3	PA; LD; QL (1 kit per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (240 MG DAILY DOSE) ORAL (*peanut powder-dnfp*)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (3 MG DAILY DOSE) ORAL (*peanut powder-dnfp*)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET (*peanut powder-dnfp*)	3	PA; LD; QL (1 packet per 1 day)
PALFORZIA (300 MG TITRATION) ORAL PACKET (*peanut powder-dnfp*)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (40 MG DAILY DOSE) ORAL (*peanut powder-dnfp*)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (6 MG DAILY DOSE) ORAL (*peanut powder-dnfp*)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (80 MG DAILY DOSE) ORAL (*peanut powder-dnfp*)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA INITIAL DOSE 1-3YRS ORAL (*peanut powder-dnfp*)	3	PA; QL (1 kit per 1 fill)
PALFORZIA INITIAL DOSE 4-17YRS ORAL (*peanut powder-dnfp*)	3	PA; LD; QL (1 kit per 6 months)
PALFORZIA INITIAL ESCALATION ORAL (*peanut powder-dnfp*)	3	PA; LD; QL (1 kit per 6 months)
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL (*short ragweed pollen ext*)	3	PA; QL (1 tablet per 1 day)
MIXED ALLERGENIC EXTRACTS - BIOLOGICAL AGENTS**		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL (*dust mite mixed allergen ext*)	3	PA; QL (1 tablet per 1 day)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL (*grass mix pollens allergen ext*)	3	PA; QL (1 tablet per 1 day)
***AMEBICIDES* - DRUGS FOR INFECTIONS**		
AMEBICIDES - DRUGS FOR PARASITES**		
SOLOSEC ORAL PACKET (*secnidazole*)	3	PA; QL (2 grams per 1 fill)
***AMINOGLYCOSIDES* - DRUGS FOR INFECTIONS**		
AMINOGLYCOSIDES - ANTIBIOTICS**		
amikacin sulfate injection solution	1 or 1b*	
ARIKAYCE INHALATION SUSPENSION (*amikacin sulfate liposome*)	3	PA; LD; QL (1 kit per 28 days)
BETHKIS INHALATION NEBULIZATION SOLUTION (*tobramycin*)	3	LD; QL (224 mL per 28 days)
gentamicin in saline intravenous solution	1 or 1b*	
gentamicin sulfate injection solution	1 or 1b*	
HUMATIN ORAL CAPSULE (*paromomycin sulfate*)	3	PA
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION (*tobramycin*)	3	LD; QL (10 mL per 1 day)
neomycin sulfate oral tablet	1 or 1a*	
streptomycin sulfate intramuscular solution reconstituted	1 or 1b*	
TOBI INHALATION NEBULIZATION SOLUTION (*tobramycin*)	3	LD; QL (10 mL per 1 day)
TOBI PODHALER INHALATION CAPSULE (*tobramycin*)	3	LD; QL (224 capsules per 28 days); SP
tobramycin inhalation nebulization solution 300 mg/4ml	1 or 1b*	LD; QL (224 ML per 28 days)
tobramycin inhalation nebulization solution 300 mg/5ml	1 or 1b*	LD; QL (10 mL per 1 day)
tobramycin sulfate injection solution 1.2 gm/30ml	1 or 1b*	QL (900 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	1 or 1b*	QL (180 mL per 30 days)
tobramycin sulfate injection solution 2 gm/50ml	1 or 1b*	QL (1500 mL per 30 days)
tobramycin sulfate injection solution reconstituted	1 or 1b*	QL (30 vials per 30 days)
ZEMDRI INTRAVENOUS SOLUTION (*plazomicin sulfate*)	3	
***ANALGESICS - ANTI-INFLAMMATORY* - DRUGS FOR PAIN AND FEVER**		
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS - ARTHRITIS AND PAIN DRUGS**		
OLUMIANT ORAL TABLET (*baricitinib*)	3	PA; LD; QL (1 tablet per 1 day); SP
RINVOQ LQ ORAL SOLUTION (*upadacitinib*)	3	PA; LD; QL (12 mL per 1 day); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR (*upadacitinib*)	3	PA; LD; QL (1 tablet per 1 day); SP
XELJANZ ORAL SOLUTION (*tofacitinib citrate*)	3	PA; LD; QL (10 mL per 1 day); SP
XELJANZ ORAL TABLET (*tofacitinib citrate*)	3	PA; LD; QL (2 tablets per 1 day); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR (*tofacitinib citrate*)	3	PA; LD; QL (1 tablet per 1 day); SP
ANTIRHEUMATIC ANTIMETABOLITES - ARTHRITIS AND PAIN DRUGS**		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*methotrexate (anti-rheumatic)*)	3	PA; LD; QL (4 auto-injector per 28 days); SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*methotrexate (anti-rheumatic)*)	3	PA; LD; QL (4 auto-injector per 28 days); SP
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - ARTHRITIS AND PAIN DRUGS**		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (*adalimumab-afzb*)	3	PA; LD; QL (2 pens per 28 days); SP
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (*adalimumab-afzb*)	3	PA; LD; QL (2 pens per 28 days); SP
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (*adalimumab-afzb*)	3	PA; LD; QL (2 pens per 28 days); SP
adalimumab-aacf (2 pen) subcutaneous auto-injector kit	3	PA; LD; QL (2 pens per 28 days); SP
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit	3	PA; LD; QL (2 pens/syringes per 28 days); SP
adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit	3	PA; LD; QL (1 kit per 1 lifetime); SP
adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit	3	PA; LD; QL (1 kit per 1 lifetime); SP
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml	3	PA; LD; QL (2 auto-injectors per 28 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	3	PA; LD; QL (2 auto-injectors per 28 day (QL exception needed for all 80mg doses)s); SP
adalimumab-aaty (2 pen) subcutaneous auto-injector kit	3	PA; LD; QL (2 auto-injectors per 28 days); SP
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml	3	PA; LD; QL (2 syringes per 28 days); SP
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	3	PA; LD; QL (2 auto-injectors per 28 days); SP
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit	3	PA; LD; QL (1 pack per 1 one-time fill); SP
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml	3	PA; LD; QL (2 auto-injectors per 28 days); SP
adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml	3	PA; LD; QL (2 auto-injector per 28 days (QL exception needed for all 80 mg doses)s); SP
adalimumab-adaz subcutaneous solution prefilled syringe	3	PA; LD; QL (2 syringes per 28 days); SP
adalimumab-adbm (2 pen) subcutaneous auto-injector kit	3	PA; LD; QL (2 auto-injectors per 28 days)
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit	3	PA; LD; QL (2 syringes per 28 days)
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml	3	PA; LD; QL (1 month per 6 one-time fills)
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml	3	PA; LD; QL (1 kit per 1 one-time fill)
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml	3	PA; LD; QL (1 month per 6 one-time fills)
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml	3	PA; LD; QL (1 kit per 1 one-time fill)
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit	3	PA; LD; QL (2 pens/syringes per 28 days); SP
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml	3	PA; LD; QL (2 syringes per 28 days); SP
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml	3	PA; LD; QL (2 pens/syringes per 28 days); SP
adalimumab-ryvk (2 pen) subcutaneous auto-injector kit	3	PA; LD; QL (2 pens per 28 days); SP
adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit	3	PA; LD; QL (2 syringes per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (*adalimumab-atto*)	3	PA; LD; QL (2 syringes per 28 days); SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-atto*)	3	PA; LD; QL (2 autoinjector per 28 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*adalimumab-atto*)	3	PA; LD; QL (2 syringes per 28 days (QL exception needed for all 80 mg doses)s); SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*adalimumab-atto*)	3	PA; LD; QL (2 syringes per 28 days); SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*adalimumab-atto*)	3	PA; LD; QL (2 syringes per 28 days); SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*adalimumab-atto*)	3	PA; LD; QL (2 syringes per 28 days); SP
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (*adalimumab-adbm*)	3	PA; LD; QL (2 auto-injectors per 28 days)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (*adalimumab-adbm*)	3	PA; LD; QL (2 syringes per 28 days)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-adbm*)	3	PA; LD; QL (1 kit per 6 months)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	3	PA; LD; QL (1 kit per 1 one-time fill)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-adbm*)	3	PA; LD; QL (1 kit per 6 months)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	3	PA; LD; QL (1 kit per 1 one-time fill)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*adalimumab-bwwd*)	3	PA; LD; QL (2 autoinjectors per 28 days); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*adalimumab-bwwd*)	3	PA; LD; QL (2 syringes per 28 days); SP
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (*adalimumab-fkjp*)	3	PA; LD; QL (2 pens/syringes per 28 days); SP
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML (*adalimumab-fkjp*)	3	PA; LD; QL (2 syringes per 28 days); SP
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (*adalimumab-fkjp*)	3	PA; LD; QL (2 pens/syringes per 28 days); SP
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (*adalimumab*)	2	PA; LD; QL (1 kit per 1 one-time fill); SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	2	PA; LD; QL (2 pens per 28 days); SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	2	PA; LD; QL (2 pens per 28 days (QL exception needed for all 80 mg doses)s); SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (*adalimumab*)	2	PA; LD; QL (2 syringes per 28 days); SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (*adalimumab*)	2	PA; LD; QL (1 kit per 1 one-time fill); SP
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (*adalimumab*)	2	PA; LD; QL (1 kit per 1 one-time fill); SP

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HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adaz*)	3	PA; LD; QL (2 auto-injectors per 28 days); SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*adalimumab-adaz*)	3	PA; LD; QL (2 auto-injector per 28 days (QL exception needed for all 80 mg doses)s); SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-adaz*)	3	PA; LD; QL (2 syringes per 28 days); SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (*adalimumab-adaz*)	3	PA; LD; QL (2 auto-injectors per 28 days); SP
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*adalimumab-adaz*)	3	PA; LD; QL (1 kit per 1 one-time fill); SP
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*adalimumab-adaz*)	3	PA; LD; QL (1 kit per 1 one-time fill); SP
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*adalimumab-adaz*)	3	PA; LD; QL (1 kit per 1 one-time fill); SP
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*adalimumab-adaz*)	3	PA; LD; QL (1 kit per 1 one-time fill); SP
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*adalimumab-adaz*)	3	PA; LD; QL (1 kit per 1 one-time fill); SP
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	3	PA; LD; QL (2 pens per 28 days); SP
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab-ryvk*)	3	PA; QL (2 pens per 28 days (QL exception needed for all 80 mg doses)s); SP
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (*adalimumab-ryvk*)	3	PA; QL (2 syringes per 28 days); SP
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (*adalimumab-ryvk*)	3	PA; LD; QL (2 pens per 28 days); SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (*adalimumab-ryvk*)	3	PA; QL (2 syringes per 28 days); SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-ryvk*)	3	PA; LD; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (*golimumab*)	2	PA; LD; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*golimumab*)	2	PA; LD; QL (1 pen per 28 days); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*golimumab*)	2	PA; LD; QL (1 syringe per 28 days); SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-aaty*)	3	PA; LD; QL (2 auto-injectors per 28 days); SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab-aaty*)	3	PA; LD; QL (2 syringes per 28 day (QL exception needed for all 80mg doses)s); SP
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (*adalimumab-aaty*)	3	PA; LD; QL (2 auto-injectors per 28 days); SP

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YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (*adalimumab-aaty*)	3	PA; LD; QL (2 syrgines per 28 days); SP
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-aaty*)	3	PA; LD; QL (1 kit per 28 days); SP
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (*adalimumab-aaty*)	3	PA; LD; QL (1 kit per 1 one-time fill); SP
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*adalimumab-aqvh*)	3	PA; LD; QL (2 pens per 28 days); SP
CYCLOOXYGENASE 2 (COX-2) INHIBITORS - ARTHRITIS AND PAIN DRUGS**		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG (*celecoxib*)	3	ST; QL (2 capsules per 1 day)
CELEBREX ORAL CAPSULE 400 MG (*celecoxib*)	3	ST; QL (1 capsule per 1 day)
celecoxib oral capsule 100 mg, 200 mg, 50 mg	1 or 1b*	QL (2 capsules per 1 day)
celecoxib oral capsule 400 mg	1 or 1b*	QL (1 capsule per 1 day)
GOLD COMPOUNDS - ARTHRITIS AND PAIN DRUGS**		
RIDAURA ORAL CAPSULE (*auranofin*)	2	QL (3 capsules per 1 day)
INTERLEUKIN-1 BLOCKERS - ARTHRITIS AND PAIN DRUGS**		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED (*rilonacept*)	3	PA; LD; QL (4 vials per 28 days); SP
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - ARTHRITIS AND PAIN DRUGS**		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*anakinra*)	3	PA; LD; QL (1 syringe per 1 day)
INTERLEUKIN-1BETA BLOCKERS - ARTHRITIS AND PAIN DRUGS**		
ILARIS SUBCUTANEOUS SOLUTION (*canakinumab*)	3	PA; LD; QL (2 vials per 28 days); SP
INTERLEUKIN-6 RECEPTOR INHIBITORS - ARTHRITIS AND PAIN DRUGS**		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*tocilizumab*)	3	PA; LD; QL (4 autoinjectors per 28 days); SP
ACTEMRA INTRAVENOUS SOLUTION (*tocilizumab*)	3	PA; LD; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*tocilizumab*)	3	PA; LD; QL (4 syringes per 28 days); SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*sarilumab*)	3	PA; LD; QL (2 injection per 28 days); SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*sarilumab*)	3	PA; LD; QL (2 injection per 28 days); SP
TOFIDENCE INTRAVENOUS SOLUTION (*tocilizumab-bavi*)	3	PA; LD; SP
TYENNE INTRAVENOUS SOLUTION (*tocilizumab-aazg*)	3	PA; LD; SP
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*tocilizumab-aazg*)	3	PA; LD; QL (4 auto-injectors per 28 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*tocilizumab-aazg*)	3	PA; LD; QL (4 syringes per 28 days); SP
NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG (*diclofenac-misoprostol*)	3	ST; QL (4 tablet per 1 day)
ARTHROTEC ORAL TABLET DELAYED RELEASE 75-0.2 MG (*diclofenac-misoprostol*)	3	ST; QL (2 tablets per 1 day)
COMBOGESIC INTRAVENOUS SOLUTION (*ibuprofen-acetaminophen*)	3	
COMBOGESIC ORAL TABLET (*ibuprofen-acetaminophen*)	3	ST; QL (12 tablets per 1 day)
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg	1 or 1b*	QL (4 tablets per 1 day)
diclofenac-misoprostol oral tablet delayed release 75-0.2 mg	1 or 1b*	QL (2 tablets per 1 day)
DUEXIS ORAL TABLET (*ibuprofen-famotidine*)	3	ST; QL (3 tablets per 1 day)
ibuprofen-famotidine oral tablet	3	ST; QL (3 tablets per 1 day)
naproxen-esomeprazole mg oral tablet delayed release	3	ST; QL (2 tablets per 1 day)
VIMOVO ORAL TABLET DELAYED RELEASE (*naproxen-esomeprazole*)	3	ST; QL (2 tablets per 1 day)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - ARTHRITIS AND PAIN DRUGS**		
ANAPROX DS ORAL TABLET (*naproxen sodium*)	3	QL (2 tablets per 1 day)
CALDOLOR INTRAVENOUS SOLUTION (*ibuprofen*)	3	
COXANTO ORAL CAPSULE (*oxaprozin*)	3	QL (4 capsules per 1 day)
DAYPRO ORAL TABLET (*oxaprozin*)	3	QL (2 tablets per 1 day)
diclofenac potassium oral capsule	3	ST; QL (4 capsule per 1 day)
diclofenac potassium oral tablet 25 mg	3	ST; QL (4 tablets per 1 day)
diclofenac potassium oral tablet 50 mg	1 or 1b*	QL (4 tablets per 1 day)
diclofenac sodium er oral tablet extended release 24 hour	1 or 1b*	QL (2 tablets per 1 day)
diclofenac sodium oral tablet delayed release 25 mg	1 or 1b*	QL (5 tablets per 1 day)
diclofenac sodium oral tablet delayed release 50 mg	1 or 1b*	QL (4 tablets per 1 day)
diclofenac sodium oral tablet delayed release 75 mg	1 or 1b*	QL (2 tablets per 1 day)
EC-NAPROSYN ORAL TABLET DELAYED RELEASE (*naproxen*)	3	ST
ec-naproxen oral tablet delayed release	1 or 1b*	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg	1 or 1b*	QL (2 tablets per 1 day)
etodolac er oral tablet extended release 24 hour 600 mg	1 or 1b*	QL (1 tablet per 1 day)
etodolac oral capsule 200 mg	1 or 1b*	QL (4 capsules per 1 day)
etodolac oral capsule 300 mg	1 or 1b*	QL (3 capsules per 1 day)
etodolac oral tablet	1 or 1b*	QL (2 tablets per 1 day)
fenoprofen calcium oral capsule	3	ST; QL (4 capsule per 1 day)
FENOPRON ORAL CAPSULE (*fenoprofen calcium*)	3	ST; QL (4 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flurbiprofen oral tablet 100 mg	1 or 1b*	QL (3 tablets per 1 day)
flurbiprofen oral tablet 50 mg	1 or 1b*	QL (4 tablets per 1 day)
ibu oral tablet	1 or 1a*	QL (4 tablets per 1 day)
ibuprofen lysine intravenous solution	1 or 1b*	
ibuprofen oral suspension	1 or 1a*	QL (4 mL per 1 day)
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1 or 1a*	QL (4 tablets per 1 day)
INDOCIN ORAL SUSPENSION (*indomethacin*)	3	ST; QL (40 mL per 1 day)
INDOCIN RECTAL SUPPOSITORY (*indomethacin*)	3	ST; QL (4 suppositories per 1 day)
indomethacin er oral capsule extended release	1 or 1b*	QL (2 capsules per 1 day)
indomethacin oral capsule 25 mg	1 or 1b*	QL (3 capsule per 1 day)
indomethacin oral capsule 50 mg	1 or 1b*	QL (4 capsule per 1 day)
indomethacin oral suspension	3	ST; QL (40 mL per 1 day)
indomethacin rectal suppository 50 mg	3	ST; QL (4 suppositories per 1 day)
indomethacin sodium intravenous solution reconstituted	3	
ketoprofen er oral capsule extended release 24 hour	1 or 1b*	QL (1 capsule per 1 day)
ketoprofen oral capsule 25 mg	3	ST; QL (8 capsules per 1 day)
ketoprofen oral capsule 50 mg	3	ST; QL (4 capsules per 1 day)
ketorolac tromethamine injection solution 15 mg/ml	1 or 1b*	QL (4 ML per 30 days)
KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML	1 or 1b*	QL (2 mL per 30 days)
ketorolac tromethamine intramuscular solution 60 mg/2ml	1 or 1b*	QL (2 mL per 30 days)
ketorolac tromethamine oral tablet	1 or 1a*	QL (20 tablets per 30 days)
KIPROFEN ORAL CAPSULE (*ketoprofen*)	3	ST; QL (8 capsules per 1 day)
LODINE ORAL TABLET (*etodolac*)	3	QL (2 tablets per 1 day)
lofena oral tablet	3	ST; QL (4 tablets per 1 day)
meclofenamate sodium oral capsule	1 or 1b*	QL (4 capsules per 1 day)
mefenamic acid oral capsule	1 or 1b*	QL (29 capsule per 1 fill)
meloxicam oral capsule	3	ST; QL (1 capsule per 1 day)
meloxicam oral suspension	3	ST; QL (10 mL per 1 day)
meloxicam oral tablet 15 mg	1 or 1b*	QL (1 tablet per 1 day)
meloxicam oral tablet 7.5 mg	1 or 1b*	QL (2 tablets per 1 day)
nabumetone oral tablet 500 mg	1 or 1b*	QL (4 tablets per 1 day)
nabumetone oral tablet 750 mg	1 or 1b*	QL (2 tablets per 1 day)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR (*naproxen sodium*)	3	ST; QL (2 tablets per 1 day)
NAPROSYN ORAL TABLET (*naproxen*)	3	ST; QL (2 tablets per 1 day)
naproxen dr oral tablet delayed release	1 or 1b*	
naproxen oral suspension	3	ST; QL (60 mL per 1 day)
naproxen oral tablet 250 mg, 375 mg	1 or 1b*	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naproxen oral tablet 500 mg	1 or 1b*	QL (2 tablets per 1 day)
naproxen oral tablet delayed release	1 or 1b*	
naproxen sodium er oral tablet extended release 24 hour	3	ST; QL (2 tablets per 1 day)
naproxen sodium oral tablet 275 mg	1 or 1b*	QL (4 tablets per 1 day)
naproxen sodium oral tablet 550 mg	1 or 1b*	QL (2 tablets per 1 day)
NEOPROFEN INTRAVENOUS SOLUTION (*ibuprofen lysine*)	3	
oxaprozin oral capsule	3	QL (4 capsules per 1 day)
oxaprozin oral tablet	1 or 1b*	QL (2 tablets per 1 day)
piroxicam oral capsule	1 or 1b*	QL (1 capsule per 1 day)
RELAFEN DS ORAL TABLET (*nabumetone*)	3	ST; QL (2 tablets per 1 day)
SPRIX NASAL SOLUTION (*ketorolac tromethamine*)	3	ST; QL (5 bottle per 30 days)
sulindac oral tablet	1 or 1b*	QL (2 tablets per 1 day)
TOLECTIN 600 ORAL TABLET (*tolmetin sodium*)	3	ST
tolmetin sodium oral capsule	1 or 1b*	QL (3 capsules per 1 day)
tolmetin sodium oral tablet	3	ST
ZIPSOR ORAL CAPSULE (*diclofenac potassium*)	3	ST; QL (4 capsule per 1 day)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - ARTHRITIS AND PAIN DRUGS**		
OTEZLA ORAL TABLET (*apremilast*)	3	PA; LD; QL (2 tablets per 1 day); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	3	PA; LD; QL (1 pack per 365 days); SP
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (*apremilast*)	3	PA; LD; QL (1 pack per 1 one-time fill); SP
PYRIMIDINE SYNTHESIS INHIBITORS - ARTHRITIS AND PAIN DRUGS**		
ARAVA ORAL TABLET (*leflunomide*)	3	QL (1 tablet per 1 day)
leflunomide oral tablet	1 or 1b*	QL (1 tablet per 1 day)
SELECTIVE COSTIMULATION MODULATORS - ARTHRITIS AND PAIN DRUGS**		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*abatacept*)	3	PA; LD; QL (4 Syringes per 28 days); SP
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED (*abatacept*)	3	PA; LD; QL (4 vials per 28 days); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*abatacept*)	3	PA; LD; QL (4 syringes per 28 days); SP
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - ARTHRITIS AND PAIN DRUGS**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE (*etanercept*)	2	PA; LD; QL (4 cartridge per 28 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SUBCUTANEOUS SOLUTION (*etanercept*)	2	PA; LD; QL (8 injections per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (*etanercept*)	2	PA; LD; QL (8 syringes per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (*etanercept*)	2	PA; LD; QL (4 syringes per 28 days); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*etanercept*)	2	PA; LD; QL (4 pens per 28 days); SP
***ANALGESICS - NONNARCOTIC* - DRUGS FOR PAIN AND FEVER**		
ANALGESICS - SELECTIVE NAV1.8 SODIUM CHANNEL INHIBITORS - DRUGS FOR PAIN AND FEVER**		
JOURNAVX ORAL TABLET (*suzetrigine*)	3	QL (15 tablets per 7 days)
ANALGESICS OTHER - ARTHRITIS AND PAIN DRUGS**		
acetaminophen intravenous solution	1 or 1b*	
ANALGESICS-SEDATIVES - ARTHRITIS AND PAIN DRUGS**		
ALLZITAL ORAL TABLET (*butalbital-acetaminophen*)	3	QL (12 tablets per 1 day)
bac (butalbital-acetamin-caff) oral tablet	1 or 1b*	QL (6 tablets per 1 day)
butalbital-acetaminophen oral capsule	1 or 1b*	QL (6 capsules per 1 day)
butalbital-acetaminophen oral tablet 50-300 mg	3	QL (6 tablets per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	1 or 1b*	QL (6 tablets per 1 day)
butalbital-apap-caffeine oral capsule 50-300-40 mg	1 or 1b*	QL (6 capsules per 1 day)
butalbital-apap-caffeine oral capsule 50-325-40 mg	3	QL (6 capsules per 1 day)
butalbital-apap-caffeine oral tablet	1 or 1b*	QL (6 tablets per 1 day)
butalbital-aspirin-caffeine oral capsule	1 or 1b*	QL (6 capsules per 1 day)
FIORICET ORAL CAPSULE (*butalbital-apap-caffeine*)	3	QL (6 capsules per 1 day)
tencon oral tablet	1 or 1b*	QL (6 tablets per 1 day)
SALICYLATES - ARTHRITIS AND PAIN DRUGS**		
aspirin 81 oral tablet chewable	1 or 1a*; $0	
aspirin 81 oral tablet delayed release	1 or 1a*; $0	
aspirin adult low dose oral tablet delayed release	1 or 1a*; $0	
aspirin adult low strength oral tablet delayed release	1 or 1a*; $0	
aspirin childrens oral tablet chewable	1 or 1a*; $0	
aspirin ec adult low dose oral tablet delayed release	1 or 1a*; $0	
aspirin ec low dose oral tablet delayed release	1 or 1a*; $0	
aspirin ec low strength oral tablet delayed release	1 or 1a*; $0	
aspirin low dose oral tablet chewable	1 or 1a*; $0	
aspirin low dose oral tablet delayed release	1 or 1a*; $0	
aspirin oral tablet chewable	1 or 1a*; $0	
aspirin oral tablet delayed release 81 mg	1 or 1a*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aspirin regimen oral tablet delayed release	1 or 1a*; $0	
bayer aspirin ec low dose oral tablet delayed release	1 or 1a*; $0	
bayer low dose oral tablet chewable	1 or 1a*; $0	
bayer low dose oral tablet delayed release	1 or 1a*; $0	
childrens aspirin oral tablet chewable	1 or 1a*; $0	
cvs aspirin adult low dose oral tablet chewable	1 or 1a*; $0	
cvs aspirin adult low strength oral tablet delayed release	1 or 1a*; $0	
cvs aspirin ec oral tablet delayed release	1 or 1a*; $0	
cvs aspirin low dose oral tablet delayed release	1 or 1a*; $0	
cvs aspirin low strength oral tablet delayed release	1 or 1a*; $0	
diflunisal oral tablet	1 or 1b*	QL (3 tablets per 1 day)
DOLOBID ORAL TABLET 250 MG (*diflunisal*)	3	ST; QL (3 tablets per 1 day)
DOLOBID ORAL TABLET 375 MG (*diflunisal*)	3	ST; QL (4 tablets per 1 day)
ecotrin low strength oral tablet delayed release	1 or 1a*; $0	
eq aspirin adult low dose oral tablet delayed release	1 or 1a*; $0	
eq aspirin low dose oral tablet chewable	1 or 1a*; $0	
eq aspirin low dose oral tablet delayed release	1 or 1a*; $0	
eql aspirin low dose oral tablet chewable	1 or 1a*; $0	
eql aspirin low dose oral tablet delayed release	1 or 1a*; $0	
ft aspirin low dose oral tablet delayed release	1 or 1a*; $0	
ft aspirin oral tablet chewable	1 or 1a*; $0	
gnp adult aspirin low strength oral tablet chewable	1 or 1a*; $0	
gnp aspirin low dose oral tablet delayed release	1 or 1a*; $0	
gnp aspirin oral tablet delayed release 81 mg	1 or 1a*; $0	
goodsense aspirin low dose oral tablet delayed release	1 or 1a*; $0	
goodsense aspirin oral tablet chewable	1 or 1a*; $0	
h-e-b aspirin oral tablet delayed release	1 or 1a*; $0	
kls aspirin low dose oral tablet delayed release	1 or 1a*; $0	
kp aspirin oral tablet delayed release	1 or 1a*; $0	
mm aspirin oral tablet delayed release	1 or 1a*; $0	
qc aspirin low dose oral tablet chewable	1 or 1a*; $0	
qc aspirin low dose oral tablet delayed release	1 or 1a*; $0	
qc childrens aspirin oral tablet chewable	1 or 1a*; $0	
ra aspirin adult low dose oral tablet chewable	1 or 1a*; $0	
ra aspirin adult low strength oral tablet chewable	1 or 1a*; $0	
ra aspirin childrens oral tablet chewable	1 or 1a*; $0	
ra aspirin ec adult low st oral tablet delayed release	1 or 1a*; $0	
ra aspirin ec oral tablet delayed release 81 mg	1 or 1a*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sb childrens aspirin oral tablet chewable	1 or 1a*; $0	
sb low dose asa ec oral tablet delayed release	1 or 1a*; $0	
st joseph aspirin oral tablet delayed release	1 or 1a*; $0	
st joseph low dose oral tablet chewable	1 or 1a*; $0	
st joseph low dose oral tablet delayed release	1 or 1a*; $0	
***ANALGESICS - OPIOID* - DRUGS FOR PAIN AND FEVER**		
CODEINE COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
acetaminophen-codeine oral solution	1 or 1a*	AL; QL (90 mL per 1 day)
acetaminophen-codeine oral tablet 300-15 mg	1 or 1a*	AL; QL (6 tablets per 1 day)
acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg	1 or 1a*	AL; QL (6 tablet per 1 day)
ascomp-codeine oral capsule	1 or 1b*	AL; QL (6 capsule per 1 day)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	1 or 1b*	AL; QL (6 capsules per 1 day)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1 or 1b*	AL; QL (6 capsule per 1 day)
butalbital-asa-caff-codeine oral capsule	1 or 1b*	AL; QL (6 capsule per 1 day)
FIORICET/CODEINE ORAL CAPSULE (*butalbital-apap-caff-cod*)	3	AL; QL (6 capsules per 1 day)
DIHYDROCODEINE COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
apap-caff-dihydrocodeine oral capsule	1 or 1b*	QL (6 capsules per 1 day)
trezix oral capsule	1 or 1b*	QL (6 capsules per 1 day)
HYDROCODONE COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1 or 1b*	QL (90 mL per 1 day)
hydrocodone-acetaminophen oral tablet	1 or 1b*	QL (6 tablets per 1 day)
hydrocodone-ibuprofen oral tablet	1 or 1b*	QL (5 tablets per 1 day)
OPIOID AGONISTS - ARTHRITIS AND PAIN DRUGS**		
CODEINE SULFATE ORAL TABLET 15 MG	3	AL; QL (6 tablets per 1 day)
codeine sulfate oral tablet 30 mg	1 or 1b*	AL; QL (6 tablets per 1 day)
CODEINE SULFATE ORAL TABLET 60 MG	3	AL; QL (6 tablet per 1 day)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR (*tramadol hcl*)	3	PA; QL (1 capsule per 1 day)
DEMEROL INJECTION SOLUTION (*meperidine hcl*)	3	
DILAUDID INJECTION SOLUTION (*hydromorphone hcl*)	3	
DILAUDID ORAL LIQUID (*hydromorphone hcl*)	3	QL (24 mL per 1 day)
DILAUDID ORAL TABLET (*hydromorphone hcl*)	3	QL (6 tablets per 1 day)
DSUVIA SUBLINGUAL TABLET SUBLINGUAL (*sufentanil citrate*)	3	
duramorph injection solution	3	
FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml	1 or 1b*	
FENTANYL CITRATE (PF) INJECTION SOLUTION 50 MCG/ML	3	
fentanyl citrate pf injection solution prefilled syringe 25 mcg/0.5ml	3	
FENTANYL CITRATE PF INJECTION SOLUTION PREFILLED SYRINGE 50 MCG/ML	3	
fentanyl transdermal patch 72 hour	1 or 1b*	PA; QL (15 patches per 30 days)
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg	3	PA; QL (2 capsules per 1 day)
hydrocodone bitartrate er oral capsule extended release 12 hour 30 mg, 40 mg, 50 mg	3	PA; QL (2 capsule per 1 day)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1 or 1b*	PA; QL (1 tablet per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL (1 tablet per 1 day)
hydromorphone hcl injection solution 0.25 mg/0.5ml	3	
hydromorphone hcl injection solution 4 mg/ml	1 or 1b*	
hydromorphone hcl oral liquid	1 or 1b*	QL (24 mL per 1 day)
hydromorphone hcl oral tablet	1 or 1b*	QL (6 tablets per 1 day)
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML	3	
hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml	1 or 1b*	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT (*hydrocodone bitartrate*)	3	PA; QL (1 tablet per 1 day)
INFUMORPH 200 INJECTION SOLUTION (*morphine sulfate microinfusion*)	3	
INFUMORPH 500 INJECTION SOLUTION (*morphine sulfate microinfusion*)	3	
levorphanol tartrate oral tablet 2 mg	3	PA; QL (6 tablets per 1 day)
levorphanol tartrate oral tablet 3 mg	1 or 1b*	PA; QL (6 tablets per 1 day)
meperidine hcl injection solution	1 or 1b*	
meperidine hcl oral solution	1 or 1b*	QL (7 days per 1 fill)
meperidine hcl oral tablet	1 or 1b*	QL (6 tablets per 1 day)
METHADONE HCL INJECTION SOLUTION	3	PA; QL (1 mL per 1 day)
methadone hcl intensol oral concentrate	1 or 1b*	PA; QL (6 mL per 1 day)
methadone hcl oral concentrate	1 or 1b*	PA; QL (6 mL per 1 day)
methadone hcl oral solution	1 or 1b*	PA; QL (30 mL per 1 day)
methadone hcl oral tablet 10 mg	1 or 1b*	PA; QL (6 tablet per 1 day)
methadone hcl oral tablet 5 mg	1 or 1b*	PA; QL (6 tablets per 1 day)
methadone hcl oral tablet soluble	1 or 1b*	PA; QL (1 tablet per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	3	PA; QL (6 mL per 1 day)
methadose oral tablet soluble	1 or 1b*	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
METHADOSE SUGAR-FREE ORAL CONCENTRATE (*methadone hcl*)	3	PA; QL (6 mL per 1 day)
mitigo injection solution	1 or 1b*	
morphine sulfate (concentrate) oral solution 100 mg/5ml	1 or 1b*	QL (6 mL per 1 day)
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1 or 1b*	
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML	3	
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION	3	
morphine sulfate er beads oral capsule extended release 24 hour	1 or 1b*	PA; QL (1 capsule per 1 day)
morphine sulfate er oral capsule extended release 24 hour	1 or 1b*	PA; QL (2 capsules per 1 day)
morphine sulfate er oral tablet extended release 100 mg, 200 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	1 or 1b*	PA; QL (3 tablet per 1 day)
MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	
morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	1 or 1b*	
morphine sulfate intravenous solution 50 mg/ml	3	
morphine sulfate oral solution	1 or 1b*	QL (30 mL per 1 day)
morphine sulfate oral tablet	1 or 1b*	QL (6 tablets per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE (*morphine sulfate*)	3	PA; QL (3 tablet per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR (*tapentadol hcl*)	3	PA; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG (*tapentadol hcl*)	3	QL (181 tablets per 30 days)
NUCYNTA ORAL TABLET 50 MG (*tapentadol hcl*)	3	QL (6 tablets per 1 day)
NUCYNTA ORAL TABLET 75 MG (*tapentadol hcl*)	3	QL (8 tablet per 1 day)
OLINVYK INTRAVENOUS SOLUTION (*oliceridine fumarate*)	3	
oxycodone hcl oral capsule	1 or 1b*	QL (7 days per 1 fill)
oxycodone hcl oral concentrate	1 or 1b*	QL (6 mL per 1 day)
oxycodone hcl oral solution	1 or 1b*	QL (30 mL per 1 day)
oxycodone hcl oral tablet	1 or 1b*	QL (6 tablets per 1 day)
oxycodone hcl oral tablet abuse-deterrent	3	PA; QL (6 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG (*oxycodone hcl*)	3	PA; QL (2 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG (*oxycodone hcl*)	3	PA; QL (2 tablet per 1 day)
oxymorphone hcl er oral tablet extended release 12 hour	1 or 1b*	PA; QL (2 tablets per 1 day)
oxymorphone hcl oral tablet 10 mg	1 or 1b*	QL (6 tablet per 1 day)
oxymorphone hcl oral tablet 5 mg	1 or 1b*	QL (6 tablets per 1 day)
remifentanil hcl intravenous solution reconstituted	1 or 1b*	
ROXICODONE ORAL TABLET (*oxycodone hcl*)	3	QL (6 tablets per 1 day)
ROXYBOND ORAL TABLET ABUSE-DETERRENT (*oxycodone hcl*)	3	PA; QL (6 tablets per 1 day)
SUFENTANIL CITRATE INTRAVENOUS SOLUTION	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tramadol hcl (er biphasic) oral capsule extended release 24 hour	1 or 1b*	PA; QL (1 capsule per 1 day)
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1 or 1b*	PA; QL (1 tablet per 1 day)
tramadol hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL (1 tablet per 1 day)
TRAMADOL HCL ORAL SOLUTION	3	AL; QL (80 mL per 1 day)
tramadol hcl oral tablet 100 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
tramadol hcl oral tablet 25 mg	1 or 1b*	PA; QL (16 tablets per 1 day)
tramadol hcl oral tablet 50 mg	1 or 1b*	AL; QL (8 tablets per 1 day)
tramadol hcl oral tablet 75 mg	3	PA; QL (5 tablets per 1 day)
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED (*remifentanil hcl*)	3	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG (*oxycodone*)	3	PA; QL (2 capsules per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG, 36 MG (*oxycodone*)	3	PA; QL (2 capsule per 1 day)
OPIOID COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
APADAZ ORAL TABLET (*benzhydrocodone-acetaminophen*)	3	QL (6 tablets per 1 day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET	3	QL (6 tablets per 1 day)
endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1 or 1b*	QL (6 tablets per 1 day)
endocet oral tablet 5-325 mg	1 or 1b*	QL (6 tablet per 1 day)
NALOCET ORAL TABLET	3	QL (6 tablet per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	QL (30 mL per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	1 or 1b*	QL (60 mL per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	3	QL (6 tablets per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1 or 1b*	QL (6 tablets per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	3	QL (6 tablet per 1 day)
oxycodone-acetaminophen oral tablet 5-325 mg	1 or 1b*	QL (6 tablet per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 7.5-325 MG (*oxycodone-acetaminophen*)	3	QL (6 tablets per 1 day)
PERCOCET ORAL TABLET 5-325 MG (*oxycodone-acetaminophen*)	3	QL (6 tablet per 1 day)
PROLATE ORAL SOLUTION (*oxycodone-acetaminophen*)	3	QL (30 mL per 1 day)
PROLATE ORAL TABLET (*oxycodone-acetaminophen*)	3	QL (6 tablets per 1 day)
OPIOID PARTIAL AGONISTS - ARTHRITIS AND PAIN DRUGS**		
BELBUCA BUCCAL FILM (*buprenorphine hcl*)	3	PA; QL (2 film per 1 day)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*buprenorphine*)	3	LD; QL (4 syringes per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*buprenorphine*)	3	LD; QL (1 syringe per 28 days)
buprenorphine hcl injection solution	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
buprenorphine hcl sublingual tablet sublingual 2 mg	1 or 1b*	QL (12 tablets per 90 days)
buprenorphine hcl sublingual tablet sublingual 8 mg	1 or 1b*	QL (3 tablets per 90 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1 or 1b*	QL (2 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1 or 1b*	QL (16 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1 or 1b*	QL (8 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1 or 1b*	QL (4 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1 or 1b*	QL (16 tablets per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1 or 1b*	QL (4 tablets per 1 day)
buprenorphine transdermal patch weekly	1 or 1b*	PA; QL (1 package per 28 days)
butorphanol tartrate injection solution	1 or 1b*	
butorphanol tartrate nasal solution	1 or 1b*	QL (2 bottles per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY (*buprenorphine*)	3	PA; QL (1 package per 28 days)
nalbuphine hcl injection solution	1 or 1b*	QL (2 mL per 1 day)
pentazocine-naloxone hcl oral tablet	1 or 1b*	QL (6 tablets per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*buprenorphine*)	3	LD; QL (1 syringe per 28 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG (*buprenorphine hcl-naloxone hcl*)	3	QL (2 films per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG (*buprenorphine hcl-naloxone hcl*)	3	QL (16 films per 1 day)
SUBOXONE SUBLINGUAL FILM 4-1 MG (*buprenorphine hcl-naloxone hcl*)	3	QL (8 films per 1 day)
SUBOXONE SUBLINGUAL FILM 8-2 MG (*buprenorphine hcl-naloxone hcl*)	3	QL (4 films per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG (*buprenorphine hcl-naloxone hcl*)	3	QL (23 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG (*buprenorphine hcl-naloxone hcl*)	3	QL (12 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (*buprenorphine hcl-naloxone hcl*)	3	QL (1 tablet per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (*buprenorphine hcl-naloxone hcl*)	3	QL (5 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG (*buprenorphine hcl-naloxone hcl*)	3	QL (3 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	3	QL (2 tablets per 1 day)
TRAMADOL COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
tramadol-acetaminophen oral tablet	1 or 1b*	AL; QL (8 tablet per 1 day)
***ANDROGENS-ANABOLIC* - HORMONES**		
ANDROGENS - DRUGS FOR MEN**		
ANDROGEL PUMP TRANSDERMAL GEL (*testosterone*)	3	PA; QL (1 bottle per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVEED INTRAMUSCULAR SOLUTION (*testosterone undecanoate*)	3	PA; LD; SP
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (*testosterone cypionate*)	3	PA
danazol oral capsule 100 mg, 50 mg	1 or 1b*	QL (2 capsules per 1 day)
danazol oral capsule 200 mg	1 or 1b*	QL (4 capsules per 1 day)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION (*testosterone cypionate*)	1 or 1b*	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG (*testosterone undecanoate*)	3	PA; QL (4 capsules per 1 day)
JATENZO ORAL CAPSULE 237 MG (*testosterone undecanoate*)	3	PA; QL (2 capsules per 1 day)
KYZATREX ORAL CAPSULE 100 MG, 150 MG (*testosterone undecanoate*)	3	PA; QL (2 capsules per 1 day)
KYZATREX ORAL CAPSULE 200 MG (*testosterone undecanoate*)	3	PA; QL (4 capsules per 1 day)
METHITEST ORAL TABLET	3	PA
methyltestosterone oral capsule	3	PA
NATESTO NASAL GEL (*testosterone*)	3	PA; QL (3 pump bottles per 30 days)
TESTIM TRANSDERMAL GEL (*testosterone*)	3	PA; QL (1 packet per 1 day)
TESTOPEL IMPLANT PELLET (*testosterone*)	3	PA; LD
testosterone cypionate intramuscular solution	1 or 1b*	PA
testosterone enanthate intramuscular solution	1 or 1b*	PA
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	1 or 1b*	PA; QL (1 bottle per 30 days)
testosterone transdermal gel 10 mg/act (2%)	1 or 1b*	PA; QL (1 pump per 30 days)
testosterone transdermal gel 12.5 mg/act (1%)	1 or 1b*	PA; QL (2 bottles per 30 days)
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1 or 1b*	PA; QL (1 packet per 1 day)
testosterone transdermal gel 25 mg/2.5gm (1%)	1 or 1b*	PA; QL (2 packet per 1 day)
testosterone transdermal solution	1 or 1b*	PA; QL (1 pump bottle per 30 days)
TLANDO ORAL CAPSULE (*testosterone undecanoate*)	3	PA; QL (4 capsules per 1 day)
UNDECATREX ORAL CAPSULE (*testosterone undecanoate*)	3	PA; QL (4 capsules per 1 day)
VOGELXO PUMP TRANSDERMAL GEL (*testosterone*)	3	PA; QL (2 bottles per 30 days)
VOGELXO TRANSDERMAL GEL (*testosterone*)	3	PA; QL (1 tube per 1 day)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*testosterone enanthate*)	3	PA
***ANORECTAL AND RELATED PRODUCTS* - RECTAL PREPARATIONS**		
INTRARECTAL STEROIDS - RECTAL PREPARATIONS**		
budesonide rectal foam 2 mg	1 or 1b*	QL (4.78 gm per 1 day)
budesonide rectal foam 2 mg/act	1 or 1b*	QL (4.78 grams per 1 day)
CORTENEMA RECTAL ENEMA (*hydrocortisone*)	3	
CORTIFOAM EXTERNAL FOAM (*hydrocortisone acetate*)	3	QL (2.15 gram per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone rectal enema	1 or 1b*	
UCERIS RECTAL FOAM (*budesonide*)	3	QL (4.78 gm per 1 day)
NITRATE VASODILATING AGENTS - RECTAL PREPARATIONS**		
nitroglycerin rectal ointment	1 or 1b*	QL (1 unit per 1 day)
RECTIV RECTAL OINTMENT (*nitroglycerin*)	3	QL (1 unit per 1 day)
RECTAL ANESTHETIC/STEROIDS - RECTAL PREPARATIONS**		
ANALPRAM-HC EXTERNAL CREAM (*hydrocortisone ace-pramoxine*)	3	
ANALPRAM-HC EXTERNAL LOTION (*hydrocortisone ace-pramoxine*)	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1 or 1b*	
PROCTOFOAM HC EXTERNAL FOAM (*hydrocortisone ace-pramoxine*)	3	
RECTAL STEROIDS - RECTAL PREPARATIONS**		
ANUSOL-HC EXTERNAL CREAM (*hydrocortisone*)	3	
hydrocortisone (perianal) external cream	1 or 1b*	
PROCTOCORT EXTERNAL CREAM (*hydrocortisone*)	1 or 1b*	
procto-med hc external cream	1 or 1b*	
proctosol hc external cream	1 or 1b*	
proctozone-hc external cream	1 or 1b*	
***ANTHELMINTICS* - DRUGS FOR INFECTIONS**		
ANTHELMINTICS - DRUGS FOR PARASITES**		
albendazole oral tablet	1 or 1b*	PA; QL (4 tablets per 1 day)
BENZNIDAZOLE ORAL TABLET	3	
BILTRICIDE ORAL TABLET (*praziquantel*)	3	
EMVERM ORAL TABLET CHEWABLE (*mebendazole*)	3	
ivermectin oral tablet 3 mg	1 or 1b*	QL (9 tablets per 1 fill)
ivermectin oral tablet 6 mg	1 or 1b*	QL (4 tablets per 1 fill)
praziquantel oral tablet	1 or 1b*	
STROMECTOL ORAL TABLET (*ivermectin*)	3	QL (9 tablets per 1 fill)
***ANTIANGINAL AGENTS* - DRUGS FOR THE HEART**		
ANTIANGINALS-OTHER - DRUGS FOR ANGINA**		
ASPRUZYO SPRINKLE ORAL PACKET (*ranolazine*)	3	PA; QL (2 sachets per 1 day)
ranolazine er oral tablet extended release 12 hour	1 or 1b*	QL (2 tablets per 1 day)
NITRATES - DRUGS FOR ANGINA**		
ISORDIL TITRADOSE ORAL TABLET (*isosorbide dinitrate*)	3	
isosorbide dinitrate oral tablet	1 or 1b*	
isosorbide mononitrate er oral tablet extended release 24 hour	1 or 1b*	
isosorbide mononitrate oral tablet	3	
NITRO-BID TRANSDERMAL OINTMENT (*nitroglycerin*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (*nitroglycerin*)	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (*nitroglycerin*)	2	
nitroglycerin in d5w intravenous solution	1 or 1b*	
NITROGLYCERIN INTRAVENOUS SOLUTION	3	
nitroglycerin sublingual tablet sublingual	1 or 1b*	
nitroglycerin transdermal patch 24 hour	1 or 1b*	
nitroglycerin translingual solution	1 or 1b*	
NITROLINGUAL TRANSLINGUAL SOLUTION (*nitroglycerin*)	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL (*nitroglycerin*)	3	
***ANTIANXIETY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ANTIANXIETY AGENTS - MISC. - DRUGS FOR ANXIETY**		
BUCAPSOL ORAL CAPSULE 10 MG, 7.5 MG (*buspirone hcl*)	3	PA; DO
BUCAPSOL ORAL CAPSULE 15 MG (*buspirone hcl*)	3	PA; QL (4 capsules per 1 day)
buspirone hcl oral tablet	1 or 1b*	
droperidol injection solution	1 or 1b*	
hydroxyzine hcl intramuscular solution 25 mg/ml	1 or 1b*	
hydroxyzine hcl intramuscular solution 50 mg/ml	3	
hydroxyzine hcl oral syrup	1 or 1b*	
hydroxyzine hcl oral tablet	1 or 1b*	
hydroxyzine pamoate oral capsule	1 or 1a*	
meprobamate oral tablet	3	
BENZODIAZEPINES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
alprazolam er oral tablet extended release 24 hour 0.5 mg	1 or 1b*	QL (12 tablets per 1 day)
alprazolam er oral tablet extended release 24 hour 1 mg	1 or 1b*	QL (6 tablets per 1 day)
alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg	1 or 1b*	QL (2 tablets per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE (*alprazolam*)	3	QL (4 mL per 1 day)
alprazolam oral tablet	1 or 1b*	QL (4 tablets per 1 day)
alprazolam oral tablet dispersible	1 or 1b*	QL (3 tablets per 1 day)
alprazolam xr oral tablet extended release 24 hour 0.5 mg	1 or 1b*	QL (12 tablets per 1 day)
alprazolam xr oral tablet extended release 24 hour 1 mg	1 or 1b*	QL (6 tablets per 1 day)
alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg	1 or 1b*	QL (2 tablets per 1 day)
ATIVAN INJECTION SOLUTION (*lorazepam*)	3	
ATIVAN ORAL TABLET 0.5 MG (*lorazepam*)	3	QL (12 tablets per 1 day)
ATIVAN ORAL TABLET 1 MG, 2 MG (*lorazepam*)	3	QL (3 tablets per 1 day)
chlordiazepoxide hcl oral capsule	1 or 1b*	QL (4 capsules per 1 day)
clorazepate dipotassium oral tablet	1 or 1b*	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diazepam injection solution 10 mg/2ml	1 or 1a*	
diazepam intensol oral concentrate	1 or 1a*	QL (8 mL per 1 day)
diazepam oral concentrate	1 or 1a*	QL (8 mL per 1 day)
diazepam oral solution	1 or 1a*	
diazepam oral tablet	1 or 1a*	QL (4 tablets per 1 day)
lorazepam injection solution	1 or 1b*	
lorazepam intensol oral concentrate	1 or 1b*	QL (3 mL per 1 day)
lorazepam oral concentrate 2 mg/ml	1 or 1b*	QL (3 mL per 1 day)
lorazepam oral tablet 0.5 mg	1 or 1b*	QL (12 tablets per 1 day)
lorazepam oral tablet 1 mg, 2 mg	1 or 1b*	QL (3 tablets per 1 day)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG (*lorazepam*)	3	ST; QL (6 capsules per 1 day)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1.5 MG (*lorazepam*)	3	ST; QL (4 capsules per 1 day)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 2 MG, 3 MG (*lorazepam*)	3	ST; QL (2 capsule per 1 day)
oxazepam oral capsule	1 or 1b*	QL (4 capsules per 1 day)
VALIUM ORAL TABLET (*diazepam*)	3	QL (4 tablets per 1 day)
XANAX ORAL TABLET (*alprazolam*)	3	QL (4 tablets per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG (*alprazolam*)	3	QL (12 tablets per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG (*alprazolam*)	3	QL (6 tablets per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG (*alprazolam*)	3	QL (2 tablets per 1 day)
***ANTIARRHYTHMICS* - DRUGS FOR THE HEART**		
ANTIARRHYTHMICS - MISC. - DRUGS FOR ABNORMAL HEART RHYTHMS**		
adenosine intravenous solution	1 or 1b*	
ANTIARRHYTHMICS TYPE I-A - DRUGS FOR ABNORMAL HEART RHYTHMS**		
disopyramide phosphate oral capsule	1 or 1b*	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR (*disopyramide phosphate*)	2	
NORPACE ORAL CAPSULE (*disopyramide phosphate*)	3	
procainamide hcl injection solution	1 or 1b*	
quinidine gluconate er oral tablet extended release	1 or 1b*	
quinidine sulfate oral tablet	1 or 1a*	
ANTIARRHYTHMICS TYPE I-B - DRUGS FOR ABNORMAL HEART RHYTHMS**		
lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION	3	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe	1 or 1b*	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1 or 1b*	
mexiletine hcl oral capsule	1 or 1b*	
ANTIARRHYTHMICS TYPE I-C - DRUGS FOR ABNORMAL HEART RHYTHMS**		
flecainide acetate oral tablet 100 mg	1 or 1b*	QL (4 tablets per 1 day)
flecainide acetate oral tablet 150 mg	1 or 1b*	QL (2 tablets per 1 day)
flecainide acetate oral tablet 50 mg	1 or 1b*	QL (3 tablets per 1 day)
propafenone hcl er oral capsule extended release 12 hour	1 or 1b*	
propafenone hcl oral tablet	1 or 1b*	
ANTIARRHYTHMICS TYPE III - DRUGS FOR ABNORMAL HEART RHYTHMS**		
amiodarone hcl intravenous solution	1 or 1b*	
amiodarone hcl oral tablet 100 mg, 400 mg	1 or 1b*	
amiodarone hcl oral tablet 200 mg	1 or 1b*	QL (3 tablets per 1 day)
CORVERT INTRAVENOUS SOLUTION (*ibutilide fumarate*)	3	
dofetilide oral capsule	1 or 1b*	LD
ibutilide fumarate intravenous solution	1 or 1b*	
MULTAQ ORAL TABLET (*dronedarone hcl*)	3	QL (2 tablets per 1 day)
NEXTERONE INTRAVENOUS SOLUTION (*amiodarone hcl in dextrose*)	3	
pacerone oral tablet 100 mg	1 or 1b*	
pacerone oral tablet 200 mg	1 or 1b*	QL (3 tablets per 1 day)
TIKOSYN ORAL CAPSULE (*dofetilide*)	3	LD
***ANTIASTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS**		
5-LIPOXYGENASE INHIBITORS - DRUGS FOR ASTHMA/COPD**		
zileuton er oral tablet extended release 12 hour	3	PA; QL (4 tablets per 1 day)
ZYFLO ORAL TABLET (*zileuton*)	3	PA; QL (4 tablets per 1 day)
ADRENERGIC COMBINATIONS - DRUGS FOR ASTHMA/COPD**		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (*fluticasone-salmeterol*)	3	ST; QL (1 package per 30 days)
ADVAIR HFA INHALATION AEROSOL (*fluticasone-salmeterol*)	3	ST; QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (*fluticasone-salmeterol*)	3	ST; QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (*fluticasone-salmeterol*)	3	ST; QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (*fluticasone-salmeterol*)	3	ST; QL (1 inhaler per 30 days)
AIRSUPRA INHALATION AEROSOL (*albuterol-budesonide*)	3	PA; QL (3 inhalers per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (*umeclidinium-vilanterol*)	2	QL (1 inhaler per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL (*glycopyrrolate-formoterol*)	3	ST; QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (*fluticasone furoate-vilanterol*)	2	QL (1 inhaler per 30 days)
budesonide-formoterol fumarate (Breyna Inhalation Aerosol)	1 or 1b*	QL (1.03 grams per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL (*budeson-glycopyrrol-formoterol*)	2	QL (1 inhaler per 30 days)
budesonide-formoterol fumarate inhalation aerosol	1 or 1b*	QL (1.03 grams per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION (*ipratropium-albuterol*)	2	QL (2 inhalers per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED (*aclidinium br-formoterol fum*)	3	ST; QL (1 unit per 25 days)
DULERA INHALATION AEROSOL (*mometasone furo-formoterol fum*)	3	ST; QL (1 inhaler per 30 days)
fluticasone furoate-vilanterol inhalation aerosol powder breath activated	1 or 1b*	QL (1 inhaler per 30 days)
fluticasone-salmeterol inhalation aerosol	1 or 1b*	QL (1 inhaler per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1 or 1b*	QL (1 package per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	1 or 1b*	QL (1 inhaler per 30 days)
ipratropium-albuterol inhalation solution	1 or 1b*	QL (540 mL per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION (*tiotropium bromide-olodaterol*)	2	QL (1 inhaler per 30 days)
SYMBICORT INHALATION AEROSOL (*budesonide-formoterol fumarate*)	3	ST; QL (1.03 grams per 1 day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	2	QL (1 inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	2	QL (2 EA per 1 day)
umeclidinium-vilanterol inhalation aerosol powder breath activated	1 or 1b*	QL (1 inhaler per 30 days)
wixela inhub inhalation aerosol powder breath activated	1 or 1b*	QL (1 package per 30 days)
ANTI-IGE MONOCLONAL ANTIBODIES - DRUGS FOR ASTHMA/COPD**		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*omalizumab*)	3	PA; LD; QL (4 auto-injectors per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML, 75 MG/0.5ML (*omalizumab*)	3	PA; LD; QL (2 auto-injectors per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*omalizumab*)	3	PA; LD; QL (4 prefilled syringes per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML, 75 MG/0.5ML (*omalizumab*)	3	PA; LD; QL (2 prefilled syringes per 28 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED (*omalizumab*)	3	PA; LD; QL (4 vials/syringes/autoinjectors per 28 days); SP
ANTI-INFLAMMATORY AGENTS - DRUGS FOR ASTHMA/COPD**		
cromolyn sodium inhalation nebulization solution	1 or 1b*	
BETA ADRENERGICS - DRUGS FOR ASTHMA/COPD**		
albuterol sulfate hfa inhalation aerosol solution	1 or 1b*	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, 2.5 mg/0.5ml	1 or 1b*	QL (180 vials per 30 days)
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	1 or 1b*	QL (180 vials per 30 days)
albuterol sulfate oral syrup	1 or 1b*	
albuterol sulfate oral tablet	1 or 1b*	
arformoterol tartrate inhalation nebulization solution	1 or 1b*	QL (60 vial per 30 days)
BROVANA INHALATION NEBULIZATION SOLUTION (*arformoterol tartrate*)	3	QL (60 vial per 30 days)
formoterol fumarate inhalation nebulization solution	1 or 1b*	QL (120 ML per 30 days)
isoproterenol hcl injection solution	1 or 1b*	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	1 or 1b*	QL (90 vials per 30 days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	1 or 1b*	QL (90 mL per 30 days)
levalbuterol tartrate inhalation aerosol	1 or 1b*	ST; QL (2 inhalers per 30 days)
PERFOROMIST INHALATION NEBULIZATION SOLUTION (*formoterol fumarate*)	3	QL (120 ML per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED (*albuterol sulfate*)	2	QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (*salmeterol xinafoate*)	2	QL (1 inhaler per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION (*olodaterol hcl*)	3	QL (1 inhaler per 30 days)
terbutaline sulfate injection solution	1 or 1b*	
terbutaline sulfate oral tablet	1 or 1b*	
VENTOLIN HFA INHALATION AEROSOL SOLUTION (*albuterol sulfate*)	3	ST; QL (2 inhalers per 30 days)
XOPENEX HFA INHALATION AEROSOL (*levalbuterol tartrate*)	3	ST; QL (2 inhalers per 30 days)
BRONCHODILATORS - ANTICHOLINERGICS - DRUGS FOR ASTHMA/COPD**		
ATROVENT HFA INHALATION AEROSOL SOLUTION (*ipratropium bromide hfa*)	2	QL (2 inhalers per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (*umeclidinium bromide*)	3	ST; QL (1 inhaler per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ipratropium bromide inhalation solution	1 or 1b*	QL (300 ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE (*tiotropium bromide monohydrate*)	2	QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION (*tiotropium bromide monohydrate*)	2	QL (1 inhaler per 30 days)
tiotropium bromide monohydrate inhalation capsule	1 or 1b*	QL (1 capsule per 1 day)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED (*aclidinium bromide*)	3	ST; QL (0.04 EA per 1 day)
YUPELRI INHALATION SOLUTION (*revefenacin*)	3	ST; QL (1 vial per 1 day)
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA) - DRUGS FOR ASTHMA/COPD**		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*benralizumab*)	3	PA; LD; QL (1 autoinjector per 8 weekss); SP
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (*benralizumab*)	3	PA; LD; QL (1 syringe per 8 weeks); SP
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (*benralizumab*)	3	PA; LD; QL (1 syringes per 8 weekss); SP
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*mepolizumab*)	3	PA; LD; QL (1 autoinjector per 4 weekss); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*mepolizumab*)	3	PA; LD; QL (1 syringe per 4 weekss); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (*mepolizumab*)	3	PA; LD; QL (1 injection per 28 days); SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED (*mepolizumab*)	3	PA; LD; QL (1 injections per 28 days); SP
INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA) - DRUGS FOR ASTHMA/COPD**		
CINQAIR INTRAVENOUS SOLUTION (*reslizumab*)	3	PA; LD; SP
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS FOR ASTHMA/COPD**		
ACCOLATE ORAL TABLET (*zafirlukast*)	3	QL (2 tablets per 1 day)
montelukast sodium oral packet	1 or 1b*	QL (1 packet per 1 day)
montelukast sodium oral tablet	1 or 1b*	QL (1 tablet per 1 day)
montelukast sodium oral tablet chewable	1 or 1b*	QL (1 tablet per 1 day)
SINGULAIR ORAL PACKET (*montelukast sodium*)	3	QL (1 packet per 1 day)
SINGULAIR ORAL TABLET (*montelukast sodium*)	3	QL (1 tablet per 1 day)
SINGULAIR ORAL TABLET CHEWABLE (*montelukast sodium*)	3	QL (1 tablet per 1 day)
zafirlukast oral tablet	1 or 1b*	QL (2 tablets per 1 day)
PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS - DRUGS FOR THE LUNGS**		
OHTUVAYRE INHALATION SUSPENSION (*ensifentrine*)	3	PA; LD; QL (1 carton per 30 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - DRUGS FOR ASTHMA/COPD**		
DALIRESP ORAL TABLET (*roflumilast*)	3	QL (1 tablet per 1 day)
roflumilast oral tablet	1 or 1b*	QL (1 tablet per 1 day)
STEROID INHALANTS - DRUGS FOR ASTHMA/COPD**		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT (*ciclesonide*)	3	ST; QL (2 inhalers per 30 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT (*ciclesonide*)	3	ST; QL (1 inhaler per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (*fluticasone furoate*)	2	QL (1 inhaler per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (*mometasone furoate*)	3	ST; QL (1 inhaler per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (*mometasone furoate*)	3	ST; QL (1 inhaler per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT (*mometasone furoate*)	3	ST; QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	3	ST; QL (1 inhaler per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (*mometasone furoate*)	3	ST; QL (1 inhaler per 30 days)
ASMANEX HFA INHALATION AEROSOL (*mometasone furoate*)	3	ST; QL (1 inhaler per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	1 or 1b*	QL (120 ML per 30 days)
budesonide inhalation suspension 1 mg/2ml	1 or 1b*	QL (60 ML per 30 days)
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act	1 or 1b*	QL (1 inhaler per 30 days)
fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	1 or 1b*	QL (4 inhalers per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 44 mcg/act	1 or 1b*	QL (1 inhaler per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	1 or 1b*	QL (2 inhalers per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (*budesonide*)	3	ST; QL (0.07 EA per 1 day)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML (*budesonide*)	3	QL (120 ML per 30 days)
PULMICORT INHALATION SUSPENSION 1 MG/2ML (*budesonide*)	3	QL (60 ML per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (*beclomethasone diprop hfa*)	2	QL (1 inhaler per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (*beclomethasone diprop hfa*)	2	QL (2 inhalers per 30 days)
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS - DRUGS FOR ASTHMA/COPD**		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*tezepelumab-ekko*)	3	PA; LD; QL (1 syringe per 28 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*tezepelumab-ekko*)	3	PA; LD; QL (1 syringe per 28 days); SP
XANTHINES - DRUGS FOR ASTHMA/COPD**		
aminophylline intravenous solution	1 or 1b*	
ELIXOPHYLLIN ORAL ELIXIR (*theophylline*)	1 or 1b*	QL (112.5 mL per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (*theophylline*)	2	QL (4 tablets per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (*theophylline*)	2	QL (3 capsules per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 400 MG (*theophylline*)	2	QL (2 capsules per 1 day)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1 or 1b*	
theophylline er oral tablet extended release 12 hour 300 mg	1 or 1b*	QL (2 tablets per 1 day)
theophylline er oral tablet extended release 12 hour 450 mg	1 or 1b*	QL (1 tablet per 1 day)
theophylline er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
theophylline oral elixir	1 or 1b*	QL (112.5 mL per 1 day)
theophylline oral solution	1 or 1b*	QL (112.5 mL per 1 day)
***ANTICOAGULANTS* - DRUGS FOR THE BLOOD**		
COUMARIN ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS**		
jantoven oral tablet	1 or 1a*	
warfarin sodium oral tablet	1 or 1a*	
DIRECT FACTOR XA INHIBITORS - DRUGS TO PREVENT BLOOD CLOTS**		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK (*apixaban*)	2	QL (74 tablets per 365 days)
ELIQUIS ORAL TABLET 2.5 MG (*apixaban*)	2	QL (2 tablets per 1 day)
ELIQUIS ORAL TABLET 5 MG (*apixaban*)	2	QL (74 tablets per 30 days)
rivaroxaban oral tablet	1 or 1b*	QL (2 tablets per 1 day)
SAVAYSA ORAL TABLET (*edoxaban tosylate*)	3	QL (1 tablet per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED (*rivaroxaban*)	2	QL (20 mL per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (*rivaroxaban*)	2	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (*rivaroxaban*)	2	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK (*rivaroxaban*)	2	QL (1 pack per 365 days)
HEPARINS AND HEPARINOID-LIKE AGENTS - DRUGS TO PREVENT BLOOD CLOTS**		
bd heparin posiflush intravenous solution	1 or 1b*	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	3	
heparin na (pork) lock flsh pf intravenous solution	1 or 1b*	
HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-%	3	
heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%	1 or 1b*	
heparin sod (pork) lock flush intravenous solution	1 or 1b*	
heparin sodium (porcine) injection solution	1 or 1b*	
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE	3	
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml	1 or 1b*	
HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML	3	
LOW MOLECULAR WEIGHT HEPARINS - DRUGS TO PREVENT BLOOD CLOTS**		
enoxaparin sodium injection solution	1 or 1b*	QL (30 syringes per 30 days)
enoxaparin sodium injection solution prefilled syringe	1 or 1b*	QL (2 syringes per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML (*dalteparin sodium*)	3	QL (8 mL per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (*dalteparin sodium*)	3	QL (6 vials per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*dalteparin sodium*)	3	QL (30 syringes per 30 days)
LOVENOX INJECTION SOLUTION (*enoxaparin sodium*)	3	QL (30 syringes per 30 days)
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE (*enoxaparin sodium*)	3	QL (2 syringes per 1 day)
SYNTHETIC HEPARINOID-LIKE AGENTS - DRUGS TO PREVENT BLOOD CLOTS**		
ARIXTRA SUBCUTANEOUS SOLUTION (*fondaparinux sodium*)	3	QL (30 syringes per 30 days)
fondaparinux sodium subcutaneous solution	1 or 1b*	QL (30 syringes per 30 days)
THROMBIN INHIBITORS - HIRUDIN TYPE - DRUGS TO PREVENT BLOOD CLOTS**		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED (*bivalirudin trifluoroacetate*)	3	
bivalirudin trifluoroacetate intravenous solution	1 or 1b*	
bivalirudin trifluoroacetate intravenous solution reconstituted	1 or 1b*	
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE - DRUGS TO PREVENT BLOOD CLOTS**		
ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
ARGATROBAN INTRAVENOUS SOLUTION	3	
dabigatran etexilate mesylate oral capsule	3	QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRADAXA ORAL CAPSULE (*dabigatran etexilate mesylate*)	3	QL (2 capsules per 1 day)
PRADAXA ORAL PACKET 110 MG, 30 MG, 40 MG, 50 MG (*dabigatran etexilate mesylate*)	3	QL (4 packets per 1 day)
PRADAXA ORAL PACKET 150 MG, 20 MG (*dabigatran etexilate mesylate*)	3	QL (2 packets per 1 day)
***ANTICONVULSANTS* - DRUGS FOR THE NERVOUS SYSTEM**		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
FYCOMPA ORAL SUSPENSION (*perampanel*)	3	QL (24 mL per 1 day)
FYCOMPA ORAL TABLET (*perampanel*)	3	QL (1 tablet per 1 day)
ANTICONVULSANTS - BENZODIAZEPINES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
clobazam oral suspension 2.5 mg/ml	1 or 1b*	QL (16 mL per 1 day)
clobazam oral tablet	1 or 1b*	QL (2 tablets per 1 day)
clonazepam oral tablet	1 or 1b*	QL (3 tablets per 1 day)
clonazepam oral tablet dispersible	1 or 1b*	QL (3 tablets per 1 day)
diazepam rectal gel	1 or 1b*	QL (2 syringes per 1 fill)
KLONOPIN ORAL TABLET (*clonazepam*)	3	QL (3 tablets per 1 day)
NAYZILAM NASAL SOLUTION (*midazolam (anticonvulsant)*)	3	PA; QL (50 mg per 30 days)
ONFI ORAL SUSPENSION (*clobazam*)	3	QL (16 mL per 1 day)
ONFI ORAL TABLET (*clobazam*)	3	QL (2 tablets per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG (*clobazam*)	3	QL (2 film strips per 1 day)
SYMPAZAN ORAL FILM 5 MG (*clobazam*)	3	QL (1 film strip per 1 day)
VALTOCO 10 MG DOSE NASAL LIQUID (*diazepam*)	3	PA; QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK (*diazepam*)	3	PA; QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK (*diazepam*)	3	PA; QL (10 blister packs per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID (*diazepam*)	3	PA; QL (10 blister packs per 30 days)
ANTICONVULSANTS - MISC. - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
APTIOM ORAL TABLET 200 MG, 400 MG (*eslicarbazepine acetate*)	3	DO
APTIOM ORAL TABLET 600 MG, 800 MG (*eslicarbazepine acetate*)	3	QL (2 tablets per 1 day)
BANZEL ORAL SUSPENSION (*rufinamide*)	3	QL (80 mL per 1 day)
BANZEL ORAL TABLET 200 MG (*rufinamide*)	3	DO
BANZEL ORAL TABLET 400 MG (*rufinamide*)	3	QL (8 tablets per 1 day)
BRIVIACT INTRAVENOUS SOLUTION (*brivaracetam*)	3	
BRIVIACT ORAL SOLUTION (*brivaracetam*)	3	QL (20 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BRIVIACT ORAL TABLET (*brivaracetam*)	3	QL (2 tablets per 1 day)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg	1 or 1b*	QL (2 capsules per 1 day)
carbamazepine er oral capsule extended release 12 hour 300 mg	1 or 1b*	QL (5 capsules per 1 day)
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg	1 or 1b*	QL (2 tablets per 1 day)
carbamazepine er oral tablet extended release 12 hour 400 mg	1 or 1b*	QL (4 tablets per 1 day)
carbamazepine oral suspension	1 or 1b*	QL (50 mL per 1 day)
carbamazepine oral tablet	1 or 1b*	QL (8 tablets per 1 day)
carbamazepine oral tablet chewable 100 mg	1 or 1b*	QL (10 tablets per 1 day)
carbamazepine oral tablet chewable 200 mg	1 or 1b*	QL (8 tablets per 1 day)
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (*carbamazepine*)	3	QL (2 capsules per 1 day)
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG (*carbamazepine*)	3	QL (5 capsules per 1 day)
DIACOMIT ORAL CAPSULE 250 MG (*stiripentol*)	3	PA; LD; DO
DIACOMIT ORAL CAPSULE 500 MG (*stiripentol*)	3	PA; LD; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG (*stiripentol*)	3	PA; LD; DO
DIACOMIT ORAL PACKET 500 MG (*stiripentol*)	3	PA; LD; QL (6 packets per 1 day)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (*levetiracetam*)	3	QL (2 tablets per 1 day)
EPIDIOLEX ORAL SOLUTION (*cannabidiol*)	3	PA; LD; SP
epitol oral tablet	1 or 1b*	QL (8 tablets per 1 day)
EPRONTIA ORAL SOLUTION (*topiramate*)	3	QL (16 mL per 1 day)
eslicarbazepine acetate oral tablet 200 mg, 400 mg	1 or 1b*	DO
eslicarbazepine acetate oral tablet 600 mg, 800 mg	1 or 1b*	QL (2 tablets per 1 day)
FINTEPLA ORAL SOLUTION (*fenfluramine hcl*)	3	PA; LD; QL (26 mg per 1 day)
gabapentin oral capsule	1 or 1b*	DO
gabapentin oral solution	1 or 1b*	QL (72 mL per 1 day)
gabapentin oral tablet 600 mg	1 or 1b*	QL (6 tablets per 1 day)
gabapentin oral tablet 800 mg	1 or 1b*	QL (4 tablets per 1 day)
GABARONE ORAL TABLET 100 MG (*gabapentin*)	3	PA; DO
GABARONE ORAL TABLET 400 MG (*gabapentin*)	3	PA; QL (6 tablets per 1 day)
KEPPRA INTRAVENOUS SOLUTION (*levetiracetam*)	3	
KEPPRA ORAL SOLUTION (*levetiracetam*)	3	QL (30 mL per 1 day)
KEPPRA ORAL TABLET 1000 MG (*levetiracetam*)	3	QL (3 tablets per 1 day)
KEPPRA ORAL TABLET 250 MG, 500 MG, 750 MG (*levetiracetam*)	3	DO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (*levetiracetam*)	3	QL (6 tablets per 1 day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG (*levetiracetam*)	3	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lacosamide intravenous solution	1 or 1b*	
lacosamide oral solution	1 or 1b*	QL (40 mL per 1 day)
lacosamide oral tablet	1 or 1b*	QL (2 tablets per 1 day)
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG (*lamotrigine*)	3	QL (1 kit per 28 days)
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*)	3	QL (1 kit per 35 days)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG (*lamotrigine*)	3	QL (2 tablets per 1 day)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 25 MG (*lamotrigine*)	3	QL (3 tablets per 1 day)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 50 MG (*lamotrigine*)	3	DO
LAMICTAL ORAL TABLET (*lamotrigine*)	3	DO
LAMICTAL ORAL TABLET CHEWABLE 25 MG (*lamotrigine*)	3	QL (2 tablets per 1 day)
LAMICTAL ORAL TABLET CHEWABLE 5 MG (*lamotrigine*)	3	QL (4 tablets per 1 day)
LAMICTAL STARTER ORAL KIT 35 X 25 MG (*lamotrigine*)	3	QL (1 kit per 28 days)
LAMICTAL STARTER ORAL KIT 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (*lamotrigine*)	3	QL (1 kit per 35 days)
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG (*lamotrigine*)	3	QL (28 tablets per 28 days)
LAMICTAL XR ORAL KIT 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*)	3	QL (35 tablets per 35 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (*lamotrigine*)	3	DO
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG (*lamotrigine*)	3	QL (3 tablets per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 300 MG (*lamotrigine*)	3	QL (2 tablets per 1 day)
lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	1 or 1b*	DO
lamotrigine er oral tablet extended release 24 hour 200 mg	1 or 1b*	QL (3 tablets per 1 day)
lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg	1 or 1b*	QL (2 tablets per 1 day)
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg	1 or 1b*	QL (1 kit per 28 days)
lamotrigine oral kit 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1 or 1b*	QL (1 kit per 35 days)
lamotrigine oral tablet	1 or 1b*	DO
lamotrigine oral tablet chewable 25 mg	1 or 1b*	QL (2 tablets per 1 day)
lamotrigine oral tablet chewable 5 mg	1 or 1b*	QL (4 tablets per 1 day)
lamotrigine oral tablet dispersible 100 mg, 200 mg	1 or 1b*	QL (2 tablets per 1 day)
lamotrigine oral tablet dispersible 25 mg	1 or 1b*	QL (3 tablets per 1 day)
lamotrigine oral tablet dispersible 50 mg	1 or 1b*	DO
lamotrigine starter kit-blue oral kit	1 or 1b*	QL (1 kit per 28 days)
lamotrigine starter kit-green oral kit	1 or 1b*	QL (1 kit per 35 days)
lamotrigine starter kit-orange oral kit	1 or 1b*	QL (1 kit per 35 days)
levetiracetam er oral tablet extended release 24 hour 500 mg	1 or 1b*	QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levetiracetam er oral tablet extended release 24 hour 750 mg	1 or 1b*	QL (4 tablets per 1 day)
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION	3	
levetiracetam intravenous solution	1 or 1b*	
levetiracetam oral solution	1 or 1b*	QL (30 mL per 1 day)
levetiracetam oral tablet 1000 mg	1 or 1b*	QL (3 tablets per 1 day)
levetiracetam oral tablet 250 mg, 500 mg, 750 mg	1 or 1b*	DO
levetiracetam oral tablet disintegrating soluble	3	QL (2 tablets per 1 day)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (*pregabalin*)	3	QL (3 capsule per 1 day)
LYRICA ORAL CAPSULE 225 MG, 300 MG (*pregabalin*)	3	QL (2 capsules per 1 day)
LYRICA ORAL CAPSULE 75 MG (*pregabalin*)	3	QL (3 capsules per 1 day)
LYRICA ORAL SOLUTION (*pregabalin*)	3	QL (30 mL per 1 day)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (*lacosamide*)	3	DO
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG (*lacosamide*)	3	QL (2 capsules per 1 day)
MYSOLINE ORAL TABLET 250 MG (*primidone*)	3	QL (8 tablets per 1 day)
MYSOLINE ORAL TABLET 50 MG (*primidone*)	3	QL (4 tablets per 1 day)
NEURONTIN ORAL CAPSULE (*gabapentin*)	3	DO
NEURONTIN ORAL SOLUTION (*gabapentin*)	3	QL (72 mL per 1 day)
NEURONTIN ORAL TABLET 600 MG (*gabapentin*)	3	QL (6 tablets per 1 day)
NEURONTIN ORAL TABLET 800 MG (*gabapentin*)	3	QL (4 tablets per 1 day)
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg	1 or 1b*	DO
oxcarbazepine er oral tablet extended release 24 hour 600 mg	1 or 1b*	QL (4 tablets per 1 day)
oxcarbazepine oral suspension	1 or 1b*	QL (40 mL per 1 day)
oxcarbazepine oral tablet 150 mg, 300 mg	1 or 1b*	QL (2 tablets per 1 day)
oxcarbazepine oral tablet 600 mg	1 or 1b*	QL (4 tablets per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (*oxcarbazepine*)	3	DO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG (*oxcarbazepine*)	3	QL (4 tablets per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1 or 1b*	QL (3 capsule per 1 day)
pregabalin oral capsule 225 mg, 300 mg	1 or 1b*	QL (2 capsules per 1 day)
pregabalin oral capsule 75 mg	1 or 1b*	QL (3 capsules per 1 day)
pregabalin oral solution	1 or 1b*	QL (30 mL per 1 day)
primidone oral tablet 125 mg	1 or 1b*	QL (3 tablets per 1 day)
primidone oral tablet 250 mg	1 or 1b*	QL (8 tablets per 1 day)
primidone oral tablet 50 mg	1 or 1b*	QL (4 tablets per 1 day)
roweepra oral tablet	1 or 1b*	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rufinamide oral suspension	1 or 1b*	QL (80 mL per 1 day)
rufinamide oral tablet 200 mg	1 or 1b*	DO
rufinamide oral tablet 400 mg	1 or 1b*	QL (8 tablets per 1 day)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG (*levetiracetam*)	3	QL (2 tablets per 1 day)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG (*levetiracetam*)	3	QL (4 tablets per 1 day)
subvenite oral tablet	1 or 1b*	DO
subvenite starter kit-blue oral kit	1 or 1b*	QL (1 kit per 28 days)
subvenite starter kit-green oral kit	1 or 1b*	QL (1 kit per 35 days)
subvenite starter kit-orange oral kit	1 or 1b*	QL (1 kit per 35 days)
TEGRETOL ORAL SUSPENSION (*carbamazepine*)	3	QL (50 mL per 1 day)
TEGRETOL ORAL TABLET (*carbamazepine*)	3	QL (8 tablets per 1 day)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (*carbamazepine*)	3	QL (2 tablets per 1 day)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG (*carbamazepine*)	3	QL (4 tablets per 1 day)
TOPAMAX ORAL TABLET 100 MG, 25 MG, 50 MG (*topiramate*)	3	DO
TOPAMAX ORAL TABLET 200 MG (*topiramate*)	3	QL (2 tablets per 1 day)
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE (*topiramate*)	3	QL (2 capsules per 1 day)
topiramate er oral capsule er 24 hour sprinkle 100 mg, 50 mg	1 or 1b*	QL (1 capsule per 1 day)
topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg	1 or 1b*	QL (2 capsules per 1 day)
topiramate er oral capsule er 24 hour sprinkle 25 mg	1 or 1b*	DO
topiramate er oral capsule extended release 24 hour 100 mg, 50 mg	1 or 1b*	QL (1 capsule per 1 day)
topiramate er oral capsule extended release 24 hour 200 mg	1 or 1b*	QL (2 capsules per 1 day)
topiramate er oral capsule extended release 24 hour 25 mg	1 or 1b*	DO
topiramate oral capsule sprinkle 15 mg, 25 mg	1 or 1b*	QL (2 capsules per 1 day)
topiramate oral capsule sprinkle 50 mg	3	ST; QL (8 capsules per 1 day)
topiramate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	DO
topiramate oral tablet 200 mg	1 or 1b*	QL (2 tablets per 1 day)
TRILEPTAL ORAL SUSPENSION (*oxcarbazepine*)	3	QL (40 mL per 1 day)
TRILEPTAL ORAL TABLET 150 MG, 300 MG (*oxcarbazepine*)	3	QL (2 tablets per 1 day)
TRILEPTAL ORAL TABLET 600 MG (*oxcarbazepine*)	3	QL (4 tablets per 1 day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 50 MG (*topiramate*)	3	ST; QL (1 capsule per 1 day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (*topiramate*)	3	ST; QL (2 capsules per 1 day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG (*topiramate*)	3	ST; DO
VIMPAT INTRAVENOUS SOLUTION (*lacosamide*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIMPAT ORAL SOLUTION (*lacosamide*)	3	QL (40 mL per 1 day)
VIMPAT ORAL TABLET (*lacosamide*)	3	QL (2 tablets per 1 day)
ZONEGRAN ORAL CAPSULE (*zonisamide*)	3	QL (6 capsule per 1 day)
ZONISADE ORAL SUSPENSION (*zonisamide*)	3	QL (6 bottles per 30 days)
zonisamide oral capsule	1 or 1b*	QL (6 capsule per 1 day)
ZTALMY ORAL SUSPENSION (*ganaxolone*)	3	LD; QL (10 bottles per 30 days)
CARBAMATES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
felbamate oral suspension	1 or 1b*	QL (30 mL per 1 day)
felbamate oral tablet	1 or 1b*	QL (6 tablets per 1 day)
FELBATOL ORAL TABLET (*felbamate*)	3	QL (6 tablets per 1 day)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (*cenobamate*)	3	QL (1 blister pack per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK (*cenobamate*)	3	QL (1 pack per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (*cenobamate*)	3	QL (1 tablet per 1 day)
XCOPRI ORAL TABLET 200 MG (*cenobamate*)	3	QL (2 tablets per 1 day)
XCOPRI ORAL TABLET THERAPY PACK (*cenobamate*)	3	QL (1 pack per 28 days)
GABA MODULATORS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
SABRIL ORAL PACKET (*vigabatrin*)	3	LD; QL (6 packets per 1 day); SP
SABRIL ORAL TABLET (*vigabatrin*)	3	LD; QL (6 tablets per 1 day); SP
tiagabine hcl oral tablet	1 or 1b*	QL (2 tablets per 1 day)
vigabatrin oral packet	1 or 1b*	LD; QL (6 packets per 1 day); SP
vigabatrin oral tablet	1 or 1b*	LD; QL (6 tablets per 1 day); SP
vigadrone oral packet	1 or 1b*	LD; QL (6 packets per 1 day); SP
vigabatrin (Vigadrone Oral Tablet)	1 or 1b*	LD; QL (6 tablets per 1 day); SP
VIGAFYDE ORAL SOLUTION (*vigabatrin*)	3	LD; QL (25 mL per 1 day)
vigabatrin (Vigpoder Oral Packet)	1 or 1b*	LD; QL (6 packets per 1 day); SP
HYDANTOINS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
CEREBYX INJECTION SOLUTION (*fosphenytoin sodium*)	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE (*phenytoin*)	3	
DILANTIN ORAL CAPSULE 100 MG (*phenytoin sodium extended*)	3	
DILANTIN ORAL CAPSULE 30 MG (*phenytoin sodium extended*)	2	
DILANTIN-125 ORAL SUSPENSION (*phenytoin*)	3	
fosphenytoin sodium injection solution	1 or 1b*	
PHENYTEK ORAL CAPSULE (*phenytoin sodium extended*)	1 or 1b*	
phenytoin infatabs oral tablet chewable	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenytoin oral suspension	1 or 1b*	
phenytoin oral tablet chewable	1 or 1b*	
phenytoin sodium extended oral capsule	1 or 1b*	
phenytoin sodium injection solution	1 or 1b*	
SUCCINIMIDES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
CELONTIN ORAL CAPSULE (*methsuximide*)	3	QL (4 capsules per 1 day)
ethosuximide oral capsule	1 or 1b*	QL (6 capsules per 1 day)
ethosuximide oral solution	1 or 1b*	QL (30 mL per 1 day)
methsuximide oral capsule	1 or 1b*	QL (4 capsules per 1 day)
ZARONTIN ORAL CAPSULE (*ethosuximide*)	3	QL (6 capsules per 1 day)
ZARONTIN ORAL SOLUTION (*ethosuximide*)	3	QL (30 mL per 1 day)
VALPROIC ACID - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG (*divalproex sodium*)	3	QL (2 tablets per 1 day)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (*divalproex sodium*)	3	QL (7 tablets per 1 day)
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG (*divalproex sodium*)	3	QL (2 tablets per 1 day)
DEPAKOTE ORAL TABLET DELAYED RELEASE 500 MG (*divalproex sodium*)	3	QL (7 tablets per 1 day)
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE (*divalproex sodium*)	3	QL (8 capsules per 1 day)
divalproex sodium er oral tablet extended release 24 hour 250 mg	1 or 1b*	QL (2 tablets per 1 day)
divalproex sodium er oral tablet extended release 24 hour 500 mg	1 or 1b*	QL (7 tablets per 1 day)
divalproex sodium oral capsule delayed release sprinkle	1 or 1b*	QL (8 capsules per 1 day)
divalproex sodium oral tablet delayed release 125 mg, 250 mg	1 or 1b*	QL (2 tablets per 1 day)
divalproex sodium oral tablet delayed release 500 mg	1 or 1b*	QL (7 tablets per 1 day)
valproate sodium intravenous solution	1 or 1b*	
valproic acid oral capsule	1 or 1b*	QL (4 capsules per 1 day)
valproic acid oral solution	1 or 1b*	
***ANTIDEPRESSANTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - DRUGS FOR DEPRESSION**		
mirtazapine oral tablet	1 or 1b*	
mirtazapine oral tablet dispersible	1 or 1b*	
REMERON ORAL TABLET (*mirtazapine*)	3	
REMERON SOLTAB ORAL TABLET DISPERSIBLE (*mirtazapine*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDEPRESSANT - MISCELLANEOUS COMBINATIONS - DRUGS FOR DEPRESSION**		
AUVELITY ORAL TABLET EXTENDED RELEASE (*dextromethorphan-bupropion*)	3	ST; QL (2 tablets per 1 day)
ANTIDEPRESSANTS - MISC. - DRUGS FOR DEPRESSION**		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG (*bupropion hbr*)	3	ST; DO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG, 522 MG (*bupropion hbr*)	3	ST; QL (1 tablet per 1 day)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1 or 1b*	DO
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1 or 1b*	QL (2 tablets per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1 or 1b*	QL (3 tablets per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg	1 or 1b*	QL (1 tablet per 1 day)
bupropion hcl oral tablet 100 mg	1 or 1b*	QL (4.5 tablet per 1 day)
bupropion hcl oral tablet 75 mg	1 or 1b*	DO
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR (*bupropion hcl*)	3	ST; QL (1 tablet per 1 day)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG (*bupropion hcl*)	3	ST; DO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG (*bupropion hcl*)	3	ST; QL (2 tablets per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG (*bupropion hcl*)	3	ST; QL (3 tablets per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG (*bupropion hcl*)	3	ST; QL (1 tablet per 1 day)
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID - DRUGS FOR DEPRESSION**		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (*zuranolone*)	3	PA; LD; QL (28 capsules per 1 fill)
ZURZUVAE ORAL CAPSULE 30 MG (*zuranolone*)	3	PA; LD; QL (14 capsules per 1 fill)
MONOAMINE OXIDASE INHIBITORS (MAOIS) - DRUGS FOR DEPRESSION**		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 9 MG/24HR (*selegiline*)	3	QL (1 patch per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR (*selegiline*)	3	DO
MARPLAN ORAL TABLET (*isocarboxazid*)	3	QL (6 tablets per 1 day)
NARDIL ORAL TABLET (*phenelzine sulfate*)	3	QL (6 tablets per 1 day)
PARNATE ORAL TABLET (*tranylcypromine sulfate*)	3	QL (6 tablets per 1 day)
phenelzine sulfate oral tablet	1 or 1b*	QL (6 tablets per 1 day)
tranylcypromine sulfate oral tablet	1 or 1b*	QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS - DRUGS FOR DEPRESSION**		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK (*esketamine hcl*)	3	PA; LD; QL (4 kits per 28 days)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK (*esketamine hcl*)	3	PA; LD; QL (4 kits per 28 days)
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - DRUGS FOR DEPRESSION**		
CELEXA ORAL TABLET (*citalopram hydrobromide*)	3	ST
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	3	ST
citalopram hydrobromide oral solution	1 or 1b*	
citalopram hydrobromide oral tablet	1 or 1b*	
escitalopram oxalate oral solution	1 or 1b*	
escitalopram oxalate oral tablet	1 or 1b*	
fluoxetine hcl oral capsule	1 or 1b*	
fluoxetine hcl oral capsule delayed release	1 or 1b*	
fluoxetine hcl oral solution	1 or 1b*	
fluoxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	
FLUOXETINE HCL ORAL TABLET 60 MG	3	
fluvoxamine maleate er oral capsule extended release 24 hour	1 or 1b*	
fluvoxamine maleate oral tablet	1 or 1b*	
LEXAPRO ORAL TABLET (*escitalopram oxalate*)	3	ST
paroxetine hcl er oral tablet extended release 24 hour	1 or 1b*	
paroxetine hcl oral suspension	1 or 1b*	
paroxetine hcl oral tablet	1 or 1b*	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR (*paroxetine hcl*)	3	ST
PAXIL ORAL TABLET (*paroxetine hcl*)	3	ST
PROZAC ORAL CAPSULE (*fluoxetine hcl*)	3	ST
SERTRALINE HCL ORAL CAPSULE	3	ST
sertraline hcl oral concentrate	1 or 1b*	
sertraline hcl oral tablet	1 or 1b*	
ZOLOFT ORAL CONCENTRATE (*sertraline hcl*)	3	ST
ZOLOFT ORAL TABLET (*sertraline hcl*)	3	ST
SEROTONIN MODULATORS - DRUGS FOR DEPRESSION**		
nefazodone hcl oral tablet 100 mg, 50 mg	1 or 1b*	DO
nefazodone hcl oral tablet 150 mg, 250 mg	1 or 1b*	QL (2 tablets per 1 day)
nefazodone hcl oral tablet 200 mg	1 or 1b*	QL (3 tablets per 1 day)
RALDESY ORAL SOLUTION (*trazodone hcl*)	3	ST; QL (60 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1 or 1a*	DO
trazodone hcl oral tablet 300 mg	1 or 1a*	QL (2 tablets per 1 day)
TRINTELLIX ORAL TABLET 10 MG, 5 MG (*vortioxetine hbr*)	2	DO
TRINTELLIX ORAL TABLET 20 MG (*vortioxetine hbr*)	2	QL (1 tablet per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG (*vilazodone hcl*)	3	ST; DO
VIIBRYD ORAL TABLET 40 MG (*vilazodone hcl*)	3	ST; QL (1 tablet per 1 day)
vilazodone hcl oral tablet 10 mg, 20 mg	1 or 1b*	DO
vilazodone hcl oral tablet 40 mg	1 or 1b*	QL (1 tablet per 1 day)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - DRUGS FOR DEPRESSION**		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG (*duloxetine hcl*)	3	PA; QL (6 capsules per 1 day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG (*duloxetine hcl*)	3	PA; QL (4 capsules per 1 day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG (*duloxetine hcl*)	3	PA; QL (2 capsules per 1 day)
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL (1 tablet per 1 day)
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	ST; DO
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1 or 1b*	QL (1 tablet per 1 day)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1 or 1b*	DO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG (*duloxetine hcl*)	3	QL (2 capules per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG (*duloxetine hcl*)	3	DO
duloxetine hcl oral capsule delayed release particles 20 mg	1 or 1b*	QL (6 capsules per 1 day)
duloxetine hcl oral capsule delayed release particles 30 mg	1 or 1b*	QL (4 capsules per 1 day)
duloxetine hcl oral capsule delayed release particles 40 mg	1 or 1b*	QL (3 capsule per 1 day)
duloxetine hcl oral capsule delayed release particles 60 mg	1 or 1b*	QL (2 capsules per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG (*venlafaxine hcl*)	3	ST; QL (1 capsule per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG (*venlafaxine hcl*)	3	ST; QL (6 capsules per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 75 MG (*venlafaxine hcl*)	3	ST; QL (3 capsules per 1 day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (*levomilnacipran hcl*)	3	ST; QL (1 capsule per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK (*levomilnacipran hcl*)	3	ST; QL (28 pack per 365 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG (*desvenlafaxine succinate*)	3	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (*desvenlafaxine succinate*)	3	ST; DO
venlafaxine besylate er oral tablet extended release 24 hour	3	ST; QL (2 tablets per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1 or 1b*	QL (1 capsule per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	1 or 1b*	QL (6 capsules per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	1 or 1b*	QL (3 capsules per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 150 mg	3	ST; QL (1 tablet per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1 or 1b*	QL (1 tablet per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg	3	ST; QL (6 tablets per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 75 mg	3	ST; QL (3 tablets per 1 day)
venlafaxine hcl oral tablet	1 or 1b*	QL (3 tablet per 1 day)
TRICYCLIC AGENTS - DRUGS FOR DEPRESSION**		
amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	1 or 1a*	DO
amitriptyline hcl oral tablet 100 mg	1 or 1a*	QL (3 tablets per 1 day)
amitriptyline hcl oral tablet 150 mg	1 or 1a*	QL (2 tablets per 1 day)
amoxapine oral tablet 100 mg	1 or 1b*	QL (4 tablets per 1 day)
amoxapine oral tablet 150 mg	1 or 1b*	QL (2 tablets per 1 day)
amoxapine oral tablet 25 mg, 50 mg	1 or 1b*	DO
ANAFRANIL ORAL CAPSULE 25 MG (*clomipramine hcl*)	3	DO
ANAFRANIL ORAL CAPSULE 50 MG (*clomipramine hcl*)	3	QL (5 capsules per 1 day)
ANAFRANIL ORAL CAPSULE 75 MG (*clomipramine hcl*)	3	QL (3 capsules per 1 day)
clomipramine hcl oral capsule 25 mg	1 or 1b*	DO
clomipramine hcl oral capsule 50 mg	1 or 1b*	QL (5 capsules per 1 day)
clomipramine hcl oral capsule 75 mg	1 or 1b*	QL (3 capsules per 1 day)
desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
desipramine hcl oral tablet 100 mg	1 or 1b*	QL (3 tablets per 1 day)
desipramine hcl oral tablet 150 mg	1 or 1b*	QL (2 tablets per 1 day)
doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
doxepin hcl oral capsule 100 mg	1 or 1b*	QL (3 capsules per 1 day)
doxepin hcl oral capsule 150 mg	1 or 1b*	QL (2 capsules per 1 day)
doxepin hcl oral concentrate	1 or 1b*	QL (30 mL per 1 day)
imipramine hcl oral tablet 10 mg, 25 mg	1 or 1b*	DO
imipramine hcl oral tablet 50 mg	1 or 1b*	QL (6 tablets per 1 day)
imipramine pamoate oral capsule 100 mg, 75 mg	1 or 1b*	DO
imipramine pamoate oral capsule 125 mg, 150 mg	1 or 1b*	QL (2 capsules per 1 day)
NORPRAMIN ORAL TABLET (*desipramine hcl*)	3	DO
nortriptyline hcl oral capsule 10 mg, 25 mg	1 or 1b*	DO
nortriptyline hcl oral capsule 50 mg	1 or 1b*	QL (3 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nortriptyline hcl oral capsule 75 mg	1 or 1b*	QL (2 capsules per 1 day)
nortriptyline hcl oral solution	1 or 1b*	QL (75 mL per 1 day)
PAMELOR ORAL CAPSULE 10 MG, 25 MG (*nortriptyline hcl*)	3	DO
PAMELOR ORAL CAPSULE 50 MG (*nortriptyline hcl*)	3	QL (3 capsules per 1 day)
PAMELOR ORAL CAPSULE 75 MG (*nortriptyline hcl*)	3	QL (2 capsules per 1 day)
protriptyline hcl oral tablet 10 mg	1 or 1b*	QL (6 tablets per 1 day)
protriptyline hcl oral tablet 5 mg	1 or 1b*	DO
trimipramine maleate oral capsule 100 mg	1 or 1b*	QL (2 capsules per 1 day)
trimipramine maleate oral capsule 25 mg, 50 mg	1 or 1b*	QL (3 capsules per 1 day)
***ANTIDIABETICS* - HORMONES**		
ALPHA-GLUCOSIDASE INHIBITORS - DRUGS FOR DIABETES**		
acarbose oral tablet	1 or 1b*	QL (3 tablets per 1 day)
miglitol oral tablet	1 or 1b*	QL (3 tablets per 1 day)
ANTIDIABETIC - AMYLIN ANALOGS - DRUGS FOR DIABETES**		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR (*pramlintide acetate*)	2	QL (4 pens per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR (*pramlintide acetate*)	2	QL (2 boxes per 30 days)
ANTIDIABETIC-ANTI-CD3 ANTIBODIES - HORMONES**		
TZIELD INTRAVENOUS SOLUTION (*teplizumab-mzwv*)	3	PA; LD
BIGUANIDES - DRUGS FOR DIABETES**		
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg	3	ST; QL (2 tablets per 1 day)
metformin hcl er (mod) oral tablet extended release 24 hour 500 mg	3	ST; QL (4 tablets per 1 day)
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	3	ST; QL (2 tablets per 1 day)
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	3	ST; QL (4 tablets per 1 day)
metformin hcl er oral tablet extended release 24 hour 500 mg	1 or 1b*	QL (4 tablets per 1 day)
metformin hcl er oral tablet extended release 24 hour 750 mg	1 or 1b*	QL (2 tablets per 1 day)
metformin hcl oral solution	1 or 1b*	PA; QL (2 bottles per 30 days)
metformin hcl oral tablet 1000 mg	1 or 1b*	QL (2 tablets per 1 day)
metformin hcl oral tablet 500 mg	1 or 1b*	QL (5 tablets per 1 day)
METFORMIN HCL ORAL TABLET 625 MG	3	PA; QL (4 tablets per 1 day)
metformin hcl oral tablet 750 mg	3	PA; QL (3 tablets per 1 day)
metformin hcl oral tablet 850 mg	1 or 1b*; $0	QL (3 tablets per 1 day)
RIOMET ORAL SOLUTION (*metformin hcl*)	3	PA; QL (2 bottles per 30 days)
DIABETIC OTHER - DRUGS FOR DIABETES**		
BAQSIMI ONE PACK NASAL POWDER (*glucagon*)	3	QL (2 packs per 30 days)
BAQSIMI TWO PACK NASAL POWDER (*glucagon*)	3	QL (1 pack per 30 days)
diazoxide oral suspension	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCAGON EMERGENCY INJECTION KIT	1 or 1b*	QL (2 kits per 30 days)
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED	3	QL (2 kits per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*glucagon*)	3	QL (2 packs per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*glucagon*)	3	QL (1 pack per 30 days)
GVOKE KIT SUBCUTANEOUS SOLUTION (*glucagon*)	3	QL (2 kits per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*glucagon*)	3	QL (2 packs per 30 days)
PROGLYCEM ORAL SUSPENSION (*diazoxide*)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*dasiglucagon hcl*)	3	QL (1.2 mL per 30 days)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*dasiglucagon hcl*)	3	QL (1.2 mL per 30 days)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - DRUGS FOR DIABETES**		
alogliptin benzoate oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
JANUVIA ORAL TABLET (*sitagliptin phosphate*)	2	ST; QL (1 tablet per 1 day)
ONGLYZA ORAL TABLET (*saxagliptin hcl*)	3	ST; QL (1 tablet per 1 day)
saxagliptin hcl oral tablet	3	ST; QL (1 tablet per 1 day)
sitagliptin oral tablet	3	ST; QL (1 tablet per 1 day)
TRADJENTA ORAL TABLET (*linagliptin*)	3	ST; QL (1 tablet per 1 day)
ZITUVIO ORAL TABLET (*sitagliptin*)	3	ST; QL (1 tablet per 1 day)
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES**		
alogliptin-metformin hcl oral tablet	1 or 1b*	ST; QL (2 tablets per 1 day)
JANUMET ORAL TABLET (*sitagliptin phos-metformin hcl*)	2	ST; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (*sitagliptin phos-metformin hcl*)	2	ST; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (*sitagliptin phos-metformin hcl*)	2	ST; QL (2 tablets per 1 day)
JENTADUETO ORAL TABLET (*linagliptin-metformin hcl*)	3	ST; QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (*linagliptin-metformin hcl*)	3	ST; QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (*linagliptin-metformin hcl*)	3	ST; QL (1 tablet per 1 day)
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg	3	ST; QL (2 tablets per 1 day)
saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg	3	ST; QL (1 tablet per 1 day)
sitaglipt base-metform hcl er oral tablet extended release 24 hour 100-1000 mg	3	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sitaglipt base-metform hcl er oral tablet extended release 24 hour 50-1000 mg, 50-500 mg	3	ST; QL (2 tablets per 1 day)
sitagliptin base-metformin hcl oral tablet	3	ST; QL (2 tablets per 1 day)
ZITUVIMET ORAL TABLET (*sitagliptin base-metformin hcl*)	3	ST; QL (2 tablets per 1 day)
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (*sitagliptin base-metformin hcl*)	3	ST; QL (1 tablet per 1 day)
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (*sitagliptin base-metformin hcl*)	3	ST; QL (2 tablets per 1 day)
DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES - DRUGS FOR DIABETES**		
CYCLOSET ORAL TABLET (*bromocriptine mesylate*)	3	
DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS - DRUGS FOR DIABETES**		
alogliptin-pioglitazone oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
HUMAN INSULIN - DRUGS FOR DIABETES**		
ADMELOG INJECTION SOLUTION (*insulin lispro*)	3	ST; QL (30 mL per 30 days)
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin lispro*)	3	ST; QL (30 mL per 30 days)
AFREZZA INHALATION POWDER 12 UNIT (*insulin regular human*)	3	PA; QL (9 cartridges per 1 day)
AFREZZA INHALATION POWDER 4 UNIT, 90 X 4 UNIT & 90X8 UNIT (*insulin regular human*)	3	PA; QL (18 cartridges per 1 day)
AFREZZA INHALATION POWDER 60X4 &60X8 & 60X12 UNIT, 8 UNIT (*insulin regular human*)	3	PA; QL (12 cartridges per 1 day)
AFREZZA INHALATION POWDER 90 X 8 UNIT & 90X12 UNIT (*insulin regular human*)	3	PA; QL (1 EA per 12 days)
APIDRA INJECTION SOLUTION (*insulin glulisine*)	3	ST; QL (30 mL per 30 days)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin glulisine*)	3	ST; QL (30 mL per 30 days)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin glargine*)	3	ST; QL (30 mL per 30 days)
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin glargine*)	3	ST; QL (1 mL per 1 day)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin aspart (w/niacinamide)*)	3	ST; QL (30 mL per 30 days)
FIASP INJECTION SOLUTION (*insulin aspart (w/niacinamide)*)	3	ST; QL (30 mL per 30 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (*insulin aspart (w/niacinamide)*)	3	ST; QL (30 mL per 30 days)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE (*insulin aspart (w/niacinamide)*)	3	ST; QL (30 mL per 30 days)
HUMALOG INJECTION SOLUTION (*insulin lispro*)	2	QL (30 mL per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin lispro*)	2	QL (30 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin lispro*)	2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (*insulin lispro prot & lispro*)	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (*insulin lispro prot & lispro*)	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (*insulin lispro prot & lispro*)	2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (*insulin lispro*)	2	QL (30 mL per 30 days)
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin lispro*)	3	ST; QL (1 mL per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (*insulin nph isophane & regular*)	2	QL (30 mL per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (*insulin nph isophane & regular*)	2	QL (30 mL per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (*insulin nph human (isophane)*)	2	QL (30 mL per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION (*insulin nph human (isophane)*)	2	QL (30 mL per 30 days)
HUMULIN R INJECTION SOLUTION (*insulin regular human*)	2	QL (30 mL per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION (*insulin regular human*)	2	PA; QL (20 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin regular human*)	2	PA; QL (18 mL per 30 days)
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL (30 mL per 30 days)
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (30 mL per 30 days)
INSULIN ASPART INJECTION SOLUTION	3	ST; QL (30 mL per 30 days)
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL (30 mL per 30 days)
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION	3	ST; QL (30 mL per 30 days)
insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml	3	ST; QL (30 mL per 30 days)
insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml	3	ST; QL (18 mL per 30 days)
insulin degludec subcutaneous solution	3	ST; QL (30 mL per 30 days)
insulin glargine max solostar subcutaneous solution pen-injector	3	ST; QL (12 mL per 30 days)
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	3	ST; QL (13.5 mL per 30 days)
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	3	ST; QL (1 mL per 1 day)
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (1 mL per 1 day)
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL (30 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSULIN LISPRO INJECTION SOLUTION	2	QL (30 mL per 30 days)
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 mL per 30 days)
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL (30 mL per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin glargine*)	2	QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION (*insulin glargine*)	2	QL (30 mL per 30 days)
LYUMJEV INJECTION SOLUTION (*insulin lispro-aabc*)	2	QL (30 mL per 30 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin lispro-aabc*)	2	QL (30 mL per 30 days)
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin lispro-aabc*)	3	ST; QL (1 mL per 1 day)
MYXREDLIN INTRAVENOUS SOLUTION (*insulin regular(human) in nacl*)	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (*insulin nph isophane & regular*)	3	ST; QL (30 mL per 30 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (*insulin nph isophane & regular*)	3	ST; QL (30 mL per 30 days)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (*insulin nph isophane & regular*)	3	ST; QL (30 mL per 30 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (*insulin nph isophane & regular*)	3	ST; QL (30 mL per 30 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (*insulin nph human (isophane)*)	3	ST; QL (30 mL per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (*insulin nph human (isophane)*)	3	ST; QL (30 mL per 30 days)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION (*insulin nph human (isophane)*)	3	ST; QL (30 mL per 30 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION (*insulin nph human (isophane)*)	3	ST; QL (30 mL per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR (*insulin regular human*)	3	ST; QL (30 mL per 30 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR (*insulin regular human*)	3	ST; QL (30 mL per 30 days)
NOVOLIN R INJECTION SOLUTION (*insulin regular human*)	3	ST; QL (30 mL per 30 days)
NOVOLIN R RELION INJECTION SOLUTION (*insulin regular human*)	3	ST; QL (30 mL per 30 days)
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (*insulin aspart prot & aspart*)	3	ST; QL (30 mL per 30 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin aspart*)	3	ST; QL (30 mL per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin aspart*)	3	ST; QL (30 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLOG INJECTION SOLUTION (*insulin aspart*)	3	ST; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (*insulin aspart prot & aspart*)	3	ST; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (*insulin aspart prot & aspart*)	3	ST; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (*insulin aspart prot & aspart*)	3	ST; QL (30 mL per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (*insulin aspart*)	3	ST; QL (30 mL per 30 days)
NOVOLOG RELION INJECTION SOLUTION (*insulin aspart*)	3	ST; QL (30 mL per 30 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin glargine-aglr*)	3	ST; QL (30 mL per 30 days)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION (*insulin glargine-yfgn*)	3	ST; QL (1 mL per 1 day)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin glargine-yfgn*)	3	ST; QL (1 mL per 1 day)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin glargine*)	2	QL (12 mL per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin glargine*)	2	QL (13.5 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin degludec*)	2	QL (30 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (*insulin degludec*)	2	QL (18 mL per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION (*insulin degludec*)	2	QL (30 mL per 30 days)
INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS) - DRUGS FOR DIABETES**		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*tirzepatide*)	2	PA; QL (4 pens per 28 days)
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - DRUGS FOR DIABETES**		
exenatide subcutaneous solution pen-injector 10 mcg/0.04ml	3	PA; QL (0.08 mL per 1 day)
exenatide subcutaneous solution pen-injector 5 mcg/0.02ml	3	PA; QL (0.04 mL per 1 day)
liraglutide subcutaneous solution pen-injector	1 or 1b*	PA; QL (1 box per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (*semaglutide*)	2	PA; QL (1 pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (*semaglutide*)	2	PA; QL (1 unit per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (*semaglutide*)	2	PA; QL (0.11 mL per 1 day)
RYBELSUS ORAL TABLET 14 MG, 7 MG (*semaglutide*)	2	PA; QL (1 carton per 30 days)
RYBELSUS ORAL TABLET 3 MG (*semaglutide*)	2	PA; QL (1 carton per 1 lifetime)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (*dulaglutide*)	2	PA; QL (4 pens per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (*dulaglutide*)	2	PA; QL (4 syringes per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (*liraglutide*)	3	PA; QL (1 box per 30 days)
INSULIN-INCRETIN MIMETIC COMBINATIONS - DRUGS FOR DIABETES**		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin glargine-lixisenatide*)	2	ST; QL (5 pen per 25 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin degludec-liraglutide*)	2	ST; QL (5 pen per 30 days)
MEGLITINIDE ANALOGUES - DRUGS FOR DIABETES**		
nateglinide oral tablet	1 or 1b*	QL (3 tablets per 1 day)
repaglinide oral tablet 0.5 mg, 1 mg	1 or 1b*	QL (4 tablets per 1 day)
repaglinide oral tablet 2 mg	1 or 1b*	QL (8 tablets per 1 day)
PROGESTERONE RECEPTOR ANTAGONISTS - DRUGS FOR DIABETES**		
KORLYM ORAL TABLET (*mifepristone*)	3	PA; LD; QL (4 tablets per 1 day)
mifepristone oral tablet 300 mg	1 or 1b*	PA; LD; QL (4 tablets per 1 day)
SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB - DRUGS FOR DIABETES**		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (*empagliflozin-linaglip-metform*)	2	ST; QL (1 tablet per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	2	ST; QL (2 tablets per 1 day)
SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS - DRUGS FOR DIABETES**		
GLYXAMBI ORAL TABLET (*empagliflozin-linagliptin*)	2	ST; QL (1 tablet per 1 day)
STEGLUJAN ORAL TABLET (*ertugliflozin-sitagliptin*)	3	ST; QL (1 tablet per 1 day)
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - DRUGS FOR DIABETES**		
bexagliflozin oral tablet	3	ST; QL (1 tablet per 1 day)
BRENZAVVY ORAL TABLET (*bexagliflozin*)	3	ST; QL (1 tablet per 1 day)
dapagliflozin propanediol oral tablet	2	ST; QL (1 tablet per 1 day)
FARXIGA ORAL TABLET (*dapagliflozin propanediol*)	2	ST; QL (1 tablet per 1 day)
INVOKANA ORAL TABLET (*canagliflozin*)	3	ST; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET (*empagliflozin*)	2	ST; QL (1 tablet per 1 day)
STEGLATRO ORAL TABLET (*ertugliflozin l-pyroglutamicac*)	3	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB - DRUGS FOR DIABETES**		
dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg	2	ST; QL (1 tablet per 1 day)
dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg	2	ST; QL (2 tablets per 1 day)
INVOKAMET ORAL TABLET (*canagliflozin-metformin hcl*)	3	ST; QL (2 tablets per 1 day)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR (*canagliflozin-metformin hcl*)	3	ST; QL (2 tablets per 1 day)
SEGLUROMET ORAL TABLET (*ertugliflozin-metformin hcl*)	3	ST; QL (2 tablets per 1 day)
SYNJARDY ORAL TABLET (*empagliflozin-metformin hcl*)	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (*empagliflozin-metformin hcl*)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (*dapagliflozin prop-metformin*)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (*dapagliflozin prop-metformin*)	2	ST; QL (2 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (*dapagliflozin prop-metformin*)	2	ST; QL (2 tablets per 1 day)
SULFONYLUREA-BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES**		
glipizide-metformin hcl oral tablet 2.5-250 mg	1 or 1b*	QL (8 tablets per 1 day)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1 or 1b*	QL (4 tablets per 1 day)
glyburide-metformin oral tablet 1.25-250 mg	1 or 1b*	QL (8 tablets per 1 day)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	1 or 1b*	QL (4 tablets per 1 day)
SULFONYLUREAS - DRUGS FOR DIABETES**		
glimepiride oral tablet 1 mg	1 or 1b*	QL (8 tablets per 1 day)
glimepiride oral tablet 2 mg	1 or 1b*	QL (4 tablets per 1 day)
glimepiride oral tablet 3 mg	3	PA; QL (2 tablets per 1 day)
glimepiride oral tablet 4 mg	1 or 1b*	QL (2 tablets per 1 day)
glipizide er oral tablet extended release 24 hour 10 mg	1 or 1a*	QL (2 tablets per 1 day)
glipizide er oral tablet extended release 24 hour 2.5 mg	1 or 1a*	QL (8 tablets per 1 day)
glipizide er oral tablet extended release 24 hour 5 mg	1 or 1a*	QL (4 tablets per 1 day)
glipizide oral tablet 10 mg	1 or 1a*	QL (4 tablets per 1 day)
glipizide oral tablet 2.5 mg	1 or 1a*	QL (16 tablets per 1 day)
glipizide oral tablet 5 mg	1 or 1a*	QL (8 tablets per 1 day)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (*glipizide*)	3	QL (2 tablets per 1 day)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG (*glipizide*)	3	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glyburide micronized oral tablet 1.5 mg	1 or 1b*	QL (8 tablets per 1 day)
glyburide micronized oral tablet 3 mg	1 or 1b*	QL (4 tablets per 1 day)
glyburide micronized oral tablet 6 mg	1 or 1b*	QL (2 tablets per 1 day)
glyburide oral tablet 1.25 mg	1 or 1b*	QL (16 tablets per 1 day)
glyburide oral tablet 2.5 mg	1 or 1b*	QL (8 tablets per 1 day)
glyburide oral tablet 5 mg	1 or 1b*	QL (4 tablets per 1 day)
SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS - DRUGS FOR DIABETES**		
DUETACT ORAL TABLET (*pioglitazone hcl-glimepiride*)	3	ST; QL (1 tablet per 1 day)
pioglitazone hcl-glimepiride oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES**		
ACTOPLUS MET ORAL TABLET (*pioglitazone hcl-metformin hcl*)	3	ST; QL (3 tablet per 1 day)
pioglitazone hcl-metformin hcl oral tablet	1 or 1b*	ST; QL (3 tablets per 1 day)
THIAZOLIDINEDIONES - DRUGS FOR DIABETES**		
ACTOS ORAL TABLET (*pioglitazone hcl*)	3	ST; QL (1 tablet per 1 day)
pioglitazone hcl oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
***ANTIDIARRHEAL/PROBIOTIC AGENTS* - DRUGS FOR THE STOMACH**		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS - DRUGS FOR DIARRHEA**		
MYTESI ORAL TABLET DELAYED RELEASE (*crofelemer*)	3	PA; QL (2 tablets per 1 day)
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC. - DRUGS FOR DIARRHEA**		
relibiotic oral capsule	3	
ANTIPERISTALTIC AGENTS - DRUGS FOR DIARRHEA**		
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet	1 or 1b*	
LOMOTIL ORAL TABLET (*diphenoxylate-atropine*)	3	
loperamide hcl oral capsule	1 or 1b*	QL (8 capsules per 1 day)
MOTOFEN ORAL TABLET (*difenoxin-atropine*)	3	
***ANTIDOTES AND SPECIFIC ANTAGONISTS* - DRUGS FOR OVERDOSE OR POISONING**		
ANTIDOTE COMBINATIONS - DRUGS FOR OVERDOSE OR POISONING**		
NITHIODOTE INTRAVENOUS KIT (*sodium nitrite-sod thiosulfate*)	3	
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE (*neostigmine-glycopyrrolate*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDOTES - CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING**		
CHEMET ORAL CAPSULE (*succimer*)	3	
deferasirox granules oral packet	1 or 1b*	PA; LD; SP
deferasirox oral packet	1 or 1b*	PA; LD; SP
deferasirox oral tablet	1 or 1b*	PA; LD; SP
deferasirox oral tablet soluble	1 or 1b*	PA; LD; SP
deferiprone oral tablet	1 or 1b*	PA; LD
EXJADE ORAL TABLET SOLUBLE (*deferasirox*)	3	PA; LD; SP
FERRIPROX ORAL SOLUTION (*deferiprone*)	3	PA; LD
FERRIPROX ORAL TABLET (*deferiprone*)	3	PA; LD
FERRIPROX TWICE-A-DAY ORAL TABLET (*deferiprone*)	3	PA; LD
JADENU ORAL TABLET (*deferasirox*)	3	PA; LD; SP
JADENU SPRINKLE ORAL PACKET (*deferasirox*)	3	PA; LD; SP
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING**		
ACETADOTE INTRAVENOUS SOLUTION (*acetylcysteine*)	3	
acetylcysteine intravenous solution	1 or 1b*	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED (*coag fact xa inactivated-zhzo*)	3	
BRIDION INTRAVENOUS SOLUTION (*sugammadex sodium*)	3	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED (*hydroxocobalamin*)	3	
deferoxamine mesylate injection solution reconstituted	1 or 1b*	LD; SP
DESFERAL INJECTION SOLUTION RECONSTITUTED (*deferoxamine mesylate*)	3	LD; SP
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED (*digoxin immune fab*)	3	
edetate calcium disodium injection solution	3	
fomepizole intravenous solution	1 or 1b*	
methylene blue (antidote) intravenous solution	1 or 1b*	
methylene blue intravenous solution	1 or 1b*	
PRAXBIND INTRAVENOUS SOLUTION (*idarucizumab*)	3	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED (*pralidoxime chloride*)	3	
PROVAYBLUE INTRAVENOUS SOLUTION (*methylene blue (antidote)*)	3	
RADIOGARDASE ORAL CAPSULE (*prussian blue insoluble*)	3	
SODIUM NITRITE INTRAVENOUS SOLUTION	3	
SODIUM THIOSULFATE INTRAVENOUS SOLUTION	1 or 1b*	
VISTOGARD ORAL PACKET (*uridine triacetate*)	3	LD; QL (20 packets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENZODIAZEPINE ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING**		
flumazenil intravenous solution	1 or 1b*	
OPIOID ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING**		
KLOXXADO NASAL LIQUID (*naloxone hcl*)	2	QL (6 nasal sprays per 3 monthss)
nalmefene hcl injection solution	3	QL (20 mL per 150 days)
naloxone hcl injection solution	1 or 1b*	QL (6 vial per 90 days)
naloxone hcl injection solution cartridge	1 or 1b*	QL (6 syringe per 90 days)
naloxone hcl injection solution prefilled syringe 0.4 mg/ml	1 or 1b*	QL (6 syringes per 3 months)
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1 or 1b*	QL (6 syringe per 90 days)
naloxone hcl nasal liquid	1 or 1b*	QL (6 nasal sprays per 3 monthss)
naltrexone hcl oral tablet	1 or 1b*	
NARCAN NASAL LIQUID (*naloxone hcl*)	3	ST; QL (6 nasal spray per 90 days)
OPVEE NASAL SOLUTION (*nalmefene hcl*)	2	QL (3 cartons per 90 days)
REXTOVY NASAL LIQUID (*naloxone hcl*)	2	QL (6 nasal sprays per 3 monthss)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED (*naltrexone*)	3	LD; QL (1 vial per 28 days)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE (*naloxone hcl*)	2	QL (6 syringes per 3 monthss)
***ANTIEMETICS* - DRUGS FOR THE STOMACH**		
5-HT3 RECEPTOR ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA**		
ANZEMET ORAL TABLET (*dolasetron mesylate*)	3	LD; QL (5 tablets per 30 days)
granisetron hcl intravenous solution	1 or 1b*	LD
granisetron hcl oral tablet	1 or 1b*	LD; QL (10 tablets per 30 days)
ondansetron hcl +rfid injection solution	1 or 1b*	
ondansetron hcl injection solution	1 or 1b*	
ondansetron hcl injection solution prefilled syringe	1 or 1b*	LD
ondansetron hcl oral solution	1 or 1b*	LD; QL (8 mL per 1 day)
ondansetron hcl oral tablet 24 mg	1 or 1b*	LD; QL (8 tablet per 30 days)
ondansetron hcl oral tablet 4 mg	1 or 1b*	LD; QL (48 tablets per 30 days)
ondansetron hcl oral tablet 8 mg	1 or 1b*	LD; QL (24 tablets per 30 days)
ondansetron oral tablet dispersible 16 mg	1 or 1b*	QL (4 tablets per 30 days)
ondansetron oral tablet dispersible 4 mg	1 or 1b*	LD; QL (48 tablets per 30 days)
ondansetron oral tablet dispersible 8 mg	1 or 1b*	LD; QL (24 tablets per 30 days)
PALONOSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML	3	LD
palonosetron hcl intravenous solution 0.25 mg/5ml	1 or 1b*	LD
palonosetron hcl intravenous solution prefilled syringe	1 or 1b*	LD
POSFREA INTRAVENOUS SOLUTION (*palonosetron hcl*)	3	LD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SANCUSO TRANSDERMAL PATCH (*granisetron*)	3	LD; QL (4 patches per 28 days)
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE (*granisetron*)	3	LD
ANTIEMETIC COMBINATIONS - DRUGS FOR VOMITING AND NAUSEA**		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION (*fosnetupitant-palonosetron*)	3	PA; LD; QL (5 vials per 30 days)
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION (*fosnetupitant-palonosetron*)	3	PA; LD; QL (5 vials per 30 days)
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED (*fosnetupitant-palonosetron*)	3	PA; LD; QL (5 vials per 30 days)
AKYNZEO ORAL CAPSULE (*netupitant-palonosetron*)	3	LD; QL (5 capsules per 25 days)
BONJESTA ORAL TABLET EXTENDED RELEASE (*doxylamine-pyridoxine*)	3	PA; QL (4 tablet per 1 day)
DICLEGIS ORAL TABLET DELAYED RELEASE (*doxylamine-pyridoxine*)	3	PA; QL (4 tablet per 1 day)
doxylamine-pyridoxine oral tablet delayed release	1 or 1b*	PA; QL (4 tablet per 1 day)
ANTIEMETICS - ANTICHOLINERGIC - DRUGS FOR VOMITING AND NAUSEA**		
DIMENHYDRINATE INJECTION SOLUTION	3	
meclizine hcl oral tablet 25 mg	1 or 1a*	
meclizine hcl oral tablet 50 mg	1 or 1b*	
scopolamine transdermal patch 72 hour	1 or 1b*	
TIGAN INTRAMUSCULAR SOLUTION (*trimethobenzamide hcl*)	3	
trimethobenzamide hcl oral capsule	1 or 1b*	
ANTIEMETICS - ANTIDOPAMINERGIC - DRUGS FOR VOMITING AND NAUSEA**		
BARHEMSYS INTRAVENOUS SOLUTION (*amisulpride (antiemetic)*)	3	
ANTIEMETICS - MISCELLANEOUS - DRUGS FOR VOMITING AND NAUSEA**		
dronabinol oral capsule	1 or 1b*	QL (4 capsules per 1 day)
MARINOL ORAL CAPSULE (*dronabinol*)	3	QL (4 capsules per 1 day)
SYNDROS ORAL SOLUTION (*dronabinol*)	3	QL (8 mL per 1 day)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA**		
APONVIE INTRAVENOUS EMULSION (*aprepitant*)	3	LD
aprepitant oral	1 or 1b*	LD; QL (15 capsules per 25 days)
aprepitant oral capsule 125 mg	1 or 1b*	LD; QL (5 capsules per 25 days)
aprepitant oral capsule 40 mg	1 or 1b*	LD; QL (1 capsule per 1 fill)
aprepitant oral capsule 80 & 125 mg	1 or 1b*	LD; QL (15 capsules per 25 days)
aprepitant oral capsule 80 mg	1 or 1b*	LD; QL (10 capsules per 25 days)
CINVANTI INTRAVENOUS EMULSION (*aprepitant*)	3	QL (5 vials per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMEND BIPACK ORAL CAPSULE (*aprepitant*)	3	LD; QL (10 capsules per 25 days)
EMEND INTRAVENOUS SOLUTION RECONSTITUTED (*fosaprepitant dimeglumine*)	3	LD; QL (5 vial per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED (*aprepitant*)	3	QL (15 kit per 30 days)
EMEND TRIPACK ORAL CAPSULE (*aprepitant*)	3	LD; QL (15 capsules per 25 days)
focinvez intravenous solution	3	QL (5 vials per 30 days)
fosaprepitant dimeglumine intravenous solution reconstituted	1 or 1b*	LD; QL (5 vial per 30 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK (*rolapitant hcl*)	3	QL (4 capsules per 28 days)
***ANTIFUNGALS* - DRUGS FOR INFECTIONS**		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS) - DRUGS FOR FUNGUS**		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED (*caspofungin acetate*)	3	QL (1 vial per 1 day)
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	3	QL (1 vial per 1 day)
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED (*anidulafungin*)	3	
MICAFUNGIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
micafungin sodium-nacl intravenous solution	3	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED (*micafungin sodium*)	3	
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED (*rezafungin acetate*)	3	
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS) - ANTIBIOTICS**		
BREXAFEMME ORAL TABLET (*ibrexafungerp citrate*)	3	PA; QL (4 tablets per 1 month)
ANTIFUNGALS - DRUGS FOR FUNGUS**		
ABELCET INTRAVENOUS SUSPENSION (*amphotericin b lipid*)	3	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED (*amphotericin b liposome*)	3	
amphotericin b intravenous solution reconstituted	1 or 1b*	
amphotericin b liposome intravenous suspension reconstituted	1 or 1b*	
ANCOBON ORAL CAPSULE (*flucytosine*)	3	PA
flucytosine oral capsule	1 or 1b*	PA
griseofulvin microsize oral suspension	1 or 1b*	
griseofulvin microsize oral tablet	1 or 1b*	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1 or 1b*	
griseofulvin ultramicrosize oral tablet 165 mg	3	
nystatin oral tablet	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
terbinafine hcl oral tablet	1 or 1b*	
IMIDAZOLES - DRUGS FOR FUNGUS**		
ketoconazole oral tablet	1 or 1b*	QL (2 tablets per 1 day)
TETRAZOLES - DRUGS FOR FUNGUS**		
VIVJOA ORAL CAPSULE THERAPY PACK (*oteseconazole*)	3	PA; QL (1 carton per 4 monthss)
TRIAZOLES - DRUGS FOR FUNGUS**		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED (*isavuconazonium sulfate*)	3	PA; QL (1 vial per 1 day)
CRESEMBA ORAL CAPSULE 186 MG (*isavuconazonium sulfate*)	3	PA; QL (2 capsules per 1 day)
CRESEMBA ORAL CAPSULE 74.5 MG (*isavuconazonium sulfate*)	3	PA; QL (5 capsules per 1 day)
DIFLUCAN ORAL SUSPENSION RECONSTITUTED (*fluconazole*)	3	QL (10 mL per 1 day)
DIFLUCAN ORAL TABLET 100 MG (*fluconazole*)	3	QL (4 tablet per 1 day)
FLUCONAZOLE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/50ML-%	3	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1 or 1b*	
fluconazole oral suspension reconstituted 10 mg/ml	1 or 1b*	QL (40 mL per 1 day)
fluconazole oral suspension reconstituted 40 mg/ml	1 or 1b*	QL (10 mL per 1 day)
fluconazole oral tablet 100 mg	1 or 1b*	QL (4 tablet per 1 day)
fluconazole oral tablet 150 mg, 200 mg	1 or 1b*	QL (2 tablets per 1 day)
fluconazole oral tablet 50 mg	1 or 1b*	QL (8 tablet per 1 day)
itraconazole oral capsule	1 or 1b*	PA; QL (4.2 capsules per 1 day)
itraconazole oral solution	1 or 1b*	PA; QL (20 mL per 1 day)
NOXAFIL INTRAVENOUS SOLUTION (*posaconazole*)	3	
NOXAFIL ORAL PACKET (*posaconazole*)	3	PA; QL (31 packet per 30 days)
NOXAFIL ORAL SUSPENSION (*posaconazole*)	3	PA; QL (20 mL per 1 day)
NOXAFIL ORAL TABLET DELAYED RELEASE (*posaconazole*)	3	PA; QL (93 tablets per 30 days)
posaconazole intravenous solution	1 or 1b*	
posaconazole oral suspension	1 or 1b*	PA; QL (20 mL per 1 day)
posaconazole oral tablet delayed release	1 or 1b*	PA; QL (93 tablets per 30 days)
SPORANOX ORAL CAPSULE (*itraconazole*)	3	PA; QL (4.2 capsules per 1 day)
TOLSURA ORAL CAPSULE	3	PA; QL (126 capsules per 30 days)
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED (*voriconazole*)	3	
VFEND ORAL SUSPENSION RECONSTITUTED (*voriconazole*)	3	PA; QL (17.5 mL per 1 day)
VFEND ORAL TABLET (*voriconazole*)	3	PA; QL (6 tablets per 1 day)
voriconazole intravenous solution reconstituted	3	
voriconazole oral suspension reconstituted	1 or 1b*	PA; QL (17.5 mL per 1 day)
voriconazole oral tablet 200 mg	1 or 1b*	PA; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
voriconazole oral tablet 50 mg	1 or 1b*	PA; QL (6 tablets per 1 day)
***ANTIHISTAMINES* - DRUGS FOR THE LUNGS**		
ANTIHISTAMINES - ALKYLAMINES - DRUGS FOR ALLERGIES**		
ryclora oral solution	3	ST
ANTIHISTAMINES - ETHANOLAMINES - DRUGS FOR ALLERGIES**		
carbinoxamine maleate er oral suspension extended release	1 or 1b*	ST; QL (40 mL per 1 day)
carbinoxamine maleate oral solution	1 or 1b*	ST
carbinoxamine maleate oral tablet 4 mg	1 or 1b*	ST
carbinoxamine maleate oral tablet 6 mg	3	ST; QL (4 tablets per 1 day)
CLEMASTINE FUMARATE ORAL SYRUP	3	ST; QL (60 mL per 1 day)
clemastine fumarate oral tablet	1 or 1b*	ST; QL (3 tablets per 1 day)
diphenhydramine hcl injection solution	1 or 1b*	
diphenhydramine hcl oral elixir	1 or 1a*	QL (4 mL per 1 day)
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE (*carbinoxamine maleate*)	3	ST; QL (40 mL per 1 day)
RYVENT ORAL TABLET (*carbinoxamine maleate*)	3	ST; QL (4 tablets per 1 day)
ANTIHISTAMINES - NON-SEDATING - DRUGS FOR ALLERGIES**		
cetirizine hcl oral solution	1 or 1b*	BE; QL (10 mL per 1 day)
CLARINEX ORAL TABLET (*desloratadine*)	3	ST; QL (1 tablet per 1 day)
desloratadine oral tablet	1 or 1b*	QL (1 tablet per 1 day)
desloratadine oral tablet dispersible	1 or 1b*	QL (1 tablet per 1 day)
levocetirizine dihydrochloride oral solution	1 or 1b*	BE; QL (10 mL per 1 day)
levocetirizine dihydrochloride oral tablet	1 or 1b*	BE; QL (1 tablet per 1 day)
QUZYTTIR INTRAVENOUS SOLUTION (*cetirizine hcl*)	3	
ANTIHISTAMINES - PHENOTHIAZINES - DRUGS FOR ALLERGIES**		
PHENERGAN INJECTION SOLUTION (*promethazine hcl*)	3	
promethazine hcl injection solution	1 or 1a*	
promethazine hcl oral solution	1 or 1a*	QL (40 mL per 1 day)
promethazine hcl oral tablet 12.5 mg, 25 mg	1 or 1a*	QL (4 tablets per 1 day)
promethazine hcl oral tablet 50 mg	1 or 1a*	QL (1 tablet per 1 day)
promethazine hcl rectal suppository	1 or 1b*	QL (6 suppositories per 1 day)
promethegan rectal suppository 12.5 mg, 25 mg	1 or 1b*	QL (6 suppositories per 1 day)
promethegan rectal suppository 50 mg	1 or 1b*	QL (1 suppository per 1 day)
ANTIHISTAMINES - PIPERIDINES - DRUGS FOR ALLERGIES**		
cyproheptadine hcl oral syrup	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyproheptadine hcl oral tablet	1 or 1b*	
***ANTIHYPERLIPIDEMICS* - DRUGS FOR THE HEART**		
ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB - DRUGS FOR CHOLESTEROL**		
NEXLIZET ORAL TABLET (*bempedoic acid-ezetimibe*)	3	PA; QL (1 tablet per 1 day)
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - DRUGS FOR CHOLESTEROL**		
NEXLETOL ORAL TABLET (*bempedoic acid*)	3	PA; QL (1 tablet per 1 day)
ANGIOPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS - DRUGS FOR CHOLESTEROL**		
EVKEEZA INTRAVENOUS SOLUTION (*evinacumab-dgnb*)	3	PA; LD
ANTIHYPERLIPIDEMICS - MISC. - DRUGS FOR CHOLESTEROL**		
icosapent ethyl oral capsule 0.5 gm	1 or 1b*	PA; QL (8 capsules per 1 day)
icosapent ethyl oral capsule 1 gm	1 or 1b*	PA; QL (4 capsule per 1 day)
LOVAZA ORAL CAPSULE (*omega-3-acid ethyl esters*)	3	PA; QL (4 capsule per 1 day)
omega-3-acid ethyl esters oral capsule	1 or 1b*	PA; QL (4 capsule per 1 day)
VASCEPA ORAL CAPSULE 0.5 GM (*icosapent ethyl*)	2	PA; QL (8 capsules per 1 day)
VASCEPA ORAL CAPSULE 1 GM (*icosapent ethyl*)	2	PA; QL (4 capsule per 1 day)
BILE ACID SEQUESTRANTS - DRUGS FOR CHOLESTEROL**		
cholestyramine light oral packet	1 or 1b*	QL (24 grams per 1 day)
cholestyramine light oral powder	1 or 1b*	QL (30 grams per 1 day)
cholestyramine oral packet	1 or 1b*	QL (6 packets per 1 day)
cholestyramine oral powder	1 or 1b*	QL (54 gm per 1 day)
colesevelam hcl oral packet	3	QL (1 packet per 1 day)
colesevelam hcl oral tablet	1 or 1b*	QL (6 tablets per 1 day)
COLESTID ORAL GRANULES (*colestipol hcl*)	3	QL (45 grams per 1 day)
COLESTID ORAL TABLET (*colestipol hcl*)	3	QL (16 tablets per 1 day)
colestipol hcl oral granules	1 or 1b*	QL (45 grams per 1 day)
colestipol hcl oral packet	1 or 1b*	QL (30 grams per 1 day)
colestipol hcl oral tablet	1 or 1b*	QL (16 tablets per 1 day)
prevalite oral packet	1 or 1b*	QL (24 grams per 1 day)
prevalite oral powder	1 or 1b*	QL (30 grams per 1 day)
QUESTRAN LIGHT ORAL POWDER (*cholestyramine light*)	3	QL (30 grams per 1 day)
QUESTRAN ORAL PACKET (*cholestyramine*)	3	QL (6 packets per 1 day)
QUESTRAN ORAL POWDER (*cholestyramine*)	3	QL (54 gm per 1 day)
WELCHOL ORAL PACKET (*colesevelam hcl*)	3	QL (1 packet per 1 day)
WELCHOL ORAL TABLET (*colesevelam hcl*)	3	QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIBRIC ACID DERIVATIVES - DRUGS FOR CHOLESTEROL**		
fenofibrate micronized oral capsule	1 or 1b*	QL (1 capsule per 1 day)
fenofibrate oral capsule	1 or 1b*	QL (1 capsule per 1 day)
fenofibrate oral tablet 120 mg, 40 mg	3	ST; QL (1 tablet per 1 day)
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1 or 1b*	QL (1 tablet per 1 day)
fenofibric acid oral capsule delayed release	1 or 1b*	QL (1 capsule per 1 day)
fenofibric acid oral tablet	1 or 1b*	QL (1 tablet per 1 day)
gemfibrozil oral tablet	1 or 1b*	QL (2 tablets per 1 day)
LIPOFEN ORAL CAPSULE (*fenofibrate*)	3	ST; QL (1 capsule per 1 day)
LOPID ORAL TABLET (*gemfibrozil*)	3	ST; QL (2 tablets per 1 day)
TRICOR ORAL TABLET (*fenofibrate*)	3	ST; QL (1 tablet per 1 day)
HMG COA REDUCTASE INHIBITORS - DRUGS FOR CHOLESTEROL**		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG (*lovastatin*)	3	ST; DO
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG (*lovastatin*)	3	ST; QL (1 tablet per 1 day)
ATORVALIQ ORAL SUSPENSION (*atorvastatin calcium*)	3	ST; QL (20 mL per 1 day)
atorvastatin calcium oral tablet 10 mg, 20 mg	1 or 1b*; $0	DO
atorvastatin calcium oral tablet 40 mg	1 or 1b*	DO
atorvastatin calcium oral tablet 80 mg	1 or 1b*	QL (1 tablet per 1 day)
CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG (*rosuvastatin calcium*)	3	ST; DO
CRESTOR ORAL TABLET 40 MG (*rosuvastatin calcium*)	3	ST; QL (1 tablet per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 5 MG (*rosuvastatin calcium*)	3	ST; DO
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 40 MG (*rosuvastatin calcium*)	3	ST; QL (1 capsule per 1 day)
FLOLIPID ORAL SUSPENSION	3	ST; QL (5 mL per 1 day)
fluvastatin sodium er oral tablet extended release 24 hour	3; $0	ST; QL (1 tablet per 1 day)
fluvastatin sodium oral capsule	1 or 1b*; $0	DO
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (*fluvastatin sodium*)	3	ST; QL (1 tablet per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG (*atorvastatin calcium*)	3	ST; DO
LIPITOR ORAL TABLET 80 MG (*atorvastatin calcium*)	3	ST; QL (1 tablet per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG (*pitavastatin calcium*)	3	ST; DO
LIVALO ORAL TABLET 4 MG (*pitavastatin calcium*)	3	ST; QL (1 tablet per 1 day)
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*; $0	DO
lovastatin oral tablet 40 mg	1 or 1b*; $0	QL (2 tablets per 1 day)
pitavastatin calcium oral tablet 1 mg, 2 mg	3	ST; DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pitavastatin calcium oral tablet 4 mg	3	ST; QL (1 tablet per 1 day)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	1 or 1b*; $0	DO
pravastatin sodium oral tablet 80 mg	1 or 1b*; $0	QL (1 tablet per 1 day)
rosuvastatin calcium oral tablet 10 mg, 5 mg	1 or 1b*; $0	DO
rosuvastatin calcium oral tablet 20 mg	1 or 1b*	DO
rosuvastatin calcium oral tablet 40 mg	1 or 1b*	QL (1 tablet per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*; $0	DO
simvastatin oral tablet 40 mg	1 or 1b*; $0	QL (1 tablet per 1 day)
simvastatin oral tablet 80 mg	1 or 1b*	PA; QL (1 tablet per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG (*simvastatin*)	3	ST; DO
ZOCOR ORAL TABLET 40 MG (*simvastatin*)	3	ST; QL (1 tablet per 1 day)
ZYPITAMAG ORAL TABLET 2 MG (*pitavastatin magnesium*)	3	ST; DO
ZYPITAMAG ORAL TABLET 4 MG (*pitavastatin magnesium*)	3	ST; QL (1 tablet per 1 day)
INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB - DRUGS FOR CHOLESTEROL**		
ezetimibe-simvastatin oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
VYTORIN ORAL TABLET (*ezetimibe-simvastatin*)	3	ST; QL (1 tablet per 1 day)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - DRUGS FOR CHOLESTEROL**		
ezetimibe oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
ZETIA ORAL TABLET (*ezetimibe*)	3	ST; QL (1 tablet per 1 day)
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS - DRUGS FOR CHOLESTEROL**		
JUXTAPID ORAL CAPSULE 10 MG, 5 MG (*lomitapide mesylate*)	3	PA; LD; DO
JUXTAPID ORAL CAPSULE 20 MG, 30 MG (*lomitapide mesylate*)	3	PA; LD; QL (2 capsules per 1 day)
NICOTINIC ACID DERIVATIVES - DRUGS FOR CHOLESTEROL**		
niacin (antihyperlipidemic) oral tablet	1 or 1b*	ST; QL (12 tablets per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg	1 or 1b*	ST; QL (2 tablets per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg	1 or 1b*	ST; QL (1 tablet per 1 day)
niacor oral tablet	1 or 1b*	ST; QL (12 tablets per 1 day)
PCSK9 INHIBITORS - DRUGS FOR CHOLESTEROL**		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*alirocumab*)	3	PA; QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE (*evolocumab*)	3	PA; QL (1 cartridge per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*evolocumab*)	3	PA; QL (2 syringe per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*evolocumab*)	3	PA; QL (2 syringe per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS - DRUGS FOR CHOLESTEROL**		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*inclisiran sodium*)	3	PA; LD; QL (1.5 mL per 180 days)
***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	1 or 1b*	QL (1 capsule per 1 day)
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg	1 or 1b*	QL (4 capsules per 1 day)
amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg	1 or 1b*	QL (2 capsules per 1 day)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG (*amlodipine besy-benazepril hcl*)	3	QL (1 capsule per 1 day)
LOTREL ORAL CAPSULE 5-10 MG, 5-20 MG (*amlodipine besy-benazepril hcl*)	3	QL (2 capsules per 1 day)
PRESTALIA ORAL TABLET 14-10 MG (*perindopril arg-amlodipine*)	3	QL (1 tablet per 1 day)
PRESTALIA ORAL TABLET 3.5-2.5 MG (*perindopril arg-amlodipine*)	3	QL (4 tablets per 1 day)
PRESTALIA ORAL TABLET 7-5 MG (*perindopril arg-amlodipine*)	3	QL (2 tablets per 1 day)
trandolapril-verapamil hcl er oral tablet extended release	1 or 1b*	QL (1 tablet per 1 day)
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE - DRUGS FOR HIGH BLOOD PRESSURE**		
ACCURETIC ORAL TABLET 10-12.5 MG (*quinapril-hydrochlorothiazide*)	3	QL (4 tablets per 1 day)
ACCURETIC ORAL TABLET 20-12.5 MG (*quinapril-hydrochlorothiazide*)	3	QL (2 tablets per 1 day)
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	QL (1 tablet per 1 day)
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	1 or 1b*	QL (4 tablets per 1 day)
captopril-hydrochlorothiazide oral tablet	1 or 1b*	QL (2 tablets per 1 day)
enalapril-hydrochlorothiazide oral tablet 10-25 mg	1 or 1b*	QL (2 tablets per 1 day)
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1 or 1b*	QL (4 tablets per 1 day)
fosinopril sodium-hctz oral tablet	1 or 1b*	QL (4 tablets per 1 day)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1 or 1b*	QL (4 tablets per 1 day)
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	1 or 1b*	QL (2 tablets per 1 day)
LOTENSIN HCT ORAL TABLET 10-12.5 MG (*benazepril-hydrochlorothiazide*)	3	QL (2 tablets per 1 day)
LOTENSIN HCT ORAL TABLET 20-12.5 MG, 20-25 MG (*benazepril-hydrochlorothiazide*)	3	QL (1 tablet per 1 day)
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg	1 or 1b*	QL (4 tablets per 1 day)
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	QL (2 tablets per 1 day)
VASERETIC ORAL TABLET (*enalapril-hydrochlorothiazide*)	3	QL (2 tablets per 1 day)
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (*lisinopril-hydrochlorothiazide*)	3	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZESTORETIC ORAL TABLET 20-25 MG (*lisinopril-hydrochlorothiazide*)	3	QL (2 tablets per 1 day)
ACE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE**		
ACCUPRIL ORAL TABLET 10 MG (*quinapril hcl*)	3	QL (8 tablets per 1 day)
ACCUPRIL ORAL TABLET 20 MG (*quinapril hcl*)	3	QL (4 tablets per 1 day)
ACCUPRIL ORAL TABLET 40 MG (*quinapril hcl*)	3	QL (2 tablets per 1 day)
ACCUPRIL ORAL TABLET 5 MG (*quinapril hcl*)	3	QL (16 tablets per 1 day)
ALTACE ORAL CAPSULE 10 MG (*ramipril*)	3	QL (2 capsules per 1 day)
ALTACE ORAL CAPSULE 2.5 MG (*ramipril*)	3	QL (8 capsules per 1 day)
benazepril hcl oral tablet 10 mg	1 or 1a*	QL (8 tablets per 1 day)
benazepril hcl oral tablet 20 mg	1 or 1a*	QL (4 tablets per 1 day)
benazepril hcl oral tablet 40 mg	1 or 1a*	QL (2 tablets per 1 day)
benazepril hcl oral tablet 5 mg	1 or 1a*	QL (16 tablets per 1 day)
captopril oral tablet 100 mg	1 or 1b*	QL (3 tablets per 1 day)
captopril oral tablet 12.5 mg	1 or 1b*	QL (24 tablets per 1 day)
captopril oral tablet 25 mg	1 or 1b*	QL (12 tablets per 1 day)
captopril oral tablet 50 mg	1 or 1b*	QL (6 tablets per 1 day)
enalapril maleate oral solution	1 or 1b*	QL (40 mg per 1 day)
enalapril maleate oral tablet 10 mg	1 or 1b*	QL (4 tablets per 1 day)
enalapril maleate oral tablet 2.5 mg	1 or 1b*	QL (16 tablets per 1 day)
enalapril maleate oral tablet 20 mg	1 or 1b*	QL (2 tablets per 1 day)
enalapril maleate oral tablet 5 mg	1 or 1b*	QL (8 tablets per 1 day)
enalaprilat intravenous solution	1 or 1b*	
EPANED ORAL SOLUTION (*enalapril maleate*)	3	QL (40 mg per 1 day)
fosinopril sodium oral tablet 10 mg	1 or 1b*	QL (8 tablets per 1 day)
fosinopril sodium oral tablet 20 mg	1 or 1b*	QL (4 tablets per 1 day)
fosinopril sodium oral tablet 40 mg	1 or 1b*	QL (2 tablets per 1 day)
lisinopril oral tablet 10 mg	1 or 1a*	QL (8 tablets per 1 day)
lisinopril oral tablet 2.5 mg	1 or 1a*	QL (32 tablets per 1 day)
lisinopril oral tablet 20 mg	1 or 1a*	QL (4 tablets per 1 day)
lisinopril oral tablet 30 mg, 40 mg	1 or 1a*	QL (2 tablets per 1 day)
lisinopril oral tablet 5 mg	1 or 1a*	QL (16 tablets per 1 day)
LOTENSIN ORAL TABLET 10 MG (*benazepril hcl*)	3	QL (8 tablets per 1 day)
LOTENSIN ORAL TABLET 20 MG (*benazepril hcl*)	3	QL (4 tablets per 1 day)
LOTENSIN ORAL TABLET 40 MG (*benazepril hcl*)	3	QL (2 tablets per 1 day)
moexipril hcl oral tablet 15 mg	1 or 1b*	QL (4 tablets per 1 day)
moexipril hcl oral tablet 7.5 mg	1 or 1b*	QL (8 tablets per 1 day)
perindopril erbumine oral tablet 2 mg	1 or 1b*	QL (8 tablets per 1 day)
perindopril erbumine oral tablet 4 mg	1 or 1b*	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
perindopril erbumine oral tablet 8 mg	1 or 1b*	QL (2 tablets per 1 day)
QBRELIS ORAL SOLUTION (*lisinopril*)	3	QL (40 mg per 1 day)
quinapril hcl oral tablet 10 mg	1 or 1b*	QL (8 tablets per 1 day)
quinapril hcl oral tablet 20 mg	1 or 1b*	QL (4 tablets per 1 day)
quinapril hcl oral tablet 40 mg	1 or 1b*	QL (2 tablets per 1 day)
quinapril hcl oral tablet 5 mg	1 or 1b*	QL (16 tablets per 1 day)
ramipril oral capsule 1.25 mg	1 or 1b*	QL (16 capsules per 1 day)
ramipril oral capsule 10 mg	1 or 1b*	QL (2 capsules per 1 day)
ramipril oral capsule 2.5 mg	1 or 1b*	QL (8 capsules per 1 day)
ramipril oral capsule 5 mg	1 or 1b*	QL (4 tablets per 1 day)
trandolapril oral tablet 1 mg	1 or 1b*	QL (8 tablets per 1 day)
trandolapril oral tablet 2 mg	1 or 1b*	QL (4 tablets per 1 day)
trandolapril oral tablet 4 mg	1 or 1b*	QL (2 tablets per 1 day)
VASOTEC ORAL TABLET 10 MG (*enalapril maleate*)	3	QL (4 tablets per 1 day)
VASOTEC ORAL TABLET 2.5 MG (*enalapril maleate*)	3	QL (16 tablets per 1 day)
VASOTEC ORAL TABLET 20 MG (*enalapril maleate*)	3	QL (2 tablets per 1 day)
VASOTEC ORAL TABLET 5 MG (*enalapril maleate*)	3	QL (8 tablets per 1 day)
ZESTRIL ORAL TABLET 10 MG (*lisinopril*)	3	QL (8 tablets per 1 day)
ZESTRIL ORAL TABLET 2.5 MG (*lisinopril*)	3	QL (32 tablets per 1 day)
ZESTRIL ORAL TABLET 20 MG (*lisinopril*)	3	QL (4 tablets per 1 day)
ZESTRIL ORAL TABLET 30 MG, 40 MG (*lisinopril*)	3	QL (2 tablets per 1 day)
ZESTRIL ORAL TABLET 5 MG (*lisinopril*)	3	QL (16 tablets per 1 day)
AGENTS FOR PHEOCHROMOCYTOMA - DRUGS FOR HIGH BLOOD PRESSURE**		
DEMSER ORAL CAPSULE (*metyrosine*)	3	PA; LD; QL (16 capsules per 1 day); SP
DIBENZYLINE ORAL CAPSULE (*phenoxybenzamine hcl*)	3	PA; QL (12 capsules per 1 day)
metyrosine oral capsule	1 or 1b*	PA; LD; QL (16 capsules per 1 day); SP
phenoxybenzamine hcl oral capsule	1 or 1b*	PA; QL (12 capsules per 1 day)
phentolamine mesylate injection solution reconstituted	1 or 1b*	
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	1 or 1b*	QL (1 tablet per 1 day)
amlodipine besylate-valsartan oral tablet 5-160 mg	1 or 1b*	QL (2 tablets per 1 day)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	QL (1 tablet per 1 day)
amlodipine-olmesartan oral tablet 5-20 mg	1 or 1b*	QL (2 tablets per 1 day)
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-40 MG (*amlodipine-olmesartan*)	3	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZOR ORAL TABLET 5-20 MG (*amlodipine-olmesartan*)	3	QL (2 tablets per 1 day)
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-320 MG (*amlodipine besylate-valsartan*)	3	QL (1 tablet per 1 day)
EXFORGE ORAL TABLET 5-160 MG (*amlodipine besylate-valsartan*)	3	QL (2 tablets per 1 day)
telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg	1 or 1b*	QL (1 tablet per 1 day)
telmisartan-amlodipine oral tablet 40-5 mg	1 or 1b*	QL (2 tablets per 1 day)
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE - DRUGS FOR HIGH BLOOD PRESSURE**		
ATACAND HCT ORAL TABLET 16-12.5 MG (*candesartan cilexetil-hctz*)	3	QL (2 tablets per 1 day)
ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG (*candesartan cilexetil-hctz*)	3	QL (1 tablet per 1 day)
AVALIDE ORAL TABLET 150-12.5 MG (*irbesartan-hydrochlorothiazide*)	3	QL (2 tablets per 1 day)
AVALIDE ORAL TABLET 300-12.5 MG (*irbesartan-hydrochlorothiazide*)	3	QL (1 tablet per 1 day)
BENICAR HCT ORAL TABLET 20-12.5 MG (*olmesartan medoxomil-hctz*)	3	QL (2 tablets per 1 day)
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG (*olmesartan medoxomil-hctz*)	3	QL (1 tablet per 1 day)
candesartan cilexetil-hctz oral tablet 16-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	1 or 1b*	QL (1 tablet per 1 day)
DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG (*valsartan-hydrochlorothiazide*)	3	QL (2 tablets per 1 day)
DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG (*valsartan-hydrochlorothiazide*)	3	QL (1 tablet per 1 day)
EDARBYCLOR ORAL TABLET (*azilsartan-chlorthalidone*)	3	QL (1 tablet per 1 day)
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG (*losartan potassium-hctz*)	3	QL (1 tablet per 1 day)
HYZAAR ORAL TABLET 50-12.5 MG (*losartan potassium-hctz*)	3	QL (2 tablets per 1 day)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1 or 1b*	QL (1 tablet per 1 day)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1 or 1b*	QL (1 tablet per 1 day)
losartan potassium-hctz oral tablet 50-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG (*telmisartan-hctz*)	3	QL (2 tablets per 1 day)
MICARDIS HCT ORAL TABLET 80-25 MG (*telmisartan-hctz*)	3	QL (1 tablet per 1 day)
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	1 or 1b*	QL (1 tablet per 1 day)
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
telmisartan-hctz oral tablet 80-25 mg	1 or 1b*	QL (1 tablet per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1 or 1b*	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS FOR HIGH BLOOD PRESSURE**		
ATACAND ORAL TABLET 16 MG (*candesartan cilexetil*)	3	QL (2 tablets per 1 day)
ATACAND ORAL TABLET 32 MG (*candesartan cilexetil*)	3	QL (1 tablet per 1 day)
ATACAND ORAL TABLET 4 MG, 8 MG (*candesartan cilexetil*)	3	DO
AVAPRO ORAL TABLET 150 MG (*irbesartan*)	3	DO
AVAPRO ORAL TABLET 300 MG (*irbesartan*)	3	QL (1 tablet per 1 day)
BENICAR ORAL TABLET 20 MG, 5 MG (*olmesartan medoxomil*)	3	DO
BENICAR ORAL TABLET 40 MG (*olmesartan medoxomil*)	3	QL (1 tablet per 1 day)
candesartan cilexetil oral tablet 16 mg	1 or 1b*	QL (2 tablets per 1 day)
candesartan cilexetil oral tablet 32 mg	1 or 1b*	QL (1 tablet per 1 day)
candesartan cilexetil oral tablet 4 mg, 8 mg	1 or 1b*	DO
COZAAR ORAL TABLET 100 MG (*losartan potassium*)	3	QL (1 tablet per 1 day)
COZAAR ORAL TABLET 25 MG (*losartan potassium*)	3	DO
COZAAR ORAL TABLET 50 MG (*losartan potassium*)	3	QL (2 tablets per 1 day)
DIOVAN ORAL TABLET 160 MG (*valsartan*)	3	QL (2 tablets per 1 day)
DIOVAN ORAL TABLET 320 MG (*valsartan*)	3	QL (1 tablet per 1 day)
DIOVAN ORAL TABLET 40 MG, 80 MG (*valsartan*)	3	DO
EDARBI ORAL TABLET 40 MG (*azilsartan medoxomil*)	3	DO
EDARBI ORAL TABLET 80 MG (*azilsartan medoxomil*)	3	QL (1 tablet per 1 day)
irbesartan oral tablet 150 mg, 75 mg	1 or 1b*	DO
irbesartan oral tablet 300 mg	1 or 1b*	QL (1 tablet per 1 day)
losartan potassium oral tablet 100 mg	1 or 1b*	QL (1 tablet per 1 day)
losartan potassium oral tablet 25 mg	1 or 1b*	DO
losartan potassium oral tablet 50 mg	1 or 1b*	QL (2 tablets per 1 day)
MICARDIS ORAL TABLET 40 MG (*telmisartan*)	3	DO
MICARDIS ORAL TABLET 80 MG (*telmisartan*)	3	QL (2 tablets per 1 day)
olmesartan medoxomil oral tablet 20 mg, 5 mg	1 or 1b*	DO
olmesartan medoxomil oral tablet 40 mg	1 or 1b*	QL (1 tablet per 1 day)
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	DO
telmisartan oral tablet 80 mg	1 or 1b*	QL (2 tablets per 1 day)
VALSARTAN ORAL SOLUTION	1 or 1b*	PA; QL (80 mL per 1 day)
valsartan oral tablet 160 mg	1 or 1b*	QL (2 tablets per 1 day)
valsartan oral tablet 320 mg	1 or 1b*	QL (1 tablet per 1 day)
valsartan oral tablet 40 mg, 80 mg	1 or 1b*	DO
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	1 or 1b*	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-25 MG (*amlodipine-valsartan-hctz*)	3	QL (1 tablet per 1 day)
EXFORGE HCT ORAL TABLET 5-160-12.5 MG (*amlodipine-valsartan-hctz*)	3	QL (2 tablets per 1 day)
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1 or 1b*	QL (1 tablet per 1 day)
TRIBENZOR ORAL TABLET 20-5-12.5 MG (*olmesartan-amlodipine-hctz*)	3	QL (2 tablets per 1 day)
TRIBENZOR ORAL TABLET 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (*olmesartan-amlodipine-hctz*)	3	QL (1 tablet per 1 day)
ANTIADRENERGICS - CENTRALLY ACTING - DRUGS FOR HIGH BLOOD PRESSURE**		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY (*clonidine*)	3	QL (12 patches per 28 days)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY (*clonidine*)	3	QL (12 patches per 28 days)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY (*clonidine*)	3	QL (0.29 patches per 1 day)
clonidine er oral tablet extended release 24 hour	3	ST; QL (3 tablets per 1 day)
clonidine hcl oral tablet 0.1 mg	1 or 1a*	QL (12 tablets per 1 day)
clonidine hcl oral tablet 0.2 mg	1 or 1a*	QL (6 tablets per 1 day)
clonidine hcl oral tablet 0.3 mg	1 or 1a*	QL (4 tablets per 1 day)
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr	1 or 1b*	QL (12 patches per 28 days)
clonidine transdermal patch weekly 0.3 mg/24hr	1 or 1b*	QL (0.29 patches per 1 day)
guanfacine hcl oral tablet	1 or 1b*	
methyldopa oral tablet 250 mg	1 or 1b*	QL (12 tablets per 1 day)
methyldopa oral tablet 500 mg	1 or 1b*	QL (6 tablets per 1 day)
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR (*clonidine*)	3	ST; QL (3 tablets per 1 day)
ANTIADRENERGICS - PERIPHERALLY ACTING - DRUGS FOR HIGH BLOOD PRESSURE**		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG (*doxazosin mesylate*)	3	QL (1 tablet per 1 day)
CARDURA ORAL TABLET 8 MG (*doxazosin mesylate*)	3	QL (2 tablets per 1 day)
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg	1 or 1b*	QL (1 tablet per 1 day)
doxazosin mesylate oral tablet 8 mg	1 or 1b*	QL (2 tablets per 1 day)
prazosin hcl oral capsule	1 or 1b*	
terazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1 or 1b*	QL (1 capsule per 1 day)
terazosin hcl oral capsule 10 mg	1 or 1b*	QL (2 capsules per 1 day)
TEZRULY ORAL SOLUTION (*terazosin hcl*)	3	PA; QL (20 mL per 1 day)
ANTIHYPERTENSIVES - MISC. - DRUGS FOR HIGH BLOOD PRESSURE**		
VECAMYL ORAL TABLET (*mecamylamine hcl*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETA BLOCKER & DIURETIC COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE**		
atenolol-chlorthalidone oral tablet	1 or 1b*	QL (1 tablet per 1 day)
bisoprolol-hydrochlorothiazide oral tablet	1 or 1b*	QL (2 tablets per 1 day)
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg	1 or 1b*	QL (2 tablets per 1 day)
metoprolol-hydrochlorothiazide oral tablet 100-50 mg	1 or 1b*	QL (1 tablet per 1 day)
TENORETIC 100 ORAL TABLET (*atenolol-chlorthalidone*)	3	QL (1 tablet per 1 day)
TENORETIC 50 ORAL TABLET (*atenolol-chlorthalidone*)	3	QL (1 tablet per 1 day)
DIRECT RENIN INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE**		
aliskiren fumarate oral tablet 150 mg	1 or 1b*	DO
aliskiren fumarate oral tablet 300 mg	1 or 1b*	QL (1 tablet per 1 day)
TEKTURNA ORAL TABLET 150 MG (*aliskiren fumarate*)	3	DO
TEKTURNA ORAL TABLET 300 MG (*aliskiren fumarate*)	3	QL (1 tablet per 1 day)
ENDOTHELIN RECEPTOR ANTAGONISTS - DRUGS FOR THE HEART**		
TRYVIO ORAL TABLET (*aprocitentan*)	3	PA; QL (1 tablet per 1 day)
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - DRUGS FOR HIGH BLOOD PRESSURE**		
eplerenone oral tablet	1 or 1b*	
INSPRA ORAL TABLET (*eplerenone*)	3	
VASODILATORS - DRUGS FOR HIGH BLOOD PRESSURE**		
hydralazine hcl injection solution	1 or 1b*	
hydralazine hcl oral tablet	1 or 1b*	
minoxidil oral tablet	1 or 1b*	
NIPRIDE RTU INTRAVENOUS SOLUTION (*nitroprusside sodium-nacl*)	3	
nitroprusside sodium intravenous solution	1 or 1b*	
nitroprusside sodium-nacl intravenous solution	1 or 1b*	
sodium nitroprusside intravenous solution	1 or 1b*	
***ANTI-INFECTIVE AGENTS - MISC.* - DRUGS FOR INFECTIONS**		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS**		
IMPAVIDO ORAL CAPSULE (*miltefosine*)	3	PA; QL (84 capsules per 1 fill)
LIKMEZ ORAL SUSPENSION (*metronidazole*)	3	PA
METRONIDAZOLE INTRAVENOUS SOLUTION	3	
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet 125 mg	3	PA
metronidazole oral tablet 250 mg, 500 mg	1 or 1a*	
NEBUPENT INHALATION SOLUTION RECONSTITUTED (*pentamidine isethionate*)	3	LD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENTAM INJECTION SOLUTION RECONSTITUTED (*pentamidine isethionate*)	3	LD
pentamidine isethionate inhalation solution reconstituted	1 or 1b*	LD
pentamidine isethionate injection solution reconstituted	1 or 1b*	LD
tinidazole oral tablet 250 mg	1 or 1b*	QL (5 tablets per 28 days)
tinidazole oral tablet 500 mg	1 or 1b*	QL (20 tablets per 1 fill)
TRIMETHOPRIM ORAL TABLET	1 or 1a*	
XIFAXAN ORAL TABLET 200 MG (*rifaximin*)	3	PA; QL (9 tablets per 1 fill)
XIFAXAN ORAL TABLET 550 MG (*rifaximin*)	3	PA; QL (126 tablet per 252 days)
ANTI-INFECTIVE MISC. - COMBINATIONS - ANTIBIOTICS**		
BACTRIM DS ORAL TABLET (*sulfamethoxazole-trimethoprim*)	3	
BACTRIM ORAL TABLET (*sulfamethoxazole-trimethoprim*)	3	
sulfamethoxazole-trimethoprim intravenous solution	1 or 1b*	
sulfamethoxazole-trimethoprim oral suspension	1 or 1a*	
sulfamethoxazole-trimethoprim oral tablet	1 or 1a*	
sulfatrim pediatric oral suspension	1 or 1a*	
ANTIPROTOZOAL AGENTS - DRUGS FOR PARASITES**		
atovaquone oral suspension	1 or 1b*	
LAMPIT ORAL TABLET (*nifurtimox*)	3	
MEPRON ORAL SUSPENSION (*atovaquone*)	3	
nitazoxanide oral tablet	1 or 1b*	QL (6 tablets per 1 fill)
***BETA-LACTAMASE INHIBITOR - COMBINATIONS** - DRUGS FOR INFECTIONS**		
XACDURO INTRAVENOUS SOLUTION RECONSTITUTED (*sulbactam sod-durlobactam sod*)	3	
CARBAPENEM COMBINATIONS - ANTIBIOTICS**		
imipenem-cilastatin intravenous solution reconstituted	1 or 1b*	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED (*imipenem-cilastatin*)	3	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED (*imipenem-cilastatin-relebactam*)	3	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED (*meropenem-vaborbactam*)	3	
CARBAPENEMS - ANTIBIOTICS**		
ertapenem sodium injection solution reconstituted	1 or 1b*	
meropenem intravenous solution reconstituted 1 gm, 500 mg	1 or 1b*	
meropenem intravenous solution reconstituted 2 gm	3	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHLORAMPHENICALS - ANTIBIOTICS**		
chloramphenicol sod succinate intravenous solution reconstituted	1 or 1b*	
CYCLIC LIPOPEPTIDES - ANTIBIOTICS**		
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
daptomycin-sodium chloride intravenous solution	3	
GLYCOPEPTIDES - ANTIBIOTICS**		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED (*dalbavancin hcl*)	3	
FIRVANQ ORAL SOLUTION RECONSTITUTED (*vancomycin hcl*)	3	QL (1200 mL per 30 days)
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED (*oritavancin diphosphate*)	3	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED (*oritavancin diphosphate*)	3	
VANCOCIN ORAL CAPSULE (*vancomycin hcl*)	3	QL (240 capsules per 30 days)
vancomycin hcl in dextrose intravenous solution 1.5-5 gm/300ml-%	3	QL (600 mL per 1 day)
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%	3	QL (400 mL per 1 day)
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 500-5 MG/100ML-%	3	QL (200 mL per 1 day)
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 750-5 MG/150ML-%	3	QL (300 mL per 1 day)
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%	3	QL (400 mL per 1 day)
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 500-0.9 MG/100ML-%	3	QL (2 vials per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML	3	QL (400 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1250 MG/250ML	3	QL (500 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1500 MG/300ML	3	QL (600 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1750 MG/350ML	3	QL (700 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 2000 MG/400ML	3	QL (800 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 500 MG/100ML	3	QL (2 vials per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 750 MG/150ML	3	QL (300 mL per 1 day)
vancomycin hcl intravenous solution reconstituted 1 gm, 1.75 gm, 2 gm, 500 mg	3	QL (2 vials per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 750 MG	3	QL (2 vials per 1 day)
vancomycin hcl intravenous solution reconstituted 10 gm, 5 gm	3	QL (1 vial per 30 days)
vancomycin hcl intravenous solution reconstituted 100 gm	1 or 1b*	QL (1 vial per 30 days)
vancomycin hcl oral capsule	1 or 1b*	QL (240 capsules per 30 days)
vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml	1 or 1b*	QL (1200 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML	1 or 1b*	QL (1200 mL per 30 days)
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED (*telavancin hcl*)	3	
LEPROSTATICS - ANTIBIOTICS**		
dapsone oral tablet	1 or 1b*	
LINCOSAMIDES - ANTIBIOTICS**		
CLEOCIN ORAL CAPSULE (*clindamycin hcl*)	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED (*clindamycin palmitate hcl*)	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION (*clindamycin phosphate*)	3	
clindamycin hcl oral capsule	1 or 1b*	
clindamycin palmitate hcl oral solution reconstituted	1 or 1b*	
clindamycin phosphate in d5w intravenous solution	1 or 1b*	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION	3	
clindamycin phosphate injection solution	1 or 1b*	
LINCOCIN INJECTION SOLUTION (*lincomycin hcl*)	3	
lincomycin hcl injection solution	1 or 1b*	
MONOBACTAM COMBINATIONS - ANTIBIOTICS**		
EMBLAVEO INTRAVENOUS SOLUTION RECONSTITUTED (*aztreonam-avibactam sodium*)	3	
MONOBACTAMS - ANTIBIOTICS**		
AZACTAM INJECTION SOLUTION RECONSTITUTED (*aztreonam*)	3	
aztreonam injection solution reconstituted	1 or 1b*	
CAYSTON INHALATION SOLUTION RECONSTITUTED (*aztreonam lysine*)	3	LD; QL (3 vials per 1 day); SP
OXAZOLIDINONES - ANTIBIOTICS**		
linezolid in sodium chloride intravenous solution	3	
linezolid intravenous solution	1 or 1b*	
linezolid oral suspension reconstituted	1 or 1b*	PA; QL (900 mL per 30 days)
linezolid oral tablet	1 or 1b*	PA; QL (28 tablet per 30 days)
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED (*tedizolid phosphate*)	3	
SIVEXTRO ORAL TABLET (*tedizolid phosphate*)	3	PA; QL (6 tablet per 30 days)
ZYVOX INTRAVENOUS SOLUTION (*linezolid*)	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED (*linezolid*)	3	PA; QL (900 mL per 30 days)
ZYVOX ORAL TABLET (*linezolid*)	3	PA; QL (28 tablet per 30 days)
POLYMYXINS - ANTIBIOTICS**		
colistimethate sodium (cba) injection solution reconstituted	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED (*colistimethate sodium*)	3	
polymyxin b sulfate injection solution reconstituted	1 or 1b*	
URINARY ANTI-INFECTIVES - ANTIBIOTICS**		
fosfomycin tromethamine oral packet	1 or 1b*	
HIPREX ORAL TABLET (*methenamine hippurate*)	3	
MACROBID ORAL CAPSULE (*nitrofurantoin monohyd macro*)	3	
MACRODANTIN ORAL CAPSULE (*nitrofurantoin macrocrystal*)	3	
methenamine hippurate oral tablet	1 or 1b*	
nitrofurantoin macrocrystal oral capsule	1 or 1b*	
nitrofurantoin monohyd macro oral capsule	1 or 1b*	
nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml	1 or 1b*	
nitrofurantoin oral suspension 50 mg/5ml	3	
***ANTIMALARIALS* - DRUGS FOR INFECTIONS**		
ANTIMALARIAL COMBINATIONS - DRUGS FOR PARASITES**		
atovaquone-proguanil hcl oral tablet	1 or 1b*	
COARTEM ORAL TABLET (*artemether-lumefantrine*)	3	
MALARONE ORAL TABLET (*atovaquone-proguanil hcl*)	3	
ANTIMALARIALS - DRUGS FOR PARASITES**		
ARAKODA ORAL TABLET (*tafenoquine succinate*)	3	QL (64 tablets per 1 year)
ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED	3	
chloroquine phosphate oral tablet	1 or 1a*	
DARAPRIM ORAL TABLET (*pyrimethamine*)	3	PA; QL (3 tablets per 1 day)
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 100 MG, 300 MG	1 or 1b*	QL (2 tablets per 1 day)
hydroxychloroquine sulfate oral tablet 200 mg	1 or 1b*	QL (3 tablets per 1 day)
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 400 MG	1 or 1b*	QL (1 tablet per 1 day)
KRINTAFEL ORAL TABLET (*tafenoquine succinate*)	3	QL (2 tablets per 1 fill)
mefloquine hcl oral tablet	1 or 1b*	QL (5 tablets per 28 days)
PLAQUENIL ORAL TABLET (*hydroxychloroquine sulfate*)	3	QL (3 tablets per 1 day)
PRIMAQUINE PHOSPHATE ORAL TABLET	3	
pyrimethamine oral tablet	1 or 1b*	PA; QL (3 tablets per 1 day)
quinine sulfate oral capsule	1 or 1b*	PA; QL (60 capsule per 30 days)
SOVUNA ORAL TABLET 200 MG (*hydroxychloroquine sulfate*)	3	ST; QL (3 tablets per 1 day)
SOVUNA ORAL TABLET 300 MG (*hydroxychloroquine sulfate*)	3	ST; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTIMYASTHENIC/CHOLINERGIC AGENTS* - DRUGS FOR NERVES AND MUSCLES**		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES**		
BLOXIVERZ INTRAVENOUS SOLUTION (*neostigmine methylsulfate*)	3	
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE (*neostigmine methylsulfate*)	3	
FIRDAPSE ORAL TABLET (*amifampridine phosphate*)	3	PA; LD; QL (10 tablets per 1 day)
MESTINON ORAL SOLUTION (*pyridostigmine bromide*)	3	
MESTINON ORAL TABLET (*pyridostigmine bromide*)	3	
MESTINON ORAL TABLET EXTENDED RELEASE (*pyridostigmine bromide*)	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML	3	
neostigmine methylsulfate rfid intravenous solution	3	
neostigmine methylsulfate rfid intravenous solution prefilled syringe	3	
pyridostigmine bromide er oral tablet extended release	1 or 1b*	
pyridostigmine bromide oral solution	1 or 1b*	
pyridostigmine bromide oral tablet	1 or 1b*	
REGONOL INTRAVENOUS SOLUTION (*pyridostigmine bromide*)	3	
***ANTIMYCOBACTERIAL AGENTS* - DRUGS FOR INFECTIONS**		
ANTIMYCOBACTERIAL AGENTS - ANTIBIOTICS**		
cycloserine oral capsule	1 or 1b*	
ethambutol hcl oral tablet	1 or 1b*	
isoniazid injection solution	1 or 1a*	
isoniazid oral syrup	1 or 1a*	
isoniazid oral tablet	1 or 1a*	
PRETOMANID ORAL TABLET	3	
PRIFTIN ORAL TABLET (*rifapentine*)	2	
pyrazinamide oral tablet	1 or 1b*	
rifabutin oral capsule	1 or 1b*	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED (*rifampin*)	3	
rifampin intravenous solution reconstituted	1 or 1b*	
rifampin oral capsule	1 or 1b*	
SIRTURO ORAL TABLET (*bedaquiline fumarate*)	3	
TRECATOR ORAL TABLET (*ethionamide*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* - DRUGS FOR CANCER**		
ALKYLATING AGENTS - DRUGS FOR CANCER**		
BELRAPZO INTRAVENOUS SOLUTION (*bendamustine hcl*)	3	PA; LD; SP
bendamustine hcl intravenous solution	3	PA; LD; SP
bendamustine hcl intravenous solution reconstituted	1 or 1b*	PA; LD; SP
BENDEKA INTRAVENOUS SOLUTION (*bendamustine hcl*)	3	PA; LD; SP
busulfan intravenous solution	1 or 1b*	LD; SP
BUSULFEX INTRAVENOUS SOLUTION (*busulfan*)	3	LD; SP
carboplatin intravenous solution	1 or 1b*	LD; SP
cisplatin intravenous solution	1 or 1b*	LD; SP
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
GRAFAPEX INTRAVENOUS SOLUTION RECONSTITUTED (*treosulfan*)	3	PA
MYLERAN ORAL TABLET (*busulfan*)	2; OC	LD; OC
oxaliplatin intravenous solution	1 or 1b*	LD; SP
oxaliplatin intravenous solution reconstituted	1 or 1b*	LD; SP
paraplatin intravenous solution	1 or 1b*	LD; SP
TEPADINA INJECTION SOLUTION RECONSTITUTED (*thiotepa*)	3	LD; SP
tepylute intravenous solution	3	
thiotepa injection solution reconstituted	1 or 1b*	LD; SP
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED (*bendamustine hcl*)	3	PA; LD; SP
vivimusta intravenous solution	3	PA; LD; SP
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED (*lurbinectedin*)	3	PA; LD; SP
ANDROGEN BIOSYNTHESIS INHIBITORS - DRUGS FOR CANCER**		
abiraterone acetate oral tablet 250 mg	1 or 1b*; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
abiraterone acetate oral tablet 500 mg	1 or 1b*; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
abiraterone acetate (Abirtega Oral Tablet)	1 or 1b*; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
YONSA ORAL TABLET (*abiraterone acetate micronized*)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
ZYTIGA ORAL TABLET 250 MG (*abiraterone acetate*)	3; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
ZYTIGA ORAL TABLET 500 MG (*abiraterone acetate*)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC

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ANTIADRENALS - DRUGS FOR CANCER**		
LYSODREN ORAL TABLET (*mitotane*)	2; OC	LD; QL (38 tablet per 1 day); OC
ANTIANDROGENS - DRUGS FOR CANCER**		
bicalutamide oral tablet	1 or 1b*; OC	LD; QL (1 tablet per 1 day); OC
CASODEX ORAL TABLET (*bicalutamide*)	3; OC	LD; QL (1 tablet per 1 day); OC
ERLEADA ORAL TABLET 240 MG (*apalutamide*)	2; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
ERLEADA ORAL TABLET 60 MG (*apalutamide*)	2; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
EULEXIN ORAL CAPSULE (*flutamide*)	3; OC	OC
NILANDRON ORAL TABLET (*nilutamide*)	3; OC	LD; QL (1 tablet per 1 day); OC
nilutamide oral tablet	1 or 1b*; OC	LD; QL (1 tablet per 1 day); OC
NUBEQA ORAL TABLET (*darolutamide*)	2; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
XTANDI ORAL CAPSULE (*enzalutamide*)	2; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
XTANDI ORAL TABLET 40 MG (*enzalutamide*)	2; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
XTANDI ORAL TABLET 80 MG (*enzalutamide*)	2; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
ANTIESTROGENS - DRUGS FOR CANCER**		
FARESTON ORAL TABLET (*toremifene citrate*)	3; OC	LD; OC
SOLTAMOX ORAL SOLUTION (*tamoxifen citrate*)	2; OC; $0	LD; OC
tamoxifen citrate oral tablet	1 or 1b*; OC; $0	LD; OC
toremifene citrate oral tablet	1 or 1b*; OC	LD; OC
ANTIMETABOLITES - DRUGS FOR CANCER**		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED (*pemetrexed disodium*)	3	PA; LD; SP
ARRANON INTRAVENOUS SOLUTION (*nelarabine*)	3	LD; SP
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED (*pemetrexed dipotassium*)	3	PA
azacitidine injection suspension reconstituted	1 or 1b*	LD; SP
capecitabine oral tablet	1 or 1b*; OC	PA; LD; SP; OC
cladribine intravenous solution	1 or 1b*	LD; SP
clofarabine intravenous solution	1 or 1b*	LD; SP
cytarabine (pf) injection solution	1 or 1b*	LD; SP
cytarabine injection solution	1 or 1b*	LD; SP
decitabine intravenous solution reconstituted	1 or 1b*	LD; SP
floxuridine injection solution reconstituted	1 or 1b*	LD; SP
fludarabine phosphate intravenous solution	1 or 1b*	LD; SP

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fludarabine phosphate intravenous solution reconstituted	1 or 1b*	LD; SP
fluorouracil intravenous solution	1 or 1b*	LD; SP
FOLOTYN INTRAVENOUS SOLUTION (*pralatrexate*)	3	LD; SP
GEMCITABINE HCL INTRAVENOUS SOLUTION	3	LD; SP
gemcitabine hcl intravenous solution reconstituted	1 or 1b*	LD; SP
JYLAMVO ORAL SOLUTION (*methotrexate*)	3; OC	PA; LD; OC
mercaptopurine oral suspension	1 or 1b*; OC	PA; LD; OC
mercaptopurine oral tablet	1 or 1b*; OC	LD; OC
methotrexate sodium (pf) injection solution	1 or 1b*	LD
methotrexate sodium injection solution	1 or 1b*	LD
methotrexate sodium injection solution reconstituted	1 or 1b*	LD
methotrexate sodium oral tablet	1 or 1b*; OC	LD; OC
nelarabine intravenous solution	1 or 1b*	LD; SP
ONUREG ORAL TABLET (*azacitidine*)	3; OC	PA; LD; QL (14 tablets per 28 days); SP; OC
pemetrexed dipotassium intravenous solution reconstituted	3	PA
pemetrexed disodium intravenous solution	3	PA; LD; SP
pemetrexed disodium intravenous solution reconstituted	1 or 1b*	PA; LD; SP
pemetrexed ditromethamine intravenous solution reconstituted	3	PA; LD; SP
pemetrexed intravenous solution 1 gm/40ml, 100 mg/4ml	3	PA; LD; SP
pemetrexed intravenous solution 500 mg/20ml	3	PA; LD
PEMFEXY INTRAVENOUS SOLUTION (*pemetrexed*)	3	PA; LD
PEMRYDI RTU INTRAVENOUS SOLUTION (*pemetrexed disodium*)	3	PA; LD; SP
PURIXAN ORAL SUSPENSION (*mercaptopurine*)	3; OC	PA; LD; OC
TABLOID ORAL TABLET (*thioguanine*)	2; OC	LD; OC
TREXALL ORAL TABLET (*methotrexate sodium*)	2; OC	ST; LD; OC
VIDAZA INJECTION SUSPENSION RECONSTITUTED (*azacitidine*)	3	LD; SP
XATMEP ORAL SOLUTION (*methotrexate*)	3; OC	PA; LD; OC
XELODA ORAL TABLET (*capecitabine*)	3; OC	PA; LD; SP; OC
ANTINEOPLASTIC - AKT INHIBITORS - DRUGS FOR CANCER**		
TRUQAP ORAL TABLET (*capivasertib*)	3; OC	PA; LD; QL (64 capsules per 28 days); OC
TRUQAP ORAL TABLET THERAPY PACK (*capivasertib*)	3; OC	PA; LD; QL (64 capsules per 28 days); OC
ANTINEOPLASTIC - ALK INHIBITORS - DRUGS FOR CANCER**		
ALECENSA ORAL CAPSULE (*alectinib hcl*)	2; OC	PA; LD; QL (8 capsule per 1 day); SP; OC
ALUNBRIG ORAL TABLET 180 MG (*brigatinib*)	2; OC	PA; LD; QL (1 tablet per 1 day); OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALUNBRIG ORAL TABLET 30 MG (*brigatinib*)	2; OC	PA; LD; QL (6 tablets per 1 day); OC
ALUNBRIG ORAL TABLET 90 MG (*brigatinib*)	2; OC	PA; LD; QL (2 tablets per 1 day); OC
ALUNBRIG ORAL TABLET THERAPY PACK (*brigatinib*)	2; OC	PA; LD; QL (1 pack per 30 days); OC
LORBRENA ORAL TABLET 100 MG (*lorlatinib*)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
LORBRENA ORAL TABLET 25 MG (*lorlatinib*)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
XALKORI ORAL CAPSULE (*crizotinib*)	3; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
XALKORI ORAL CAPSULE SPRINKLE 150 MG (*crizotinib*)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
XALKORI ORAL CAPSULE SPRINKLE 20 MG (*crizotinib*)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
XALKORI ORAL CAPSULE SPRINKLE 50 MG (*crizotinib*)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
ZYKADIA ORAL TABLET (*ceritinib*)	3; OC	PA; LD; QL (3 capsules per 1 day); SP; OC
ANTINEOPLASTIC - ANTIBODY COMBINATIONS - DRUGS FOR CANCER**		
OPDUALAG INTRAVENOUS SOLUTION (*nivolumab-relatlimab-rmbw*)	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-CCR4 ANTIBODIES - DRUGS FOR CANCER**		
POTELIGEO INTRAVENOUS SOLUTION (*mogamulizumab-kpkc*)	3	LD; SP
ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES - DRUGS FOR CANCER**		
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED (*tafasitamab-cxix*)	3	PA; LD
ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX - DRUGS FOR CANCER**		
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED (*loncastuximab tesirine-lpyl*)	3	PA; LD
ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES - DRUGS FOR CANCER**		
ARZERRA INTRAVENOUS CONCENTRATE (*ofatumumab*)	3	PA; LD; SP
GAZYVA INTRAVENOUS SOLUTION (*obinutuzumab*)	3	PA; LD; SP
RIABNI INTRAVENOUS SOLUTION (*rituximab-arrx*)	3	PA; LD; SP
RITUXAN INTRAVENOUS SOLUTION (*rituximab*)	2	PA; LD; SP
RUXIENCE INTRAVENOUS SOLUTION (*rituximab-pvvr*)	3	PA; LD; SP
TRUXIMA INTRAVENOUS SOLUTION (*rituximab-abbs*)	3	PA; LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTINEOPLASTIC - ANTI-CD22 ANTIBODY-DRUG COMPLEX - DRUGS FOR CANCER**		
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED (*inotuzumab ozogamicin*)	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-CD30 ANTIBODY-DRUG COMPLEX - DRUGS FOR CANCER**		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED (*brentuximab vedotin*)	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-CD33 ANTIBODY-DRUG COMPLEX - DRUGS FOR CANCER**		
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED (*gemtuzumab ozogamicin*)	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES - DRUGS FOR CANCER**		
DARZALEX INTRAVENOUS SOLUTION (*daratumumab*)	3	PA; LD; SP
SARCLISA INTRAVENOUS SOLUTION (*isatuximab-irfc*)	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX - DRUGS FOR CANCER**		
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED (*polatuzumab vedotin-piiq*)	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-CLDN18.2 ANTIBODIES - DRUGS FOR CANCER**		
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED (*zolbetuximab-clzb*)	3	PA
ANTINEOPLASTIC - ANTI-C-MET ANTIBODY-DRUG COMPLEX - DRUGS FOR CANCER**		
EMRELIS INTRAVENOUS SOLUTION RECONSTITUTED (*telisotuzumab vedotin-tllv*)	3	PA
ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES - DRUGS FOR CANCER**		
IMJUDO INTRAVENOUS SOLUTION (*tremelimumab-actl*)	3	PA; LD; SP
YERVOY INTRAVENOUS SOLUTION (*ipilimumab*)	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES - DRUGS FOR CANCER**		
DANYELZA INTRAVENOUS SOLUTION (*naxitamab-gqgk*)	3	PA; LD
UNITUXIN INTRAVENOUS SOLUTION (*dinutuximab*)	3	LD
ANTINEOPLASTIC - ANTI-HER2 AGENTS - DRUGS FOR CANCER**		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED (*trastuzumab*)	3	LD; SP
HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED (*trastuzumab-strf*)	3	ST; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED (*trastuzumab-pkrb*)	3	ST; LD; SP
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED (*trastuzumab-anns*)	3	LD; SP
MARGENZA INTRAVENOUS SOLUTION (*margetuximab-cmkb*)	3	PA; LD; SP
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED (*trastuzumab-dkst*)	3	ST; LD; SP
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED (*trastuzumab-dttb*)	3	ST; LD; SP
PERJETA INTRAVENOUS SOLUTION (*pertuzumab*)	3	PA; LD; SP
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED (*trastuzumab-qyyp*)	3	ST; LD; SP
TUKYSA ORAL TABLET (*tucatinib*)	3; OC	PA; LD; QL (4 tablets per 1 day); OC
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED (*zanidatamab-hrii*)	3	PA; SP
ANTINEOPLASTIC - ANTI-NECTIN-4 ANTIBODY-DRUG COMPLEX - DRUGS FOR CANCER**		
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED (*enfortumab vedotin-ejfv*)	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES - DRUGS FOR CANCER**		
JEMPERLI INTRAVENOUS SOLUTION (*dostarlimab-gxly*)	3	PA; LD; SP
KEYTRUDA INTRAVENOUS SOLUTION (*pembrolizumab*)	3	PA; LD; SP
LIBTAYO INTRAVENOUS SOLUTION (*cemiplimab-rwlc*)	3	PA; LD
LOQTORZI INTRAVENOUS SOLUTION (*toripalimab-tpzi*)	3	PA; LD; SP
OPDIVO INTRAVENOUS SOLUTION (*nivolumab*)	3	PA; LD; SP
TEVIMBRA INTRAVENOUS SOLUTION (*tislelizumab-jsgr*)	3	PA; LD
ZYNYZ INTRAVENOUS SOLUTION (*retifanlimab-dlwr*)	3	PA; LD; QL (1 vial per 28 days); SP
ANTINEOPLASTIC - ANTI-PD-L1 ANTIBODIES - DRUGS FOR CANCER**		
BAVENCIO INTRAVENOUS SOLUTION (*avelumab*)	3	PA; LD
IMFINZI INTRAVENOUS SOLUTION (*durvalumab*)	3	PA; LD; SP
TECENTRIQ INTRAVENOUS SOLUTION (*atezolizumab*)	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-SLAMF7 ANTIBODIES - DRUGS FOR CANCER**		
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED (*elotuzumab*)	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-TF ANTIBODY-DRUG COMPLEX - DRUGS FOR CANCER**		
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED (*tisotumab vedotin-tftv*)	3	PA; LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTINEOPLASTIC - BCL-2 INHIBITORS - DRUGS FOR CANCER**		
VENCLEXTA ORAL TABLET 10 MG (*venetoclax*)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
VENCLEXTA ORAL TABLET 100 MG (*venetoclax*)	3; OC	PA; LD; QL (6 tablet per 1 day); OC
VENCLEXTA ORAL TABLET 50 MG (*venetoclax*)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK (*venetoclax*)	3; OC	PA; LD; QL (1 pack per 365 days); OC
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS - DRUGS FOR CANCER**		
BOSULIF ORAL CAPSULE 100 MG (*bosutinib*)	2; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
BOSULIF ORAL CAPSULE 50 MG (*bosutinib*)	2; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
BOSULIF ORAL TABLET 100 MG (*bosutinib*)	2; OC	PA; LD; QL (6 tablets per 1 day); SP; OC
BOSULIF ORAL TABLET 400 MG, 500 MG (*bosutinib*)	2; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
DANZITEN ORAL TABLET (*nilotinib tartrate*)	3; OC	PA; QL (4 tablets per 1 day); OC
dasatinib oral tablet	1 or 1b*; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
GLEEVEC ORAL TABLET (*imatinib mesylate*)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG (*ponatinib hcl*)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
ICLUSIG ORAL TABLET 15 MG (*ponatinib hcl*)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
imatinib mesylate oral tablet	1 or 1b*; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
imkeldi oral solution	3; OC	PA; QL (10 mL per 1 day); OC
nilotinib hcl oral capsule	1 or 1b*; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
SCEMBLIX ORAL TABLET 100 MG (*asciminib hcl*)	3; OC	PA; LD; QL (4 tablets per 1 day); OC
SCEMBLIX ORAL TABLET 20 MG, 40 MG (*asciminib hcl*)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
SPRYCEL ORAL TABLET (*dasatinib*)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
TASIGNA ORAL CAPSULE (*nilotinib hcl*)	3; OC	PA; LD; QL (4 capsules per 1 day); SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS - DRUGS FOR CANCER**		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED (*blinatumomab*)	3	PA; LD
COLUMVI INTRAVENOUS SOLUTION (*glofitamab-gxbm*)	3	PA; LD; SP
ELREXFIO SUBCUTANEOUS SOLUTION (*elranatamab-bcmm*)	3	PA; LD
EPKINLY SUBCUTANEOUS SOLUTION (*epcoritamab-bysp*)	3	PA; LD
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED (*tarlatamab-dlle*)	3	PA; LD; SP
KIMMTRAK INTRAVENOUS SOLUTION (*tebentafusp-tebn*)	3	PA; LD
LUNSUMIO INTRAVENOUS SOLUTION (*mosunetuzumab-axgb*)	3	PA; LD; SP
TALVEY SUBCUTANEOUS SOLUTION (*talquetamab-tgvs*)	3	PA; LD
TECVAYLI SUBCUTANEOUS SOLUTION (*teclistamab-cqyv*)	3	PA; LD
ANTINEOPLASTIC - BRAF KINASE INHIBITORS - DRUGS FOR CANCER**		
BRAFTOVI ORAL CAPSULE (*encorafenib*)	3; OC	PA; LD; QL (6 capsules per 1 day); SP; OC
OJEMDA ORAL SUSPENSION RECONSTITUTED (*tovorafenib*)	3; OC	PA; LD; QL (8 bottles per 28 days); OC
OJEMDA ORAL TABLET (*tovorafenib*)	3; OC	PA; LD; QL (24 tablets per 28 days); OC
TAFINLAR ORAL CAPSULE (*dabrafenib mesylate*)	3; OC	PA; LD; QL (4 capsule per 1 day); SP; OC
TAFINLAR ORAL TABLET SOLUBLE (*dabrafenib mesylate*)	3; OC	PA; LD; QL (15 tablets per 1 day); SP; OC
ZELBORAF ORAL TABLET (*vemurafenib*)	2; OC	PA; LD; QL (8 tablet per 1 day); SP; OC
ANTINEOPLASTIC - BTK INHIBITORS - DRUGS FOR CANCER**		
BRUKINSA ORAL CAPSULE (*zanubrutinib*)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
CALQUENCE ORAL TABLET (*acalabrutinib maleate*)	2; OC	PA; LD; QL (2 capsules per 1 day); OC
IMBRUVICA ORAL CAPSULE 140 MG (*ibrutinib*)	2; OC	PA; LD; QL (3 capsule per 1 day); OC
IMBRUVICA ORAL CAPSULE 70 MG (*ibrutinib*)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
IMBRUVICA ORAL SUSPENSION (*ibrutinib*)	2; OC	PA; LD; QL (8 mL per 1 day); OC
IMBRUVICA ORAL TABLET (*ibrutinib*)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
JAYPIRCA ORAL TABLET 100 MG (*pirtobrutinib*)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
JAYPIRCA ORAL TABLET 50 MG (*pirtobrutinib*)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTINEOPLASTIC - CSF1R KINASE INHIBITORS - DRUGS FOR CANCER**		
ROMVIMZA ORAL CAPSULE (*vimseltinib*)	3; OC	PA; QL (1 carton per 28 Straight PA no ST embeddeds); OC
ANTINEOPLASTIC - EGFR INHIBITORS - DRUGS FOR CANCER**		
ERBITUX INTRAVENOUS SOLUTION (*cetuximab*)	3	PA; LD; SP
erlotinib hcl oral tablet 100 mg, 150 mg	1 or 1b*; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
erlotinib hcl oral tablet 25 mg	1 or 1b*; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
gefitinib oral tablet	1 or 1b*; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
GILOTRIF ORAL TABLET (*afatinib dimaleate*)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
IRESSA ORAL TABLET (*gefitinib*)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
LAZCLUZE ORAL TABLET 240 MG (*lazertinib mesylate*)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
LAZCLUZE ORAL TABLET 80 MG (*lazertinib mesylate*)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
PORTRAZZA INTRAVENOUS SOLUTION (*necitumumab*)	3	LD; SP
TAGRISSO ORAL TABLET (*osimertinib mesylate*)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
TARCEVA ORAL TABLET (*erlotinib hcl*)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
VECTIBIX INTRAVENOUS SOLUTION (*panitumumab*)	3	PA; LD; SP
VIZIMPRO ORAL TABLET (*dacomitinib*)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
ANTINEOPLASTIC - FGFR KINASE INHIBITORS - DRUGS FOR CANCER**		
BALVERSA ORAL TABLET 3 MG (*erdafitinib*)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
BALVERSA ORAL TABLET 4 MG (*erdafitinib*)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
BALVERSA ORAL TABLET 5 MG (*erdafitinib*)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK (*futibatinib*)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK (*futibatinib*)	3; OC	PA; LD; QL (4 tablets per 1 day); OC
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK (*futibatinib*)	3; OC	PA; LD; QL (5 tablets per 1 day); OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEMAZYRE ORAL TABLET 13.5 MG (*pemigatinib*)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
PEMAZYRE ORAL TABLET 4.5 MG, 9 MG (*pemigatinib*)	3; OC	PA; LD; QL (14 tablets per 21 days); OC
ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS - DRUGS FOR CANCER**		
OGSIVEO ORAL TABLET 100 MG, 150 MG (*nirogacestat hydrobromide*)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
OGSIVEO ORAL TABLET 50 MG (*nirogacestat hydrobromide*)	3; OC	PA; LD; QL (6 tablets per 1 day); OC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - DRUGS FOR CANCER**		
DAURISMO ORAL TABLET 100 MG (*glasdegib maleate*)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
DAURISMO ORAL TABLET 25 MG (*glasdegib maleate*)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
ERIVEDGE ORAL CAPSULE (*vismodegib*)	2; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
ODOMZO ORAL CAPSULE (*sonidegib phosphate*)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS - DRUGS FOR CANCER**		
WELIREG ORAL TABLET (*belzutifan*)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS - DRUGS FOR CANCER**		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED (*belinostat*)	3	PA; LD; SP
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED (*romidepsin*)	3	PA; LD; SP
romidepsin intravenous solution reconstituted	1 or 1b*	PA; LD; SP
ZOLINZA ORAL CAPSULE (*vorinostat*)	2; OC	PA; LD; QL (4 capsule per 1 day); SP; OC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS - DRUGS FOR CANCER**		
AKEEGA ORAL TABLET (*niraparib-abiraterone acetate*)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
ANTINEOPLASTIC - IMMUNOMODULATORS - DRUGS FOR CANCER**		
POMALYST ORAL CAPSULE (*pomalidomide*)	3; OC	PA; LD; QL (21 capsules per 28 days); SP; OC

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ANTINEOPLASTIC - KRAS INHIBITORS - DRUGS FOR CANCER**		
KRAZATI ORAL TABLET (*adagrasib*)	3; OC	PA; LD; QL (6 tablets per 1 day); OC
LUMAKRAS ORAL TABLET 120 MG (*sotorasib*)	3; OC	PA; LD; QL (8 tablets per 1 day); SP; OC
LUMAKRAS ORAL TABLET 240 MG (*sotorasib*)	3; OC	PA; QL (4 tablets per 1 day); SP; OC
LUMAKRAS ORAL TABLET 320 MG (*sotorasib*)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
ANTINEOPLASTIC - MEK INHIBITORS - DRUGS FOR CANCER**		
COTELLIC ORAL TABLET (*cobimetinib fumarate*)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
GOMEKLI ORAL CAPSULE 1 MG (*mirdametinib*)	3; OC	QL (8 capsules per 1 day); OC
GOMEKLI ORAL CAPSULE 2 MG (*mirdametinib*)	3; OC	QL (4 capsules per 1 day); OC
GOMEKLI ORAL TABLET SOLUBLE (*mirdametinib*)	3; OC	PA; QL (8 tablets per 1 day); OC
KOSELUGO ORAL CAPSULE 10 MG (*selumetinib sulfate*)	3; OC	PA; LD; QL (8 capsules per 1 day); OC
KOSELUGO ORAL CAPSULE 25 MG (*selumetinib sulfate*)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
MEKINIST ORAL SOLUTION RECONSTITUTED (*trametinib dimethyl sulfoxide*)	3; OC	PA; LD; QL (40 mL per 1 day); SP; OC
MEKINIST ORAL TABLET 0.5 MG (*trametinib dimethyl sulfoxide*)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
MEKINIST ORAL TABLET 2 MG (*trametinib dimethyl sulfoxide*)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
MEKTOVI ORAL TABLET (*binimetinib*)	3; OC	PA; LD; QL (6 tablets per 1 day); SP; OC
ANTINEOPLASTIC - MENIN INHIBITORS - DRUGS FOR CANCER**		
REVUFORJ ORAL TABLET 110 MG (*revumenib citrate*)	3; OC	PA; QL (4 tablets per 1 day); OC
REVUFORJ ORAL TABLET 160 MG (*revumenib citrate*)	3; OC	PA; QL (2 tablets per 1 day); OC
REVUFORJ ORAL TABLET 25 MG (*revumenib citrate*)	3; OC	PA; QL (8 tablets per 1 day); OC
ANTINEOPLASTIC - MET INHIBITORS - DRUGS FOR CANCER**		
TABRECTA ORAL TABLET (*capmatinib hcl*)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
TEPMETKO ORAL TABLET (*tepotinib hcl*)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS - DRUGS FOR CANCER**		
TAZVERIK ORAL TABLET (*tazemetostat hbr*)	3; OC	PA; LD; QL (8 tablets per 1 day); OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTINEOPLASTIC - MTOR KINASE INHIBITORS - DRUGS FOR CANCER**		
AFINITOR DISPERZ ORAL TABLET SOLUBLE (*everolimus*)	3; OC	PA; LD; SP; OC
AFINITOR ORAL TABLET (*everolimus*)	3; OC	PA; LD; SP; OC
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1 or 1b*; OC	PA; LD; SP; OC
everolimus oral tablet soluble	1 or 1b*; OC	PA; LD; SP; OC
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED (*sirolimus protein-bound part*)	3	PA; LD
temsirolimus intravenous solution	1 or 1b*	PA; LD; SP
TORISEL INTRAVENOUS SOLUTION (*temsirolimus*)	3	PA; LD; SP
everolimus (Torpenz Oral Tablet)	1 or 1b*; OC	PA; LD; SP; OC
ANTINEOPLASTIC - MULTIKINASE INHIBITORS - DRUGS FOR CANCER**		
CABOMETYX ORAL TABLET (*cabozantinib s-malate*)	2; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
CAPRELSA ORAL TABLET 100 MG (*vandetanib*)	2; OC	PA; LD; QL (3 tablet per 1 day); OC
CAPRELSA ORAL TABLET 300 MG (*vandetanib*)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
COMETRIQ (100 MG DAILY DOSE) ORAL KIT (*cabozantinib s-malate*)	3; OC	PA; LD; QL (1 dose-pack per 56 days); SP; OC
COMETRIQ (140 MG DAILY DOSE) ORAL KIT (*cabozantinib s-malate*)	3; OC	PA; LD; QL (1 dose pack per 28 days); SP; OC
COMETRIQ (60 MG DAILY DOSE) ORAL KIT (*cabozantinib s-malate*)	3; OC	PA; LD; QL (1 dose pack per 28 days); SP; OC
FOTIVDA ORAL CAPSULE (*tivozanib hcl*)	3; OC	PA; LD; QL (21 capsules per 28 days); OC
lapatinib ditosylate oral tablet	1 or 1b*; OC	PA; LD; QL (6 tablet per 1 day); SP; OC
NERLYNX ORAL TABLET (*neratinib maleate*)	3; OC	PA; LD; QL (6 tablets per 1 day); SP; OC
NEXAVAR ORAL TABLET (*sorafenib tosylate*)	3; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
pazopanib hcl oral tablet	1 or 1b*; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
QINLOCK ORAL TABLET (*ripretinib*)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
RYDAPT ORAL CAPSULE (*midostaurin*)	3; OC	PA; LD; QL (8 capsules per 1 day); SP; OC
sorafenib tosylate oral tablet	1 or 1b*; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
STIVARGA ORAL TABLET (*regorafenib*)	2; OC	PA; LD; QL (84 tablets per 28 days); SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sunitinib malate oral capsule	1 or 1b*; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
SUTENT ORAL CAPSULE (*sunitinib malate*)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
TURALIO ORAL CAPSULE (*pexidartinib hcl*)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
TYKERB ORAL TABLET (*lapatinib ditosylate*)	3; OC	PA; LD; QL (6 tablet per 1 day); SP; OC
VANFLYTA ORAL TABLET (*quizartinib dihydrochloride*)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
VOTRIENT ORAL TABLET (*pazopanib hcl*)	3; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
XOSPATA ORAL TABLET (*gilteritinib fumarate*)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES - DRUGS FOR CANCER**		
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK (*zenocutuzumab-zbco*)	3	PA; QL (4 vials per 28 days)
RYBREVANT INTRAVENOUS SOLUTION (*amivantamab-vmjw*)	3	PA; LD; SP
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - DRUGS FOR CANCER**		
AYVAKIT ORAL TABLET (*avapritinib*)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
ANTINEOPLASTIC - PROTEASOME INHIBITORS - DRUGS FOR CANCER**		
bortezomib injection solution reconstituted 1 mg, 2.5 mg	3	LD; SP
bortezomib injection solution reconstituted 3.5 mg	1 or 1b*	LD; SP
BORUZU INJECTION SOLUTION (*bortezomib*)	3	SP
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED (*carfilzomib*)	3	PA; LD; SP
NINLARO ORAL CAPSULE (*ixazomib citrate*)	3; OC	PA; LD; QL (3 capsule per 28 days); SP; OC
VELCADE INJECTION SOLUTION RECONSTITUTED (*bortezomib*)	3	LD; SP
ANTINEOPLASTIC - RET INHIBITORS - DRUGS FOR CANCER**		
GAVRETO ORAL CAPSULE (*pralsetinib*)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG (*selpercatinib*)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
RETEVMO ORAL TABLET 40 MG (*selpercatinib*)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS - DRUGS FOR CANCER**		
AUGTYRO ORAL CAPSULE 160 MG (*repotrectinib*)	3; OC	QL (2 capsules per 1 day); SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUGTYRO ORAL CAPSULE 40 MG (*repotrectinib*)	3; OC	PA; LD; QL (8 capsules per 1 day); SP; OC
ROZLYTREK ORAL CAPSULE 100 MG (*entrectinib*)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
ROZLYTREK ORAL CAPSULE 200 MG (*entrectinib*)	3; OC	PA; LD; QL (3 capsules per 1 day); SP; OC
ROZLYTREK ORAL PACKET (*entrectinib*)	3; OC	PA; LD; QL (12 packets per 1 day); SP; OC
VITRAKVI ORAL CAPSULE 100 MG (*larotrectinib sulfate*)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
VITRAKVI ORAL CAPSULE 25 MG (*larotrectinib sulfate*)	3; OC	PA; LD; QL (6 tablets per 1 day); SP; OC
VITRAKVI ORAL SOLUTION (*larotrectinib sulfate*)	3; OC	PA; LD; QL (10 mL per 1 day); SP; OC
ANTINEOPLASTIC - XPO1 INHIBITORS - DRUGS FOR CANCER**		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (*selinexor*)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG (*selinexor*)	3; OC	PA; QL (1 carton per 28 days); OC
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (*selinexor*)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (*selinexor*)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (*selinexor*)	3; OC	PA; LD; QL (1 pack per 1 week); OC
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (*selinexor*)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (*selinexor*)	3; OC	PA; LD; QL (32 tablets per 28 weeks); OC
ANTINEOPLASTIC ANTIBIOTICS - DRUGS FOR CANCER**		
adriamycin intravenous solution reconstituted	1 or 1b*	LD; SP
bleomycin sulfate injection solution reconstituted	1 or 1b*	LD; SP
dactinomycin intravenous solution reconstituted	1 or 1b*	LD; SP
DAUNORUBICIN HCL INTRAVENOUS SOLUTION	3	LD; SP
DOXIL INTRAVENOUS SUSPENSION (*doxorubicin hcl liposomal*)	3	PA; LD; SP
doxorubicin hcl intravenous solution	3	LD; SP
doxorubicin hcl intravenous solution reconstituted	1 or 1b*	LD; SP
doxorubicin hcl liposomal intravenous suspension	1 or 1b*	PA; LD; SP
ELLENCE INTRAVENOUS SOLUTION (*epirubicin hcl*)	3	PA; LD; SP

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IDAMYCIN PFS INTRAVENOUS SOLUTION (*idarubicin hcl*)	3	LD; SP
idarubicin hcl intravenous solution	1 or 1b*	LD; SP
JELMYTO SOLUTION RECONSTITUTED (*mitomycin*)	3	PA; LD
mitomycin intravenous solution reconstituted	1 or 1b*	LD; SP
mitomycin intravesical solution prefilled syringe	3	LD
mitoxantrone hcl intravenous concentrate	1 or 1b*	LD; SP
mutamycin intravenous solution reconstituted	1 or 1b*	LD; SP
valrubicin intravesical solution	1 or 1b*	LD; SP
VALSTAR INTRAVESICAL SOLUTION (*valrubicin*)	3	LD; SP
ANTINEOPLASTIC -ANTIBODY FOR RADIOPHARMACEUTICAL THERAPY - DRUGS FOR CANCER**		
ZEVALIN Y-90 INTRAVENOUS KIT (*ibritumomab tiuxetan for y-90*)	3	PA; LD
ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES - DRUGS FOR CANCER**		
ELAHERE INTRAVENOUS SOLUTION (*mirvetuximab soravtansine-gynx*)	3	PA; LD
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED (*fam-trastuzumab deruxtec-nxki*)	3	PA; LD; SP
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED (*ado-trastuzumab emtansine*)	3	PA; LD; SP
ANTINEOPLASTIC COMBINATIONS - DRUGS FOR CANCER**		
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK (*avutometinib-defactinib*)	3; OC	PA; QL (1 pack per 28 days); OC
DARZALEX FASPRO SUBCUTANEOUS SOLUTION (*daratumumab-hyaluronidase-fihj*)	3	PA; LD; SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION (*trastuzumab-hyaluronidase-oysk*)	3	LD; SP
INQOVI ORAL TABLET (*decitabine-cedazuridine*)	3; OC	PA; LD; QL (5 tablets per 28 days); SP; OC
LONSURF ORAL TABLET (*trifluridine-tipiracil*)	3; OC	PA; LD; SP; OC
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION (*nivolumab-hyaluronidase-nvhy*)	3	PA; SP
PHESGO SUBCUTANEOUS SOLUTION (*pertuz-trastuz-hyaluron-zzxf*)	3	PA; LD; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION (*rituximab-hyaluronidase human*)	2	LD; SP
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION (*atezolizumab-hyaluronidas-tqjs*)	3	PA; LD; SP
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED (*daunorubicin-cytarabine lipo*)	3	LD; SP
ANTINEOPLASTIC ENZYMES - DRUGS FOR CANCER**		
ASPARLAS INTRAVENOUS SOLUTION (*calaspargase pegol-mknl*)	3	PA; LD

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ONCASPAR INJECTION SOLUTION (*pegaspargase*)	3	PA; LD
RYLAZE INTRAMUSCULAR SOLUTION (*asparaginase erwinia chrysanthemi (recombinant)-rywn*)	3	PA; LD; SP
ANTINEOPLASTIC RADIOPHARMACEUTICALS - DRUGS FOR CANCER**		
LUTATHERA INTRAVENOUS SOLUTION (*lutetium lu 177 dotatate*)	3	PA; LD
PLUVICTO INTRAVENOUS SOLUTION (*lutetium lu 177 vipivotide tet*)	3	PA; LD
STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION	3	
XOFIGO INTRAVENOUS SOLUTION (*radium ra 223 dichloride*)	3	PA; LD
ANTINEOPLASTICS - INTERLEUKINS & AGONISTS - DRUGS FOR CANCER**		
ANKTIVA INTRAVESICAL SOLUTION (*nogapendekin alfa inbakicept-pmln*)	3	PA; LD
ELZONRIS INTRAVENOUS SOLUTION (*tagraxofusp-erzs*)	3	PA; LD
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED (*aldesleukin*)	3	PA; LD; SP
ANTINEOPLASTICS - PHOTOACTIVATED AGENTS - DRUGS FOR CANCER**		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED (*porfimer sodium*)	3	LD
UVADEX EXTRACORPOREAL SOLUTION (*methoxsalen (photopheresis)*)	3	
ANTINEOPLASTICS MISC. - DRUGS FOR CANCER**		
ACTIMMUNE SUBCUTANEOUS SOLUTION (*interferon gamma-1b*)	3	PA; LD; SP
arsenic trioxide intravenous solution	1 or 1b*	LD; SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*ropeginterferon alfa-2b-njft*)	3	PA; LD; QL (2 mL per 28 days)
dacarbazine intravenous solution reconstituted	1 or 1b*	LD; SP
HYDREA ORAL CAPSULE (*hydroxyurea*)	3; OC	LD; OC
hydroxyurea oral capsule	1 or 1b*; OC	LD; OC
MATULANE ORAL CAPSULE (*procarbazine hcl*)	2; OC	LD; OC
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED (*pentostatin*)	3	LD; SP
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED (*bcg live*)	3	LD; SP
TRISENOX INTRAVENOUS SOLUTION (*arsenic trioxide*)	3	LD; SP
AROMATASE INHIBITORS - DRUGS FOR CANCER**		
anastrozole oral tablet	1 or 1b*; OC; $0	LD; OC
ARIMIDEX ORAL TABLET (*anastrozole*)	3; OC	LD; OC
AROMASIN ORAL TABLET (*exemestane*)	3; OC	LD; OC
exemestane oral tablet	1 or 1b*; OC; $0	LD; OC
FEMARA ORAL TABLET (*letrozole*)	3; OC	LD; OC

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letrozole oral tablet	1 or 1b*; OC; $0	LD; OC
CARBOXYPEPTIDASE ENZYME AGENTS - DRUGS FOR CANCER**		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED (*glucarpidase*)	3	LD
CARDIAC PROTECTIVE AGENTS - DRUGS FOR CANCER**		
dexrazoxane hcl intravenous solution reconstituted	1 or 1b*	LD; SP
dexrazoxane intravenous solution reconstituted	1 or 1b*	LD; SP
CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS - DRUGS FOR CANCER**		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED (*rasburicase*)	3	LD; SP
CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS - DRUGS FOR CANCER**		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED (*palifermin*)	3	LD; SP
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS - DRUGS FOR CANCER**		
IBRANCE ORAL CAPSULE (*palbociclib*)	2; OC	PA; LD; QL (21 capsules per 28 days); SP; OC
IBRANCE ORAL TABLET 100 MG, 75 MG (*palbociclib*)	2; OC	PA; LD; QL (21 tablets per 28 days); SP; OC
IBRANCE ORAL TABLET 125 MG (*palbociclib*)	2; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK (*ribociclib succinate*)	2; OC	PA; LD; QL (0.75 tablet per 1 day); SP; OC
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK (*ribociclib succinate*)	2; OC	PA; LD; QL (1.5 tablets per 1 day); SP; OC
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK (*ribociclib succinate*)	2; OC	PA; LD; QL (2.25 tablets per 1 day); SP; OC
VERZENIO ORAL TABLET (*abemaciclib*)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
ESTROGEN RECEPTOR ANTAGONIST - DRUGS FOR CANCER**		
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (*fulvestrant*)	3	PA; LD; SP
fulvestrant intramuscular solution prefilled syringe	1 or 1b*	PA; LD; SP
FOLIC ACID ANTAGONISTS RESCUE AGENTS - DRUGS FOR CANCER**		
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED (*levoleucovorin*)	3	PA; LD; SP
leucovorin calcium injection solution	1 or 1b*	LD
leucovorin calcium injection solution reconstituted	1 or 1b*	LD
leucovorin calcium oral tablet	1 or 1b*	

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levoleucovorin calcium intravenous solution reconstituted	1 or 1b*	PA; LD
levoleucovorin calcium pf intravenous solution	1 or 1b*	PA; LD
GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS - DRUGS FOR CANCER**		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED (*degarelix acetate*)	3	PA; LD; QL (2 units per 310 days); SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED (*degarelix acetate*)	3	PA; LD; QL (1 kit per 28 days); SP
ORGOVYX ORAL TABLET (*relugolix*)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
IMIDAZOTETRAZINES - DRUGS FOR CANCER**		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED (*temozolomide*)	2	PA; LD; SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg	1 or 1b*; OC	PA; LD; QL (2 capsules per 1 day); SP; OC
temozolomide oral capsule 20 mg	1 or 1b*; OC	PA; LD; QL (4 capsule per 1 day); SP; OC
temozolomide oral capsule 5 mg	1 or 1b*; OC	PA; LD; QL (3 capsule per 1 day); SP; OC
ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS - DRUGS FOR CANCER**		
VORANIGO ORAL TABLET 10 MG (*vorasidenib*)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
VORANIGO ORAL TABLET 40 MG (*vorasidenib*)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS - DRUGS FOR CANCER**		
REZLIDHIA ORAL CAPSULE (*olutasidenib*)	3; OC	PA; LD; QL (2 capsules per 1 day); OC
TIBSOVO ORAL TABLET (*ivosidenib*)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS - DRUGS FOR CANCER**		
IDHIFA ORAL TABLET 100 MG (*enasidenib mesylate*)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
IDHIFA ORAL TABLET 50 MG (*enasidenib mesylate*)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
JANUS ASSOCIATED KINASE (JAK) INHIBITORS - DRUGS FOR CANCER**		
INREBIC ORAL CAPSULE (*fedratinib hcl*)	3; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
JAKAFI ORAL TABLET (*ruxolitinib phosphate*)	2; OC	PA; LD; QL (2 tablets per 1 day); SP; OC

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OJJAARA ORAL TABLET (*momelotinib dihydrochloride*)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
VONJO ORAL CAPSULE (*pacritinib citrate*)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
LHRH ANALOGS - DRUGS FOR CANCER**		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE (*leuprolide mesylate (6 month)*)	3	PA; LD; QL (1 syringe per 24 weekss)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	3	PA; LD; QL (1 syringe per 84 days); SP
ELIGARD SUBCUTANEOUS KIT 30 MG (*leuprolide acetate (4 month)*)	3	PA; LD; QL (1 syringe per 112 days); SP
ELIGARD SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	3	PA; LD; QL (1 syringe per 168 days); SP
ELIGARD SUBCUTANEOUS KIT 7.5 MG (*leuprolide acetate*)	3	PA; LD; QL (1 syringe per 28 days); SP
leuprolide acetate injection kit	1 or 1b*	PA; LD; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (*leuprolide acetate*)	3	PA; LD; QL (1 syringe kit per 28 days); SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (*leuprolide acetate*)	3	PA; LD; QL (1 kit per 28 days); SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT (*leuprolide acetate (3 month)*)	3	PA; LD; QL (1 kit per 84 days); SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT (*leuprolide acetate (4 month)*)	3	PA; LD; QL (1 kit per 112 days); SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT (*leuprolide acetate (6 month)*)	3	PA; LD; QL (1 syringe kit per 168 days); SP
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE (*leuprolide acetate (3 month)*)	3	PA; LD; QL (1 injection per 12 weeks); SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG (*triptorelin pamoate*)	3	PA; LD; QL (1 vial per 84 days); SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG (*triptorelin pamoate*)	3	PA; LD; QL (1 syringe per 168 days); SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (*triptorelin pamoate*)	3	PA; LD; QL (1 kit per 28 days); SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (*goserelin acetate*)	3	PA; LD; QL (1 EA per 84 days); SP
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (*goserelin acetate*)	3	PA; LD; QL (1 unit per 28 days); SP
MITOTIC INHIBITORS - DRUGS FOR CANCER**		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED (*paclitaxel protein-bound part*)	3	PA; LD; SP
DOCETAXEL INTRAVENOUS CONCENTRATE	3	LD; SP
DOCETAXEL INTRAVENOUS SOLUTION	3	LD; SP
DOCIVYX INTRAVENOUS SOLUTION (*docetaxel*)	3	LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eribulin mesylate intravenous solution	1 or 1b*	PA; LD; SP
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED (*etoposide phosphate*)	3	LD; SP
etoposide intravenous solution	1 or 1b*	LD; SP
etoposide oral capsule	1 or 1b*; OC	LD; SP; OC
HALAVEN INTRAVENOUS SOLUTION (*eribulin mesylate*)	3	PA; LD; SP
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED (*ixabepilone*)	3	PA; LD; SP
JEVTANA INTRAVENOUS SOLUTION (*cabazitaxel*)	3	PA; LD; SP
paclitaxel intravenous concentrate	1 or 1b*	LD; SP
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; LD; SP
vinblastine sulfate intravenous solution	1 or 1b*	LD; SP
vincristine sulfate intravenous solution	1 or 1b*	LD; SP
vinorelbine tartrate intravenous solution	1 or 1b*	LD; SP
MYELOPROTECTIVE AGENTS - DRUGS FOR CANCER**		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED (*trilaciclib dihydrochloride*)	3	PA; LD
NITROGEN MUSTARDS AND RELATED ANALOGUES - DRUGS FOR CANCER**		
cyclophosphamide injection solution reconstituted	1 or 1b*	LD; SP
cyclophosphamide intravenous solution 1 gm/2ml, 1000 mg/10ml, 2 gm/4ml, 2000 mg/20ml, 500 mg/5ml	3	LD; SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	3	LD; SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 2 GM/10ML	3	LD
cyclophosphamide intravenous solution 500 mg/ml	3	LD
cyclophosphamide oral capsule	1 or 1b*; OC	LD; SP; OC
CYCLOPHOSPHAMIDE ORAL TABLET	3; OC	LD; OC
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED (*melphalan hcl*)	3	LD; SP
FRINDOVYX INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML (*cyclophosphamide*)	3	LD; SP
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML (*cyclophosphamide*)	3	LD
HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED (*melphalan hcl*)	3	LD
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED (*melphalan hcl*)	3	LD
IFEX INTRAVENOUS SOLUTION RECONSTITUTED (*ifosfamide*)	3	LD; SP
ifosfamide intravenous solution	1 or 1b*	LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ifosfamide intravenous solution reconstituted 1 gm	1 or 1b*	LD; SP
IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	3	LD; SP
ivra intravenous solution	3	
LEUKERAN ORAL TABLET (*chlorambucil*)	2; OC	LD; OC
melphalan hcl intravenous solution reconstituted	1 or 1b*	LD; SP
NITROSOUREAS - DRUGS FOR CANCER**		
carmustine intravenous solution reconstituted	1 or 1b*	LD; SP
GLEOSTINE ORAL CAPSULE (*lomustine*)	3; OC	PA; LD; SP; OC
GLIADEL WAFER IMPLANT WAFER (*carmustine in polifeprosan*)	3	
OLIGONUCLEOTIDE TELOMERASE INHIBITORS - DRUGS FOR CANCER**		
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED (*imetelstat sodium*)	3	PA; LD
ORNITHINE DECARBOXYLASE (ODC) INHIBITORS - DRUGS FOR CANCER**		
IWILFIN ORAL TABLET (*eflornithine hcl*)	3; OC	PA; LD; QL (8 tablets per 1 day); OC
OTOPROTECTIVE AGENTS - DRUGS FOR CANCER**		
PEDMARK INTRAVENOUS SOLUTION (*sodium thiosulfate*)	3	PA; LD
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS - DRUGS FOR CANCER**		
COPIKTRA ORAL CAPSULE (*duvelisib*)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
ITOVEBI ORAL TABLET 3 MG (*inavolisib*)	3; OC	PA; QL (1 tablet per 1 day); SP; OC
ITOVEBI ORAL TABLET 9 MG (*inavolisib*)	3; OC	PA; QL (2 tablets per 1 day); SP; OC
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK (*alpelisib*)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (*alpelisib*)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK (*alpelisib*)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
ZYDELIG ORAL TABLET (*idelalisib*)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS - DRUGS FOR CANCER**		
LYNPARZA ORAL TABLET (*olaparib*)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
RUBRACA ORAL TABLET (*rucaparib camsylate*)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
TALZENNA ORAL CAPSULE (*talazoparib tosylate*)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEJULA ORAL TABLET (*niraparib tosylate*)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
PROGESTINS-ANTINEOPLASTIC - DRUGS FOR CANCER**		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1 or 1b*; OC	LD; OC
megestrol acetate oral tablet	1 or 1b*; OC	LD; OC
RETINOIDS - DRUGS FOR CANCER**		
tretinoin oral capsule	1 or 1b*; OC	LD; OC
SELECTIVE ESTROGEN RECEPTOR DEGRADERS - DRUGS FOR CANCER**		
ORSERDU ORAL TABLET 345 MG (*elacestrant hydrochloride*)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
ORSERDU ORAL TABLET 86 MG (*elacestrant hydrochloride*)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
SELECTIVE RETINOID X RECEPTOR AGONISTS - DRUGS FOR CANCER**		
bexarotene oral capsule	1 or 1b*; OC	PA; LD; QL (10 capsules per 1 day); SP; OC
TARGRETIN ORAL CAPSULE (*bexarotene*)	3; OC	PA; LD; QL (10 capsules per 1 day); SP; OC
TETRAHYDROISOQUINOLINES - DRUGS FOR CANCER**		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED (*trabectedin*)	3	LD; SP
TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX - DRUGS FOR CANCER**		
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED (*datopotamab deruxtecan-dlnk*)	3	PA; SP
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED (*sacituzumab govitecan-hziy*)	3	PA; LD
TOPOISOMERASE I INHIBITORS - DRUGS FOR CANCER**		
CAMPTOSAR INTRAVENOUS SOLUTION (*irinotecan hcl*)	3	LD; SP
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED (*topotecan hcl*)	3	LD; SP
HYCAMTIN ORAL CAPSULE (*topotecan hcl*)	2; OC	PA; LD; SP; OC
irinotecan hcl intravenous solution	1 or 1b*	LD; SP
ONIVYDE INTRAVENOUS INJECTABLE (*irinotecan hcl liposome*)	3	LD; SP
TOPOTECAN HCL INTRAVENOUS SOLUTION	3	LD; SP
topotecan hcl intravenous solution reconstituted	1 or 1b*	LD; SP
URINARY TRACT PROTECTIVE AGENTS - DRUGS FOR CANCER**		
mesna intravenous solution	1 or 1b*	PA; LD
mesna oral tablet	1 or 1b*	PA; LD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MESNEX INTRAVENOUS SOLUTION (*mesna*)	3	PA; LD
MESNEX ORAL TABLET (*mesna*)	3	PA; LD
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS - DRUGS FOR CANCER**		
ALYMSYS INTRAVENOUS SOLUTION (*bevacizumab-maly*)	3	PA; LD; SP
AVASTIN INTRAVENOUS SOLUTION (*bevacizumab*)	3	PA; LD; SP
CYRAMZA INTRAVENOUS SOLUTION (*ramucirumab*)	3	PA; LD; SP
FRUZAQLA ORAL CAPSULE 1 MG (*fruquintinib*)	3; OC	PA; LD; QL (84 capsules per 28 days); OC
FRUZAQLA ORAL CAPSULE 5 MG (*fruquintinib*)	3; OC	PA; LD; QL (21 capsules per 28 days); OC
INLYTA ORAL TABLET 1 MG (*axitinib*)	2; OC	PA; LD; QL (6 tablets per 1 day); SP; OC
INLYTA ORAL TABLET 5 MG (*axitinib*)	2; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (*lenvatinib mesylate*)	2; OC	PA; LD; QL (30 capsules per 30 days); SP; OC
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (*lenvatinib mesylate*)	2; OC	PA; LD; QL (1 pack per 30 days); SP; OC
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (*lenvatinib mesylate*)	2; OC	PA; LD; QL (60 capsules per 30 days); SP; OC
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (*lenvatinib mesylate*)	2; OC	PA; LD; QL (1 pack per 30 days); SP; OC
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (*lenvatinib mesylate*)	2; OC	PA; LD; QL (60 capsules per 30 days); SP; OC
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (*lenvatinib mesylate*)	2; OC	PA; LD; QL (90 capsules per 30 days); SP; OC
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (*lenvatinib mesylate*)	2; OC	PA; LD; QL (30 capsules per 30 days); SP; OC
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (*lenvatinib mesylate*)	2; OC	PA; LD; QL (1 pack per 30 days); SP; OC
MVASI INTRAVENOUS SOLUTION (*bevacizumab-awwb*)	3	PA; LD; SP
VEGZELMA INTRAVENOUS SOLUTION (*bevacizumab-adcd*)	3	PA; LD; SP
ZALTRAP INTRAVENOUS SOLUTION (*ziv-aflibercept*)	3	PA; LD; SP
ZIRABEV INTRAVENOUS SOLUTION (*bevacizumab-bvzr*)	3	PA; LD; SP
***ANTIPARKINSON AND RELATED THERAPY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ADENOSINE RECEPTOR ANTAGONIST - DRUGS FOR PARKINSON**		
NOURIANZ ORAL TABLET (*istradefylline*)	3	PA; LD; QL (1 tablet per 1 day); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIPARKINSON ANTICHOLINERGICS - DRUGS FOR PARKINSON**		
benztropine mesylate injection solution	1 or 1a*	
benztropine mesylate oral tablet	1 or 1a*	
trihexyphenidyl hcl oral solution	1 or 1a*	
trihexyphenidyl hcl oral tablet	1 or 1a*	
ANTIPARKINSON DOPAMINERGICS - DRUGS FOR PARKINSON**		
amantadine hcl oral capsule	1 or 1b*	QL (4 capsule per 1 day)
amantadine hcl oral solution	1 or 1b*	QL (40 mL per 1 day)
amantadine hcl oral tablet	1 or 1b*	QL (4 tablet per 1 day)
bromocriptine mesylate oral capsule	1 or 1b*	
bromocriptine mesylate oral tablet	1 or 1b*	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG (*amantadine hcl*)	3	PA; QL (2 capsules per 1 day)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG (*amantadine hcl*)	3	PA; DO
INBRIJA INHALATION CAPSULE (*levodopa*)	3	PA; LD; QL (5 kits per 30 days)
PARLODEL ORAL CAPSULE (*bromocriptine mesylate*)	3	
PARLODEL ORAL TABLET (*bromocriptine mesylate*)	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - DRUGS FOR PARKINSON**		
AZILECT ORAL TABLET 0.5 MG (*rasagiline mesylate*)	3	QL (2 tablets per 1 day)
AZILECT ORAL TABLET 1 MG (*rasagiline mesylate*)	3	QL (1 tablet per 1 day)
rasagiline mesylate oral tablet 0.5 mg	1 or 1b*	QL (2 tablets per 1 day)
rasagiline mesylate oral tablet 1 mg	1 or 1b*	QL (1 tablet per 1 day)
selegiline hcl oral capsule	1 or 1b*	
selegiline hcl oral tablet	1 or 1b*	
XADAGO ORAL TABLET 100 MG (*safinamide mesylate*)	3	PA; QL (1 tablet per 1 day)
XADAGO ORAL TABLET 50 MG (*safinamide mesylate*)	3	PA; QL (2 tablets per 1 day)
ZELAPAR ORAL TABLET DISPERSIBLE (*selegiline hcl*)	3	PA; QL (2 tablets per 1 day)
CENTRAL/PERIPHERAL COMT INHIBITORS - DRUGS FOR PARKINSON**		
TASMAR ORAL TABLET (*tolcapone*)	3	PA; QL (6 tablet per 1 day)
tolcapone oral tablet	1 or 1b*	PA; QL (6 tablet per 1 day)
DECARBOXYLASE INHIBITORS - DRUGS FOR PARKINSON**		
carbidopa oral tablet	1 or 1b*	
LODOSYN ORAL TABLET (*carbidopa*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEVODOPA COMBINATIONS - DRUGS FOR PARKINSON**		
carbidopa-levodopa er oral tablet extended release	1 or 1b*	
carbidopa-levodopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet dispersible	1 or 1b*	
carbidopa-levodopa-entacapone oral tablet	1 or 1b*	
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG (*carbidopa-levodopa*)	3	ST; QL (15 capsules per 1 day)
CREXONT ORAL CAPSULE EXTENDED RELEASE 52.5-210 MG (*carbidopa-levodopa*)	3	ST; QL (10 capsules per 1 day)
CREXONT ORAL CAPSULE EXTENDED RELEASE 70-280 MG (*carbidopa-levodopa*)	3	ST; QL (7 capsules per 1 day)
CREXONT ORAL CAPSULE EXTENDED RELEASE 87.5-350 MG (*carbidopa-levodopa*)	3	ST; QL (6 capsules per 1 day)
DHIVY ORAL TABLET (*carbidopa-levodopa*)	3	
DUOPA ENTERAL SUSPENSION (*carbidopa-levodopa*)	3	PA; LD; SP
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG (*carbidopa-levodopa*)	3	QL (12 capsules per 1 day)
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG (*carbidopa-levodopa*)	3	QL (9 capsules per 1 day)
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG (*carbidopa-levodopa*)	3	QL (10 capsules per 1 day)
SINEMET ORAL TABLET (*carbidopa-levodopa*)	3	
VYALEV SUBCUTANEOUS SOLUTION (*foscarbidopa-foslevodopa*)	3	PA; QL (6 cartons per 28 days); SP
NONERGOLINE DOPAMINE RECEPTOR AGONISTS - DRUGS FOR PARKINSON**		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE (*apomorphine hcl*)	3	PA; LD; QL (2 mL per 1 day); SP
apomorphine hcl subcutaneous solution cartridge	1 or 1b*	PA; LD; QL (2 mL per 1 day); SP
NEUPRO TRANSDERMAL PATCH 24 HOUR (*rotigotine*)	3	QL (1 patch per 1 day)
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE (*apomorphine hcl*)	3	PA; QL (20 mL per 1 day); SP
pramipexole dihydrochloride er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
pramipexole dihydrochloride oral tablet	1 or 1b*	QL (3 tablet per 1 day)
ropinirole hcl er oral tablet extended release 24 hour	1 or 1b*	
ropinirole hcl oral tablet	1 or 1b*	
PERIPHERAL COMT INHIBITORS - DRUGS FOR PARKINSON**		
entacapone oral tablet	1 or 1b*	QL (8 tablet per 1 day)
ONGENTYS ORAL CAPSULE 25 MG (*opicapone*)	3	PA; QL (1 tablet per 1 day)
ONGENTYS ORAL CAPSULE 50 MG (*opicapone*)	3	PA; QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ANTIMANIC AGENTS - DRUGS FOR SEVERE MENTAL DISORDERS**		
lithium carbonate er oral tablet extended release 300 mg	1 or 1a*	QL (6 tablets per 1 day)
lithium carbonate er oral tablet extended release 450 mg	1 or 1a*	QL (4 tablets per 1 day)
lithium carbonate oral capsule 150 mg	1 or 1a*	QL (12 capsules per 1 day)
lithium carbonate oral capsule 300 mg	1 or 1a*	QL (6 capsules per 1 day)
lithium carbonate oral capsule 600 mg	1 or 1a*	QL (3 capsules per 1 day)
lithium carbonate oral tablet	1 or 1a*	QL (6 tablets per 1 day)
lithium oral solution	1 or 1b*	
LITHOBID ORAL TABLET EXTENDED RELEASE (*lithium carbonate*)	3	QL (6 tablets per 1 day)
ANTIPSYCHOTICS - MISC. - DRUGS FOR SEVERE MENTAL DISORDERS**		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG (*lumateperone tosylate*)	3	DO
CAPLYTA ORAL CAPSULE 42 MG (*lumateperone tosylate*)	3	QL (1 capsule per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (*carbamazepine (antipsychotic)*)	3	QL (8 capsules per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG (*carbamazepine (antipsychotic)*)	3	QL (5 capsules per 1 day)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED (*ziprasidone mesylate*)	3	AL; QL (6 vials per 28 days)
GEODON ORAL CAPSULE 20 MG, 40 MG (*ziprasidone hcl*)	3	ST; DO
GEODON ORAL CAPSULE 60 MG, 80 MG (*ziprasidone hcl*)	3	ST; QL (2 capsules per 1 day)
LATUDA ORAL TABLET 120 MG (*lurasidone hcl*)	3	ST; QL (1 tablet per 1 day)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG (*lurasidone hcl*)	3	ST; DO
LATUDA ORAL TABLET 80 MG (*lurasidone hcl*)	3	ST; QL (2 tablets per 1 day)
lurasidone hcl oral tablet 120 mg	1 or 1b*	AL; QL (1 tablet per 1 day)
lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg	1 or 1b*	DO; AL
lurasidone hcl oral tablet 80 mg	1 or 1b*	AL; QL (2 tablets per 1 day)
NUPLAZID ORAL CAPSULE (*pimavanserin tartrate*)	3	PA; LD; QL (1 capsule per 1 day); SP
NUPLAZID ORAL TABLET (*pimavanserin tartrate*)	3	PA; LD; QL (1 tablet per 1 day); SP
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG (*cariprazine hcl*)	3	DO
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (*cariprazine hcl*)	3	QL (1 capsule per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg	1 or 1b*	DO; AL
ziprasidone hcl oral capsule 60 mg, 80 mg	1 or 1b*	AL; QL (2 capsules per 1 day)
ziprasidone mesylate intramuscular solution reconstituted	1 or 1b*	AL; QL (6 vials per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENZISOXAZOLES - DRUGS FOR SEVERE MENTAL DISORDERS**		
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (*paliperidone palmitate*)	3	AL; QL (1 syringe per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML (*paliperidone palmitate*)	3	AL; QL (1 kit per 180 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG (*iloperidone*)	3	DO
FANAPT ORAL TABLET 10 MG, 12 MG, 8 MG (*iloperidone*)	3	QL (2 tablets per 1 day)
FANAPT TITRATION PACK ORAL TABLET (*iloperidone*)	3	QL (1 pack per 1 year)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML (*paliperidone palmitate*)	3	AL; QL (3.5 mL per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML (*paliperidone palmitate*)	3	AL; QL (5 mL per 180 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG (*paliperidone*)	3	ST; DO
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (*paliperidone*)	3	ST; QL (2 tablets per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (*paliperidone*)	3	ST; QL (1 tablet per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*paliperidone palmitate*)	3	AL; QL (1 syringe per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML (*paliperidone palmitate*)	3	AL; QL (0.88 mL per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML (*paliperidone palmitate*)	3	AL; QL (1.32 mL per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML (*paliperidone palmitate*)	3	AL; QL (1.75 mL per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML (*paliperidone palmitate*)	3	AL; QL (2.63 mL per 90 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	1 or 1b*	DO
paliperidone er oral tablet extended release 24 hour 6 mg	1 or 1b*	QL (2 tablets per 1 day)
paliperidone er oral tablet extended release 24 hour 9 mg	1 or 1b*	QL (1 tablet per 1 day)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE (*risperidone*)	3	AL; QL (1 syringe per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG (*risperidone microspheres*)	3	AL; QL (2 injections per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (*risperidone microspheres*)	3	AL; QL (2 injections per 28 days)
RISPERDAL ORAL SOLUTION (*risperidone*)	3	ST; QL (8 mL per 1 day)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG (*risperidone*)	3	ST; DO
RISPERDAL ORAL TABLET 3 MG, 4 MG (*risperidone*)	3	ST; QL (4 tablets per 1 day)
risperidone microspheres er intramuscular suspension reconstituted er	1 or 1b*	AL; QL (2 injections per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
risperidone oral solution	1 or 1b*	AL; QL (8 mL per 1 day)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO; AL
risperidone oral tablet 3 mg, 4 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO; AL
risperidone oral tablet dispersible 3 mg, 4 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (*risperidone*)	3	AL; QL (2 injections per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (*risperidone*)	3	AL; QL (1 kit per 30 days)
BUTYROPHENONES - DRUGS FOR SEVERE MENTAL DISORDERS**		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION (*haloperidol decanoate*)	3	AL; QL (5 injections per 30 days)
haloperidol decanoate intramuscular solution 100 mg/ml	1 or 1b*	AL; QL (5 injections per 30 days)
haloperidol decanoate intramuscular solution 50 mg/ml	1 or 1b*	AL; QL (5 ampules per 30 days)
haloperidol lactate injection solution	1 or 1b*	AL
haloperidol lactate oral concentrate 2 mg/ml	1 or 1b*	AL; QL (30 mL per 1 day)
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO; AL
haloperidol oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	AL; QL (3 tablets per 1 day)
DIBENZODIAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
clozapine oral tablet 100 mg	1 or 1b*	AL; QL (9 tablets per 1 day)
clozapine oral tablet 200 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
clozapine oral tablet 25 mg, 50 mg	1 or 1b*	DO; AL
clozapine oral tablet dispersible 100 mg	1 or 1b*	AL; QL (9 tablets per 1 day)
clozapine oral tablet dispersible 12.5 mg, 25 mg	1 or 1b*	DO; AL
clozapine oral tablet dispersible 150 mg	1 or 1b*	AL; QL (6 tablets per 1 day)
clozapine oral tablet dispersible 200 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
CLOZARIL ORAL TABLET 100 MG (*clozapine*)	3	AL; QL (9 tablets per 1 day)
CLOZARIL ORAL TABLET 25 MG (*clozapine*)	3	DO; AL
VERSACLOZ ORAL SUSPENSION (*clozapine*)	3	AL; QL (18 mL per 1 day)
DIBENZO-OXEPINO PYRROLES - DRUGS FOR SEVERE MENTAL DISORDERS**		
asenapine maleate sublingual tablet sublingual 10 mg	1 or 1b*	AL; QL (2 tablets per 1 day)
asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg	1 or 1b*	DO; AL
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG (*asenapine maleate*)	3	ST; QL (2 tablets per 1 day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG (*asenapine maleate*)	3	ST; DO
SECUADO TRANSDERMAL PATCH 24 HOUR (*asenapine*)	3	QL (1 patch per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIBENZOTHIAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	1 or 1b*	DO; AL
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	1 or 1b*	AL; QL (2 tablets per 1 day)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1 or 1b*	DO; AL
quetiapine fumarate oral tablet 150 mg	1 or 1b*	AL; QL (5 tablets per 1 day)
quetiapine fumarate oral tablet 300 mg, 400 mg	1 or 1b*	AL; QL (2 tablets per 1 day)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (*quetiapine fumarate*)	3	ST; DO
SEROQUEL ORAL TABLET 300 MG, 400 MG (*quetiapine fumarate*)	3	ST; QL (2 tablets per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG (*quetiapine fumarate*)	3	ST; DO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	3	ST; QL (2 tablets per 1 day)
DIBENZOXAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED (*loxapine*)	3	AL
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg	1 or 1b*	DO; AL
loxapine succinate oral capsule 50 mg	1 or 1b*	AL; QL (4 capsules per 1 day)
DIHYDROINDOLONES - DRUGS FOR SEVERE MENTAL DISORDERS**		
molindone hcl oral tablet 10 mg, 5 mg	1 or 1b*	DO; AL
molindone hcl oral tablet 25 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
MUSCARINIC AGENT - COMBINATIONS - DRUGS FOR THE NERVOUS SYSTEM**		
COBENFY ORAL CAPSULE (*xanomeline-trospium chloride*)	3	ST; QL (2 capsules per 1 day)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK (*xanomeline-trospium chloride*)	3	ST; QL (1 pack per 6 months)
PHENOTHIAZINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
chlorpromazine hcl injection solution	1 or 1b*	AL
CHLORPROMAZINE HCL ORAL CONCENTRATE 100 MG/ML	1 or 1b*	AL; QL (8 mL per 1 day)
CHLORPROMAZINE HCL ORAL CONCENTRATE 30 MG/ML	1 or 1b*	AL; QL (26 mL per 1 day)
chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO; AL
chlorpromazine hcl oral tablet 100 mg, 200 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
compro rectal suppository	1 or 1b*	AL
fluphenazine decanoate injection solution	1 or 1b*	AL
fluphenazine hcl injection solution	1 or 1b*	AL
fluphenazine hcl oral concentrate	1 or 1b*	AL; QL (8 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluphenazine hcl oral elixir	1 or 1b*	AL; QL (80 mL per 1 day)
fluphenazine hcl oral tablet 1 mg, 2.5 mg, 5 mg	1 or 1b*	DO; AL
fluphenazine hcl oral tablet 10 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
perphenazine oral tablet 16 mg	1 or 1b*	AL; QL (1 tablet per 1 day)
perphenazine oral tablet 2 mg	1 or 1b*	DO; AL
perphenazine oral tablet 4 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
perphenazine oral tablet 8 mg	1 or 1b*	AL; QL (3 tablets per 1 day)
prochlorperazine edisylate injection solution	1 or 1b*	AL
prochlorperazine maleate oral tablet	1 or 1a*	AL
prochlorperazine rectal suppository	1 or 1b*	AL
thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO; AL
thioridazine hcl oral tablet 100 mg	1 or 1b*	AL; QL (8 tablets per 1 day)
trifluoperazine hcl oral tablet 1 mg, 2 mg	1 or 1b*	DO; AL
trifluoperazine hcl oral tablet 10 mg, 5 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
QUINOLINONE DERIVATIVES - DRUGS FOR SEVERE MENTAL DISORDERS**		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE (*aripiprazole*)	3	AL; QL (1 injection per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE (*aripiprazole*)	3	AL; QL (1 injection per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (*aripiprazole*)	3	AL; QL (1 injection per 30 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG (*aripiprazole w/ sens-strip-pod*)	3	ST; DO
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG (*aripiprazole w/ sens-strip-pod*)	3	ST; QL (1 tablet per 1 day)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG (*aripiprazole w/ sens-strip-pod*)	3	ST; DO
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG (*aripiprazole w/ sens-strip-pod*)	3	ST; QL (1 tablet per 1 day)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG (*aripiprazole*)	3	ST; DO
ABILIFY ORAL TABLET 20 MG, 30 MG (*aripiprazole*)	3	ST; QL (1 tablet per 1 day)
aripiprazole oral solution	1 or 1b*	AL; QL (30 mL per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	1 or 1b*	DO; AL
aripiprazole oral tablet 20 mg, 30 mg	1 or 1b*	AL; QL (1 tablet per 1 day)
aripiprazole oral tablet dispersible 10 mg	1 or 1b*	AL; QL (3 tablets per 1 day)
aripiprazole oral tablet dispersible 15 mg	1 or 1b*	AL; QL (2 tablets per 1 day)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE (*aripiprazole lauroxil*)	3	AL; QL (1 syringe per 1 fill)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML (*aripiprazole lauroxil*)	3	AL; QL (1 kit per 60 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (*aripiprazole lauroxil*)	3	AL; QL (1 kit per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG (*aripiprazole*)	3	ST; QL (3 films per 1 day)
OPIPZA ORAL FILM 2 MG (*aripiprazole*)	3	ST; DO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (*brexpiprazole*)	3	DO
REXULTI ORAL TABLET 3 MG, 4 MG (*brexpiprazole*)	3	QL (1 tablet per 1 day)
THIENBENZODIAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
olanzapine intramuscular solution reconstituted	1 or 1b*	AL; QL (3 injections per 1 fill)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1 or 1b*	DO; AL
olanzapine oral tablet 15 mg, 20 mg	1 or 1b*	AL; QL (1 tablets per 1 day)
olanzapine oral tablet dispersible 10 mg, 5 mg	1 or 1b*	DO; AL
olanzapine oral tablet dispersible 15 mg	1 or 1b*	AL; QL (1 tablets per 1 day)
olanzapine oral tablet dispersible 20 mg	1 or 1b*	AL; QL (1 tablet per 1 day)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED (*olanzapine*)	3	AL; QL (3 injections per 1 fill)
ZYPREXA ORAL TABLET 2.5 MG, 5 MG (*olanzapine*)	3	ST; DO
ZYPREXA ORAL TABLET 20 MG (*olanzapine*)	3	ST; QL (1 tablets per 1 day)
THIOXANTHENES - DRUGS FOR SEVERE MENTAL DISORDERS**		
thiothixene oral capsule 1 mg, 2 mg, 5 mg	1 or 1b*	PA; DO
thiothixene oral capsule 10 mg	1 or 1b*	PA; QL (6 capsules per 1 day)
***ANTISEPTICS & DISINFECTANTS* - ANTISEPTICS AND DISINFECTANTS**		
ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS**		
formaldehyde external solution 10 %	1 or 1b*	
CHLORINE ANTISEPTICS - ANTISEPTICS AND DISINFECTANTS**		
BENZALKONIUM CHLORIDE EXTERNAL SOLUTION	3	
IODINE ANTISEPTICS - ANTISEPTICS AND DISINFECTANTS**		
LUGOLS STRONG IODINE EXTERNAL SOLUTION	3	
***ANTIVIRALS* - DRUGS FOR INFECTIONS**		
ANTIRETROVIRAL COMBINATIONS - DRUGS FOR VIRAL INFECTIONS**		
abacavir sulfate-lamivudine oral tablet	1 or 1b*	LD; QL (1 tablet per 1 day)
BIKTARVY ORAL TABLET (*bictegravir-emtricitab-tenofov*)	2	LD; QL (1 tablet per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML (*cabotegravir & rilpivirine*)	3	PA; LD; QL (1 kit per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML (*cabotegravir & rilpivirine*)	3	PA; LD; QL (1 kit per 60 days)
CIMDUO ORAL TABLET (*lamivudine-tenofovir*)	3	LD; QL (1 tablet per 1 day)
COMPLERA ORAL TABLET (*emtricitab-rilpivir-tenofovir*)	3	LD; QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET (*doravirin-lamivudin-tenofov df*)	3	LD; QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 120-15 MG (*emtricitabine-tenofovir af*)	2	LD; QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG (*emtricitabine-tenofovir af*)	2; $0	LD; QL (1 tablet per 1 day)
DOVATO ORAL TABLET (*dolutegravir-lamivudine*)	2	LD; QL (1 tablet per 1 day)
efavirenz-emtricitab-tenofo df oral tablet	1 or 1b*	LD; QL (1 tablet per 1 day)
efavirenz-lamivudine-tenofovir oral tablet	1 or 1b*	LD; QL (1 tablet per 1 day)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1 or 1b*	LD; QL (1 tablet per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg	1 or 1b*; $0	LD; QL (1 tablet per 1 day)
emtricitab-rilpivir-tenofov df oral tablet	3	PA; LD; QL (1 tablet per 1 day)
EVOTAZ ORAL TABLET (*atazanavir-cobicistat*)	3	LD; QL (1 tablet per 1 day)
GENVOYA ORAL TABLET (*elviteg-cobic-emtricit-tenofaf*)	2	LD; QL (1 tablet per 1 day)
JULUCA ORAL TABLET (*dolutegravir-rilpivirine*)	3	PA; LD; QL (1 tablet per 1 day)
KALETRA ORAL SOLUTION (*lopinavir-ritonavir*)	3	LD; QL (16 mL per 1 day)
KALETRA ORAL TABLET 100-25 MG (*lopinavir-ritonavir*)	3	LD; QL (10 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG (*lopinavir-ritonavir*)	3	LD; QL (4 tablets per 1 day)
lamivudine-zidovudine oral tablet	1 or 1b*	LD; QL (2 tablets per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	1 or 1b*	LD; QL (10 tablets per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	1 or 1b*	LD; QL (4 tablets per 1 day)
ODEFSEY ORAL TABLET (*emtricitab-rilpivir-tenofov af*)	2	LD; QL (1 tablet per 1 day)
PREZCOBIX ORAL TABLET (*darunavir-cobicistat*)	3	LD; QL (1 tablet per 1 day)
STRIBILD ORAL TABLET (*elviteg-cobic-emtricit-tenofdf*)	2	LD; QL (1 tablet per 1 day)
SYMFI ORAL TABLET (*efavirenz-lamivudine-tenofovir*)	3	LD; QL (1 tablet per 1 day)
SYMTUZA ORAL TABLET (*darun-cobic-emtricit-tenofaf*)	2	LD; QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET (*abacavir-dolutegravir-lamivud*)	2	LD; QL (1 tablet per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE	2	LD; QL (6 tablets per 1 day)
TRUVADA ORAL TABLET (*emtricitabine-tenofovir df*)	3	ST; LD; QL (1 tablet per 1 day)
ANTIRETROVIRALS - CAPSID INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
SUNLENCA ORAL TABLET (*lenacapavir sodium*)	3	PA; QL (4 tablets per 28 days)
SUNLENCA ORAL TABLET THERAPY PACK (*lenacapavir sodium*)	3	PA; LD; QL (1 pack per 1 one time fill)
SUNLENCA SUBCUTANEOUS SOLUTION (*lenacapavir sodium*)	3	PA; LD; QL (1 kit per 24 weeks)
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR) - DRUGS FOR VIRAL INFECTIONS**		
maraviroc oral tablet	1 or 1b*	LD; QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELZENTRY ORAL SOLUTION (*maraviroc*)	3	LD; QL (62 mL per 1 day)
SELZENTRY ORAL TABLET (*maraviroc*)	3	LD; QL (4 tablets per 1 day)
ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR - DRUGS FOR VIRAL INFECTIONS**		
TROGARZO INTRAVENOUS SOLUTION (*ibalizumab-uiyk*)	3	PA; LD; QL (8 vials per 28 days)
ANTIRETROVIRALS - FUSION INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (*enfuvirtide*)	2	PA; LD; QL (2 vials per 1 day)
ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR - DRUGS FOR VIRAL INFECTIONS**		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR (*fostemsavir tromethamine*)	3	PA; LD; QL (2 tablets per 1 day)
ANTIRETROVIRALS - INTEGRASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE (*cabotegravir*)	3; $0	LD; QL (1 vial per 2 monthss)
ISENTRESS HD ORAL TABLET (*raltegravir potassium*)	3	LD; QL (2 tablets per 1 day)
ISENTRESS ORAL PACKET (*raltegravir potassium*)	3	LD; QL (2 packets per 1 day)
ISENTRESS ORAL TABLET (*raltegravir potassium*)	3	LD; QL (4 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG (*raltegravir potassium*)	3	LD; QL (6 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG (*raltegravir potassium*)	3	LD; QL (24 tablets per 1 day)
TIVICAY ORAL TABLET (*dolutegravir sodium*)	3	LD; QL (2 tablets per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE (*dolutegravir sodium*)	3	LD; QL (12 tablets per 1 day)
ANTIRETROVIRALS - PROTEASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
APTIVUS ORAL CAPSULE (*tipranavir*)	2	PA; LD; QL (4 capsules per 1 day)
atazanavir sulfate oral capsule 150 mg, 200 mg	1 or 1b*	LD; QL (2 capsules per 1 day)
atazanavir sulfate oral capsule 300 mg	1 or 1b*	LD; QL (1 capsule per 1 day)
darunavir oral tablet 600 mg	1 or 1b*	LD; QL (2 tablets per 1 day)
darunavir oral tablet 800 mg	1 or 1b*	LD; QL (1 tablet per 1 day)
fosamprenavir calcium oral tablet	1 or 1b*	LD; QL (4 tablets per 1 day)
NORVIR ORAL PACKET (*ritonavir*)	3	LD; QL (12 packets per 1 day)
NORVIR ORAL TABLET (*ritonavir*)	3	LD; QL (12 tablets per 1 day)
PREZISTA ORAL SUSPENSION (*darunavir*)	2	LD; QL (14 mL per 1 day)
PREZISTA ORAL TABLET 150 MG (*darunavir*)	2	LD; QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 600 MG (*darunavir*)	3	LD; QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG (*darunavir*)	2	LD; QL (10 tablets per 1 day)
PREZISTA ORAL TABLET 800 MG (*darunavir*)	3	LD; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REYATAZ ORAL CAPSULE 200 MG (*atazanavir sulfate*)	3	LD; QL (2 capsules per 1 day)
REYATAZ ORAL CAPSULE 300 MG (*atazanavir sulfate*)	3	LD; QL (1 capsule per 1 day)
REYATAZ ORAL PACKET (*atazanavir sulfate*)	2	LD; QL (5 packets per 1 day)
ritonavir oral tablet	1 or 1b*	LD; QL (12 tablets per 1 day)
VIRACEPT ORAL TABLET 250 MG (*nelfinavir mesylate*)	2	LD; QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG (*nelfinavir mesylate*)	2	LD; QL (4 tablets per 1 day)
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
EDURANT ORAL TABLET (*rilpivirine hcl*)	2	PA; LD; QL (1 tablet per 1 day)
EDURANT PED ORAL TABLET SOLUBLE (*rilpivirine hcl*)	3	PA; QL (6 tablets per 1 day)
efavirenz oral tablet	1 or 1b*	LD; QL (1 tablet per 1 day)
etravirine oral tablet 100 mg	1 or 1b*	PA; LD; QL (4 tablets per 1 day)
etravirine oral tablet 200 mg	1 or 1b*	PA; LD; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 100 MG (*etravirine*)	3	PA; LD; QL (4 tablets per 1 day)
INTELENCE ORAL TABLET 200 MG (*etravirine*)	3	PA; LD; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 25 MG (*etravirine*)	2	PA; LD; QL (16 tablets per 1 day)
nevirapine er oral tablet extended release 24 hour	1 or 1b*	LD; QL (1 tablet per 1 day)
nevirapine oral suspension	1 or 1b*	LD; QL (40 mL per 1 day)
nevirapine oral tablet	1 or 1b*	LD; QL (2 tablets per 1 day)
PIFELTRO ORAL TABLET (*doravirine*)	3	LD; QL (1 tablet per 1 day)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES - DRUGS FOR VIRAL INFECTIONS**		
abacavir sulfate oral solution	1 or 1b*	LD; QL (32 mL per 1 day)
abacavir sulfate oral tablet	1 or 1b*	LD; QL (2 tablets per 1 day)
ZIAGEN ORAL SOLUTION (*abacavir sulfate*)	3	LD; QL (32 mL per 1 day)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES - DRUGS FOR VIRAL INFECTIONS**		
emtricitabine oral capsule	1 or 1b*; $0	LD; QL (1 capsule per 1 day)
EMTRIVA ORAL CAPSULE (*emtricitabine*)	3	LD; QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION (*emtricitabine*)	2	LD; QL (29 mL per 1 day)
EPIVIR ORAL SOLUTION (*lamivudine*)	3	LD; QL (32 mL per 1 day)
EPIVIR ORAL TABLET 150 MG (*lamivudine*)	3	PA; LD; QL (2 tablets per 1 day)
EPIVIR ORAL TABLET 300 MG (*lamivudine*)	3	PA; LD; QL (1 tablet per 1 day)
lamivudine oral solution	1 or 1b*	LD; QL (32 mL per 1 day)
lamivudine oral tablet 150 mg	1 or 1b*	PA; LD; QL (2 tablets per 1 day)
lamivudine oral tablet 300 mg	1 or 1b*	PA; LD; QL (1 tablet per 1 day)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES - DRUGS FOR VIRAL INFECTIONS**		
RETROVIR INTRAVENOUS SOLUTION (*zidovudine*)	2	LD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETROVIR ORAL CAPSULE (*zidovudine*)	3	LD; QL (6 capsules per 1 day)
RETROVIR ORAL SYRUP (*zidovudine*)	3	LD; QL (64 mL per 1 day)
zidovudine oral capsule	1 or 1b*	LD; QL (6 capsules per 1 day)
zidovudine oral syrup	1 or 1b*	LD; QL (64 mL per 1 day)
zidovudine oral tablet	1 or 1b*	LD; QL (2 tablets per 1 day)
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
tenofovir disoproxil fumarate oral tablet	1 or 1b*; $0	LD; QL (1 tablet per 1 day)
VIREAD ORAL POWDER (*tenofovir disoproxil fumarate*)	2	LD; QL (8 grams per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (*tenofovir disoproxil fumarate*)	2	LD; QL (1 tablet per 1 day)
VIREAD ORAL TABLET 300 MG (*tenofovir disoproxil fumarate*)	3	LD; QL (1 tablet per 1 day)
ANTIRETROVIRALS ADJUVANTS - DRUGS FOR VIRAL INFECTIONS**		
TYBOST ORAL TABLET (*cobicistat*)	3	LD; QL (1 tablet per 1 day)
ANTIVIRAL COMBINATIONS - DRUGS FOR INFECTIONS**		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK (*nirmatrelvir-ritonavir*)	2; $0	QL (1 pack per 90 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK (*nirmatrelvir-ritonavir*)	2; $0	QL (1 pack per 90 days)
PAXLOVID ORAL TABLET THERAPY PACK (*nirmatrelvir-ritonavir*)	2; $0	QL (1 pack per 90 days)
CMV AGENTS - DRUGS FOR VIRAL INFECTIONS**		
cidofovir intravenous solution	1 or 1b*	LD
foscarnet sodium intravenous solution	1 or 1b*	LD
FOSCAVIR INTRAVENOUS SOLUTION (*foscarnet sodium*)	3	LD
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION	3	LD; SP
ganciclovir sodium intravenous solution reconstituted	1 or 1b*	LD; SP
LIVTENCITY ORAL TABLET (*maribavir*)	3	PA; LD; QL (4 tablets per 1 day)
PREVYMIS INTRAVENOUS SOLUTION (*letermovir*)	3	PA; LD; QL (200 vials per 1 year); SP
PREVYMIS ORAL PACKET (*letermovir*)	3	PA; QL (810 packets per 1 year)
PREVYMIS ORAL TABLET (*letermovir*)	3	PA; LD; QL (224 tablets per 1 year); SP
VALCYTE ORAL SOLUTION RECONSTITUTED (*valganciclovir hcl*)	3	LD
VALCYTE ORAL TABLET (*valganciclovir hcl*)	3	LD
valganciclovir hcl oral solution reconstituted	1 or 1b*	LD
valganciclovir hcl oral tablet	1 or 1b*	LD
HEPATITIS B AGENTS - DRUGS FOR VIRAL INFECTIONS**		
adefovir dipivoxil oral tablet	1 or 1b*	PA; LD; QL (1 tablet per 1 day); SP
BARACLUDE ORAL SOLUTION (*entecavir*)	2	PA; LD; QL (20 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BARACLUDE ORAL TABLET (*entecavir*)	3	PA; LD; QL (1 tablet per 1 day)
entecavir oral tablet	1 or 1b*	PA; LD; QL (1 tablet per 1 day)
lamivudine oral tablet 100 mg	1 or 1b*	PA; LD; QL (1 tablet per 1 day)
VEMLIDY ORAL TABLET (*tenofovir alafenamide fumarate*)	3	PA; LD; QL (1 tablet per 1 day); SP
HEPATITIS C AGENT - COMBINATIONS - DRUGS FOR VIRAL INFECTIONS**		
EPCLUSA ORAL PACKET 150-37.5 MG (*sofosbuvir-velpatasvir*)	3	PA; LD; QL (1 packet per 1 day)
EPCLUSA ORAL PACKET 200-50 MG (*sofosbuvir-velpatasvir*)	3	PA; LD; QL (2 packets per 1 day)
EPCLUSA ORAL TABLET 200-50 MG (*sofosbuvir-velpatasvir*)	3	PA; LD; QL (2 tablets per 1 day)
EPCLUSA ORAL TABLET 400-100 MG (*sofosbuvir-velpatasvir*)	3	PA; LD; QL (1 tablet per 1 day)
HARVONI ORAL PACKET 33.75-150 MG (*ledipasvir-sofosbuvir*)	3	PA; LD; QL (1 packet per 1 day)
HARVONI ORAL PACKET 45-200 MG (*ledipasvir-sofosbuvir*)	3	PA; LD; QL (2 packets per 1 day)
HARVONI ORAL TABLET 45-200 MG (*ledipasvir-sofosbuvir*)	3	PA; LD; QL (2 tablets per 1 day)
HARVONI ORAL TABLET 90-400 MG (*ledipasvir-sofosbuvir*)	3	PA; LD; QL (1 tablet per 1 day)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	2	PA; LD; QL (1 tablet per 1 day)
MAVYRET ORAL PACKET (*glecaprevir-pibrentasvir*)	2	PA; LD; QL (5 packets per 1 day)
MAVYRET ORAL TABLET (*glecaprevir-pibrentasvir*)	2	PA; LD; QL (3 tablets per 1 day)
SOFOSBUVIR-VELPATASVIR ORAL TABLET	2	PA; LD; QL (1 tablet per 1 day)
VOSEVI ORAL TABLET (*sofosbuv-velpatasv-voxilaprev*)	3	PA; LD; QL (1 tablet per 1 day); SP
ZEPATIER ORAL TABLET (*elbasvir-grazoprevir*)	3	PA; LD; QL (1 tablet per 1 day); SP
HEPATITIS C AGENTS - DRUGS FOR VIRAL INFECTIONS**		
PEGASYS SUBCUTANEOUS SOLUTION (*peginterferon alfa-2a*)	3	LD; QL (4 vials per 28 days); SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*peginterferon alfa-2a*)	3	LD; QL (4 syringes per 28 days); SP
ribavirin oral capsule	1 or 1b*	LD; QL (6 capsules per 1 day); SP
ribavirin oral tablet	1 or 1b*	LD; QL (6 tablets per 1 day); SP
SOVALDI ORAL PACKET 150 MG (*sofosbuvir*)	3	PA; LD; QL (1 packet per 1 day); SP
SOVALDI ORAL PACKET 200 MG (*sofosbuvir*)	3	PA; LD; QL (2 packets per 1 day); SP
SOVALDI ORAL TABLET 200 MG (*sofosbuvir*)	3	PA; LD; QL (2 tablets per 1 day); SP
SOVALDI ORAL TABLET 400 MG (*sofosbuvir*)	3	PA; LD; QL (1 tablet per 1 day); SP
HERPES AGENTS - PURINE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension	1 or 1b*	
acyclovir oral tablet	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SITAVIG BUCCAL TABLET (*acyclovir*)	3	PA; QL (1 tablet per 30 days)
valacyclovir hcl oral tablet 1 gm	1 or 1b*	QL (30 tablets per 1 fill)
valacyclovir hcl oral tablet 500 mg	1 or 1b*	QL (60 tablets per 30 days)
VALTREX ORAL TABLET 1 GM (*valacyclovir hcl*)	3	QL (30 tablets per 1 fill)
VALTREX ORAL TABLET 500 MG (*valacyclovir hcl*)	3	QL (60 tablets per 30 days)
HERPES AGENTS - THYMIDINE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
famciclovir oral tablet 125 mg, 250 mg	1 or 1b*	QL (60 tablets per 1 fill)
famciclovir oral tablet 500 mg	1 or 1b*	QL (21 tablets per 1 fill)
INFLUENZA AGENTS - DRUGS FOR VIRAL INFECTIONS**		
rimantadine hcl oral tablet	1 or 1b*	
MISC. ANTIVIRALS - DRUGS FOR VIRAL INFECTIONS**		
LAGEVRIO ORAL CAPSULE (*molnupiravir*)	3; $0	QL (40 capsules per 90 days)
TEMBEXA ORAL SUSPENSION (*brincidofovir*)	3	
TEMBEXA ORAL TABLET (*brincidofovir*)	3	
TPOXX INTRAVENOUS SOLUTION (*tecovirimat*)	3	
TPOXX ORAL CAPSULE (*tecovirimat*)	3	
NEURAMINIDASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
oseltamivir phosphate oral capsule 30 mg	1 or 1b*	QL (20 capsule per 90 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	1 or 1b*	QL (10 capsule per 90 days)
oseltamivir phosphate oral suspension reconstituted	1 or 1b*	QL (20 Ml per 90 days)
RAPIVAB INTRAVENOUS SOLUTION (*peramivir*)	3	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (*zanamivir*)	2	QL (1 unit per 90 days)
TAMIFLU ORAL CAPSULE 30 MG (*oseltamivir phosphate*)	3	QL (20 capsule per 90 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (*oseltamivir phosphate*)	3	QL (10 capsule per 90 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED (*oseltamivir phosphate*)	3	QL (180 ML per 90 days)
PA ENDONUCLEASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK (*baloxavir marboxil*)	3	QL (1 dose pack per 90 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK (*baloxavir marboxil*)	3	QL (1 dose pack per 90 days)
RSV AGENTS - NUCLEOSIDE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
ribavirin inhalation solution reconstituted	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***BETA BLOCKERS* - DRUGS FOR THE HEART**		
ALPHA-BETA BLOCKERS - DRUGS FOR HIGH BLOOD PRESSURE**		
carvedilol oral tablet 12.5 mg	1 or 1b*	QL (8 tablets per 1 day)
carvedilol oral tablet 25 mg	1 or 1b*	QL (4 tablets per 1 day)
carvedilol oral tablet 3.125 mg	1 or 1b*	QL (32 tablets per 1 day)
carvedilol oral tablet 6.25 mg	1 or 1b*	QL (16 tablets per 1 day)
carvedilol phosphate er oral capsule extended release 24 hour 10 mg	1 or 1b*	QL (8 capsules per 1 day)
carvedilol phosphate er oral capsule extended release 24 hour 20 mg	1 or 1b*	QL (4 capsules per 1 day)
carvedilol phosphate er oral capsule extended release 24 hour 40 mg	1 or 1b*	QL (2 capsules per 1 day)
carvedilol phosphate er oral capsule extended release 24 hour 80 mg	1 or 1b*	QL (1 capsule per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (*carvedilol phosphate*)	3	QL (8 capsules per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG (*carvedilol phosphate*)	3	QL (4 capsules per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (*carvedilol phosphate*)	3	QL (2 capsules per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG (*carvedilol phosphate*)	3	QL (1 capsule per 1 day)
COREG ORAL TABLET 12.5 MG (*carvedilol*)	3	QL (8 tablets per 1 day)
COREG ORAL TABLET 25 MG (*carvedilol*)	3	QL (4 tablets per 1 day)
COREG ORAL TABLET 3.125 MG (*carvedilol*)	3	QL (32 tablets per 1 day)
COREG ORAL TABLET 6.25 MG (*carvedilol*)	3	QL (16 tablets per 1 day)
labetalol hcl intravenous solution prefilled syringe 10 mg/2ml	3	
labetalol hcl oral tablet 100 mg	1 or 1b*	QL (24 tablets per 1 day)
labetalol hcl oral tablet 200 mg	1 or 1b*	QL (12 tablets per 1 day)
labetalol hcl oral tablet 300 mg	1 or 1b*	QL (8 tablets per 1 day)
labetalol hcl oral tablet 400 mg	1 or 1b*	QL (6 tablets per 1 day)
BETA BLOCKERS CARDIO-SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE**		
acebutolol hcl oral capsule	1 or 1b*	
atenolol oral tablet	1 or 1a*	
betaxolol hcl oral tablet	1 or 1b*	
bisoprolol fumarate oral tablet	1 or 1b*	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION (*esmolol hcl-sodium chloride*)	3	
BREVIBLOC INTRAVENOUS SOLUTION (*esmolol hcl*)	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION (*esmolol hcl-sodium chloride*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION (*esmolol hcl-sodium chloride*)	3	
BYSTOLIC ORAL TABLET (*nebivolol hcl*)	3	
esmolol hcl intravenous solution 100 mg/10ml	1 or 1b*	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
esmolol hcl-sodium chloride intravenous solution	1 or 1b*	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE (*metoprolol succinate*)	3	
LOPRESSOR ORAL TABLET (*metoprolol tartrate*)	3	
metoprolol succinate er oral tablet extended release 24 hour	1 or 1b*	
metoprolol tartrate intravenous solution	1 or 1a*	
metoprolol tartrate oral tablet	1 or 1a*	
nebivolol hcl oral tablet	1 or 1b*	
RAPIBLYK INTRAVENOUS SOLUTION RECONSTITUTED (*landiolol hcl*)	3	
TENORMIN ORAL TABLET (*atenolol*)	3	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (*metoprolol succinate*)	3	
BETA BLOCKERS NON-SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE**		
BETAPACE AF ORAL TABLET 120 MG, 80 MG (*sotalol hcl af*)	3	QL (3 tablet per 1 day)
BETAPACE AF ORAL TABLET 160 MG (*sotalol hcl af*)	3	QL (4 tablets per 1 day)
BETAPACE ORAL TABLET 120 MG, 80 MG (*sotalol hcl*)	3	QL (3 tablets per 1 day)
BETAPACE ORAL TABLET 160 MG (*sotalol hcl*)	3	QL (4 tablets per 1 day)
HEMANGEOL ORAL SOLUTION (*propranolol hcl*)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG (*propranolol hcl*)	3	QL (5 capsules per 1 day)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG (*propranolol hcl*)	3	QL (4 capsules per 1 day)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG (*propranolol hcl*)	3	QL (10 capsules per 1 day)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG (*propranolol hcl*)	3	QL (8 capsules per 1 day)
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (*propranolol hcl sr beads*)	3	QL (1 capsule per 1 day)
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (*propranolol hcl sr beads*)	3	QL (1 capsule per 1 day)
nadolol oral tablet 20 mg	1 or 1b*	QL (16 tablets per 1 day)
nadolol oral tablet 40 mg	1 or 1b*	QL (8 tablets per 1 day)
nadolol oral tablet 80 mg	1 or 1b*	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pindolol oral tablet 10 mg	1 or 1b*	QL (6 tablets per 1 day)
pindolol oral tablet 5 mg	1 or 1b*	QL (12 tablets per 1 day)
propranolol hcl er oral capsule extended release 24 hour 120 mg	1 or 1b*	QL (5 capsules per 1 day)
propranolol hcl er oral capsule extended release 24 hour 160 mg	1 or 1b*	QL (4 capsules per 1 day)
propranolol hcl er oral capsule extended release 24 hour 60 mg	1 or 1b*	QL (10 capsules per 1 day)
propranolol hcl er oral capsule extended release 24 hour 80 mg	1 or 1b*	QL (8 capsules per 1 day)
propranolol hcl intravenous solution	1 or 1b*	
propranolol hcl oral solution	1 or 1b*	QL (80 mL per 1 day)
propranolol hcl oral tablet 10 mg	1 or 1b*	QL (64 tablets per 1 day)
propranolol hcl oral tablet 20 mg	1 or 1b*	QL (32 tablets per 1 day)
propranolol hcl oral tablet 40 mg	1 or 1b*	QL (16 tablets per 1 day)
propranolol hcl oral tablet 60 mg	1 or 1b*	QL (10 tablets per 1 day)
propranolol hcl oral tablet 80 mg	1 or 1b*	QL (8 tablets per 1 day)
sotalol hcl (af) oral tablet 120 mg, 80 mg	1 or 1b*	QL (3 tablet per 1 day)
sotalol hcl (af) oral tablet 160 mg	1 or 1b*	QL (4 tablets per 1 day)
SOTALOL HCL INTRAVENOUS SOLUTION	3	
sotalol hcl oral tablet 120 mg, 80 mg	1 or 1b*	QL (3 tablets per 1 day)
sotalol hcl oral tablet 160 mg	1 or 1b*	QL (4 tablets per 1 day)
sotalol hcl oral tablet 240 mg	1 or 1b*	QL (2 tablets per 1 day)
SOTYLIZE ORAL SOLUTION (*sotalol hcl*)	3	
timolol maleate oral tablet 10 mg	1 or 1b*	QL (6 tablets per 1 day)
timolol maleate oral tablet 20 mg	1 or 1b*	QL (3 tablets per 1 day)
timolol maleate oral tablet 5 mg	1 or 1b*	QL (12 tablets per 1 day)
***CALCIUM CHANNEL BLOCKERS* - DRUGS FOR THE HEART**		
CALCIUM CHANNEL BLOCKERS - DRUGS FOR HIGH BLOOD PRESSURE**		
amlodipine besylate oral tablet 10 mg	1 or 1b*	QL (1 tablet per 1 day)
amlodipine besylate oral tablet 2.5 mg, 5 mg	1 or 1b*	DO
CARDENE IV INTRAVENOUS SOLUTION (*nicardipine hcl in nacl*)	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG (*diltiazem hcl coated beads*)	3	DO
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG (*diltiazem hcl coated beads*)	3	QL (3 capsules per 1 day)
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (*diltiazem hcl coated beads*)	3	QL (2 capsules per 1 day)
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG (*diltiazem hcl coated beads*)	3	QL (1 capsule per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG (*diltiazem hcl*)	3	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG (*diltiazem hcl*)	3	QL (3 tablets per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG (*diltiazem hcl*)	3	QL (2 tablets per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG (*diltiazem hcl*)	3	QL (1 tablet per 1 day)
CARDIZEM ORAL TABLET 120 MG (*diltiazem hcl*)	3	QL (3 tablet per 1 day)
CARDIZEM ORAL TABLET 30 MG, 60 MG (*diltiazem hcl*)	3	DO
cartia xt oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
cartia xt oral capsule extended release 24 hour 180 mg	1 or 1b*	QL (3 capsules per 1 day)
cartia xt oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (2 capsules per 1 day)
cartia xt oral capsule extended release 24 hour 300 mg	1 or 1b*	QL (1 capsule per 1 day)
CLEVIPREX INTRAVENOUS EMULSION (*clevidipine*)	3	
CONJUPRI ORAL TABLET 2.5 MG (*levamlodipine maleate*)	3	ST; DO
CONJUPRI ORAL TABLET 5 MG (*levamlodipine maleate*)	3	ST; QL (1 tablet per 1 day)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg	1 or 1b*	QL (3 capsules per 1 day)
diltiazem hcl er beads oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (2 capsules per 1 day)
diltiazem hcl er beads oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg	1 or 1b*	QL (1 capsule per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg	1 or 1b*	QL (3 capsules per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (2 capsules per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg, 360 mg	1 or 1b*	QL (1 capsule per 1 day)
diltiazem hcl er oral capsule extended release 12 hour 120 mg	1 or 1b*	QL (2 capsules per 1 day)
diltiazem hcl er oral capsule extended release 12 hour 60 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 12 hour 90 mg	1 or 1b*	QL (4 capsules per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 24 hour 180 mg	1 or 1b*	QL (3 capsules per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (2 capsules per 1 day)
diltiazem hcl er oral tablet extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er oral tablet extended release 24 hour 180 mg	1 or 1b*	QL (3 tablets per 1 day)
diltiazem hcl er oral tablet extended release 24 hour 240 mg	1 or 1b*	QL (2 tablets per 1 day)
diltiazem hcl er oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg	1 or 1b*	QL (1 tablet per 1 day)
diltiazem hcl intravenous solution	1 or 1b*	
DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED	3	
diltiazem hcl oral tablet 120 mg	1 or 1b*	QL (3 tablet per 1 day)
diltiazem hcl oral tablet 30 mg, 60 mg	1 or 1b*	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl oral tablet 90 mg	1 or 1b*	QL (4 tablet per 1 day)
diltiazem hcl-sodium chloride intravenous solution 100-0.72 mg/100ml-%	3	
dilt-xr oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
dilt-xr oral capsule extended release 24 hour 180 mg	1 or 1b*	QL (3 capsules per 1 day)
dilt-xr oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (2 capsules per 1 day)
felodipine er oral tablet extended release 24 hour 10 mg	1 or 1b*	QL (1 tablet per 1 day)
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	1 or 1b*	DO
isradipine oral capsule 2.5 mg	1 or 1b*	DO
isradipine oral capsule 5 mg	1 or 1b*	QL (4 capsule per 1 day)
KATERZIA ORAL SUSPENSION (*amlodipine benzoate*)	3	PA; QL (10 mL per 1 day)
levamlodipine maleate oral tablet 2.5 mg	1 or 1b*	ST; DO
levamlodipine maleate oral tablet 5 mg	1 or 1b*	ST; QL (1 tablet per 1 day)
matzim la oral tablet extended release 24 hour 180 mg	1 or 1b*	QL (3 tablets per 1 day)
matzim la oral tablet extended release 24 hour 240 mg	1 or 1b*	QL (2 tablets per 1 day)
matzim la oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg	1 or 1b*	QL (1 tablet per 1 day)
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION	3	
nicardipine hcl intravenous solution	3	
nicardipine hcl oral capsule 20 mg	1 or 1b*	QL (6 capsule per 1 day)
nicardipine hcl oral capsule 30 mg	1 or 1b*	QL (4 capsule per 1 day)
nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg	1 or 1b*	QL (1 tablet per 1 day)
nifedipine er oral tablet extended release 24 hour 60 mg	1 or 1b*	QL (2 tablets per 1 day)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	1 or 1b*	DO
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg	1 or 1b*	QL (2 tablets per 1 day)
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	1 or 1b*	QL (1 tablet per 1 day)
nifedipine oral capsule 10 mg	1 or 1b*	DO
nifedipine oral capsule 20 mg	1 or 1b*	QL (4 capsule per 1 day)
nimodipine oral capsule	1 or 1b*	QL (12 capsule per 1 day)
nimodipine oral solution	1 or 1b*	QL (120 mL per 1 day)
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg	1 or 1b*	DO
nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg	1 or 1b*	QL (1 tablet per 1 day)
NORLIQVA ORAL SOLUTION (*amlodipine besylate*)	3	PA; QL (2 bottles per 30 days)
NORVASC ORAL TABLET 10 MG (*amlodipine besylate*)	3	QL (1 tablet per 1 day)
NORVASC ORAL TABLET 2.5 MG, 5 MG (*amlodipine besylate*)	3	DO
NYMALIZE ORAL SOLUTION (*nimodipine*)	3	QL (60 mL per 1 day)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (*nifedipine*)	3	DO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG (*nifedipine*)	3	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 90 MG (*nifedipine*)	3	QL (1 tablet per 1 day)
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG (*nisoldipine*)	3	DO
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG (*nisoldipine*)	3	QL (1 tablet per 1 day)
tiadylt er oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
tiadylt er oral capsule extended release 24 hour 180 mg	1 or 1b*	QL (3 capsules per 1 day)
tiadylt er oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (2 capsules per 1 day)
tiadylt er oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg	1 or 1b*	QL (1 capsule per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG (*diltiazem hcl er beads*)	3	DO
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG (*diltiazem hcl er beads*)	3	QL (3 capsules per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (*diltiazem hcl er beads*)	3	QL (2 capsules per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG (*diltiazem hcl er beads*)	3	QL (1 capsule per 1 day)
verapamil hcl er oral capsule extended release 24 hour 100 mg	3	DO
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg	1 or 1b*	QL (1 capsule per 1 day)
verapamil hcl er oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (2 capsules per 1 day)
verapamil hcl er oral tablet extended release 120 mg	1 or 1b*	DO
verapamil hcl er oral tablet extended release 180 mg, 240 mg	1 or 1b*	QL (2 tablets per 1 day)
verapamil hcl intravenous solution	1 or 1b*	
verapamil hcl oral tablet 120 mg	1 or 1b*	QL (4 tablet per 1 day)
verapamil hcl oral tablet 40 mg, 80 mg	1 or 1b*	DO
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG (*verapamil hcl*)	3	DO
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (*verapamil hcl*)	3	QL (2 capsules per 1 day)
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG (*verapamil hcl*)	3	QL (1 capsule per 1 day)
***CARDIOTONICS* - DRUGS FOR THE HEART**		
CARDIAC GLYCOSIDES - DRUGS FOR THE HEART**		
digoxin injection solution	1 or 1b*	
digoxin oral solution	1 or 1b*	QL (10 mL per 1 day)
digoxin oral tablet 125 mcg, 62.5 mcg	1 or 1b*	DO
digoxin oral tablet 250 mcg	1 or 1b*	QL (2 tablets per 1 day)
LANOXIN INJECTION SOLUTION (*digoxin*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG (*digoxin*)	3	DO
LANOXIN ORAL TABLET 250 MCG (*digoxin*)	3	QL (2 tablets per 1 day)
LANOXIN PEDIATRIC INJECTION SOLUTION (*digoxin*)	2	
INOTROPES - DRUGS FOR SERIOUS ALLERGIC REACTION**		
dobutamine hcl intravenous solution	1 or 1b*	
DOBUTAMINE-DEXTROSE INTRAVENOUS SOLUTION	3	
DOPAMINE HCL INTRAVENOUS SOLUTION	3	
DOPAMINE-DEXTROSE INTRAVENOUS SOLUTION	3	
milrinone lactate in dextrose intravenous solution	1 or 1b*	
milrinone lactate intravenous solution	1 or 1b*	
***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	1 or 1b*	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	1 or 1b*	DO
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG (*amlodipine-atorvastatin*)	3	QL (1 tablet per 1 day)
CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG (*amlodipine-atorvastatin*)	3	DO
CARDIAC MYOSIN INHIBITORS - DRUGS FOR THE HEART**		
CAMZYOS ORAL CAPSULE (*mavacamten*)	3	PA; LD; QL (1 capsule per 1 day); SP
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS - DRUGS FOR THE HEART**		
LODOCO ORAL TABLET (*colchicine*)	3	PA; QL (1 tablet per 1 day)
***CARDIOVASCULAR SGLT2 INHIBITORS** - DRUGS FOR THE HEART**		
INPEFA ORAL TABLET (*sotagliflozin*)	3	PA; QL (1 tablet per 1 day)
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB - DRUGS FOR HIGH BLOOD PRESSURE**		
ENTRESTO ORAL CAPSULE SPRINKLE (*sacubitril-valsartan*)	3	QL (8 capsules per 1 day)
ENTRESTO ORAL TABLET (*sacubitril-valsartan*)	3	QL (6 tablets per 1 day)
NITRATE & VASODILATOR COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE**		
BIDIL ORAL TABLET (*isosorb dinitrate-hydralazine*)	3	QL (6 tablets per 1 day)
isosorb dinitrate-hydralazine oral tablet	1 or 1b*	QL (6 tablets per 1 day)
PDE INHIBITOR-ENDOTHELIN RECPTOR ANTAGONIST COMBINATIONS - DRUGS FOR CHOLESTEROL**		
OPSYNVI ORAL TABLET (*macitentan-tadalafil*)	3	PA; LD; QL (1 tablet per 1 day); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROSTAGLANDIN - IMPOTENCE AGENTS - DRUGS FOR THE HEART**		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT (*alprostadil (vasodilator)*)	3	PA
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED (*alprostadil (vasodilator)*)	3	PA
EDEX INTRACAVERNOSAL KIT (*alprostadil (vasodilator)*)	3	PA
PROSTAGLANDIN VASODILATORS - DRUGS FOR HIGH BLOOD PRESSURE**		
alprostadil injection solution	1 or 1b*	
AURLUMYN INTRAVENOUS SOLUTION (*iloprost*)	3	
epoprostenol sodium intravenous solution reconstituted	1 or 1b*	PA; LD; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED (*epoprostenol sodium*)	3	PA; LD; SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK (*treprostinil diolamine*)	3	PA; LD; QL (1 pack per 28 days); SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK (*treprostinil diolamine*)	3	PA; LD; QL (1 pack per 28 days); SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK (*treprostinil diolamine*)	3	PA; LD; QL (1 pack per 28 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE (*treprostinil diolamine*)	3	PA; LD; SP
PROSTIN VR INJECTION SOLUTION (*alprostadil*)	3	
REMODULIN INJECTION SOLUTION (*treprostinil*)	3	PA; LD; SP
treprostinil injection solution	1 or 1b*	PA; LD; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER (*treprostinil*)	3	PA; LD; QL (1 kit per 28 days); SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER (*treprostinil*)	3	PA; LD; QL (1 kit per 28 days); SP
TYVASO DPI TITRATION KIT INHALATION POWDER (*treprostinil*)	3	PA; LD; QL (1 kit per 1 lifetime); SP
TYVASO INHALATION SOLUTION (*treprostinil*)	3	PA; LD; QL (1 kit per 28 days); SP
TYVASO REFILL KIT INHALATION SOLUTION (*treprostinil*)	3	PA; LD; QL (1 kit per 28 days); SP
TYVASO STARTER KIT INHALATION SOLUTION (*treprostinil*)	3	PA; LD; QL (1 kit per 28 days); SP
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED (*epoprostenol sodium*)	3	PA; LD; SP
VENTAVIS INHALATION SOLUTION (*iloprost*)	3	PA; LD; QL (9 mL per 1 day); SP
YUTREPIA INHALATION CAPSULE 106 MCG, 79.5 MCG (*treprostinil sodium*)	3	PA; QL (10 capsules per 1 day)
YUTREPIA INHALATION CAPSULE 26.5 MCG, 53 MCG (*treprostinil sodium*)	3	PA; QL (5 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) - DRUGS FOR HIGH BLOOD PRESSURE**		
ADEMPAS ORAL TABLET (*riociguat*)	3	PA; LD; QL (3 tablets per 1 day); SP
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR - DRUGS FOR THE HEART**		
WINREVAIR SUBCUTANEOUS KIT (*sotatercept-csrk*)	3	PA; LD; QL (1 kit per 21 days); SP
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - DRUGS FOR HIGH BLOOD PRESSURE**		
ambrisentan oral tablet	1 or 1b*	PA; LD; QL (1 tablet per 1 day); SP
bosentan oral tablet	1 or 1b*	PA; LD; QL (2 tablets per 1 day); SP
LETAIRIS ORAL TABLET (*ambrisentan*)	3	PA; LD; QL (1 tablet per 1 day); SP
OPSUMIT ORAL TABLET (*macitentan*)	3	PA; LD; QL (1 tablet per 1 day); SP
TRACLEER ORAL TABLET (*bosentan*)	3	PA; LD; QL (2 tablets per 1 day); SP
TRACLEER ORAL TABLET SOLUBLE (*bosentan*)	3	PA; LD; QL (2 tablets per 1 day); SP
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE**		
ADCIRCA ORAL TABLET (*tadalafil (pah)*)	3	PA; LD; QL (2 tablets per 1 day); SP
alyq oral tablet	1 or 1b*	PA; LD; QL (2 tablets per 1 day); SP
REVATIO INTRAVENOUS SOLUTION (*sildenafil citrate*)	3	PA; LD; QL (3 vial per 1 day); SP
REVATIO ORAL TABLET (*sildenafil citrate*)	3	PA; LD; QL (12 tablets per 1 day); SP
sildenafil citrate intravenous solution	1 or 1b*	PA; LD; QL (3 vial per 1 day); SP
sildenafil citrate oral suspension reconstituted	1 or 1b*	PA; LD; QL (24 mL per 1 day); SP
sildenafil citrate oral tablet 20 mg	1 or 1b*	PA; LD; QL (12 tablets per 1 day); SP
tadalafil (pah) oral tablet	1 or 1b*	PA; LD; QL (2 tablets per 1 day); SP
TADLIQ ORAL SUSPENSION (*tadalafil (pah)*)	3	PA; LD; QL (10 ml per 1 day); SP
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - DRUGS FOR HIGH BLOOD PRESSURE**		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED (*selexipag*)	3	PA; LD; QL (2 vials per 1 day)
UPTRAVI ORAL TABLET (*selexipag*)	3	PA; LD; QL (2 tablets per 1 day); SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK (*selexipag*)	3	PA; LD; QL (1 kit per 1 one-time fill); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS - DRUGS FOR THE HEART**		
avanafil oral tablet	3	PA
CIALIS ORAL TABLET 10 MG, 20 MG (*tadalafil*)	3	PA
CIALIS ORAL TABLET 5 MG (*tadalafil*)	3	PA; QL (30 tablets per 30 days)
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	PA
STENDRA ORAL TABLET (*avanafil*)	3	PA
tadalafil oral tablet 10 mg, 20 mg	1 or 1b*	PA
tadalafil oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; QL (30 tablets per 30 days)
vardenafil hcl oral tablet	3	PA
vardenafil hcl oral tablet dispersible	1 or 1b*	PA
VIAGRA ORAL TABLET (*sildenafil citrate*)	3	PA
***SEPTAL AGENTS - ABLATION** - DRUGS FOR THE HEART**		
ABLYSINOL INTRA-ARTERIAL SOLUTION (*dehydrated alcohol*)	3	
***SINUS NODE INHIBITORS** - DRUGS FOR HIGH BLOOD PRESSURE**		
CORLANOR ORAL SOLUTION (*ivabradine hcl*)	3	PA; QL (4 ampules per 1 day)
CORLANOR ORAL TABLET (*ivabradine hcl*)	3	PA; QL (2 tablets per 1 day)
ivabradine hcl oral tablet	1 or 1b*	PA; QL (2 tablets per 1 day)
TRANSTHYRETIN STABILIZERS - DRUGS FOR THE HEART**		
ATTRUBY ORAL TABLET THERAPY PACK (*acoramidis hcl*)	3	PA; QL (4 tablets per 1 day)
VYNDAMAX ORAL CAPSULE (*tafamidis*)	3	PA; LD; QL (1 capsule per 1 day); SP
VYNDAQEL ORAL CAPSULE (*tafamidis meglumine (cardiac)*)	3	PA; LD; QL (4 capsules per 1 day); SP
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) - DRUGS FOR ANGINA**		
VERQUVO ORAL TABLET 10 MG, 5 MG (*vericiguat*)	3	PA; QL (1 tablet per 1 day)
VERQUVO ORAL TABLET 2.5 MG (*vericiguat*)	3	PA; QL (1 tablets per 1 day)
***CEPHALOSPORINS* - DRUGS FOR INFECTIONS**		
CEPHALOSPORIN COMBINATIONS - ANTIBIOTICS**		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED (*ceftazidime-avibactam*)	3	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED (*ceftolozane-tazobactam*)	3	
CEPHALOSPORINS - 1ST GENERATION - ANTIBIOTICS**		
cefadroxil oral capsule	1 or 1b*	
cefadroxil oral suspension reconstituted	1 or 1b*	
cefadroxil oral tablet	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	1 or 1b*	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM	3	
cefazolin sodium intravenous solution reconstituted 1 gm	1 or 1b*	
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%	3	
cefazolin sodium-dextrose intravenous solution 3-4 gm/150ml-%	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML)	3	
cefazolin sodium-dextrose intravenous solution reconstituted 3-2 gm-%(50ml)	3	
cephalexin oral capsule	1 or 1a*	
cephalexin oral suspension reconstituted	1 or 1a*	
cephalexin oral tablet	1 or 1a*	
CEPHALOSPORINS - 2ND GENERATION - ANTIBIOTICS**		
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
cefaclor oral capsule	1 or 1b*	
cefaclor oral suspension reconstituted	1 or 1b*	
CEFOTAN INJECTION SOLUTION RECONSTITUTED (*cefotetan disodium*)	3	
cefotetan disodium injection solution reconstituted	1 or 1b*	
cefoxitin sodium intravenous solution reconstituted	1 or 1b*	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
cefprozil oral suspension reconstituted	1 or 1b*	
cefprozil oral tablet	1 or 1b*	
cefuroxime axetil oral tablet	1 or 1b*	
cefuroxime sodium injection solution reconstituted	1 or 1b*	
cefuroxime sodium intravenous solution reconstituted	1 or 1b*	
CEPHALOSPORINS - 3RD GENERATION - ANTIBIOTICS**		
cefdinir oral capsule	1 or 1b*	
cefdinir oral suspension reconstituted	1 or 1b*	
cefixime oral capsule	1 or 1b*	
cefixime oral suspension reconstituted	1 or 1b*	
cefotaxime sodium injection solution reconstituted	3	
cefpodoxime proxetil oral suspension reconstituted	1 or 1b*	
cefpodoxime proxetil oral tablet	1 or 1b*	
ceftazidime injection solution reconstituted	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ceftazidime intravenous solution reconstituted	1 or 1b*	
ceftriaxone sodium in dextrose intravenous solution	1 or 1b*	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1 or 1b*	
CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM	3	
ceftriaxone sodium intravenous solution reconstituted	1 or 1b*	
CEFTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
tazicef injection solution reconstituted	1 or 1b*	
TAZICEF INTRAVENOUS SOLUTION (*ceftazidime sodium in dextrose*)	3	
tazicef intravenous solution reconstituted	1 or 1b*	
CEPHALOSPORINS - 4TH GENERATION - ANTIBIOTICS**		
cefepime hcl injection solution reconstituted	1 or 1b*	
CEFEPIME HCL INTRAVENOUS SOLUTION	3	
CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 GM	3	
cefepime hcl intravenous solution reconstituted 2 gm	1 or 1b*	
CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
CEPHALOSPORINS - 5TH GENERATION - ANTIBIOTICS**		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED (*ceftaroline fosamil*)	3	
ZEVTERA INTRAVENOUS SOLUTION RECONSTITUTED (*ceftobiprole medocaril*)	3	
CEPHALOSPORINS - SIDEROPHORES - ANTIBIOTICS**		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED (*cefiderocol sulfate tosylate*)	3	
***CONTRACEPTIVES* - DRUGS FOR WOMEN**		
BIPHASIC CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
azurette oral tablet	1 or 1b*; $0	
desogestrel-ethinyl estradiol oral tablet	1 or 1b*; $0	
kariva oral tablet	1 or 1b*; $0	
LO LOESTRIN FE ORAL TABLET (*norethin-eth estrad-fe biphas*)	2; $0	
pimtrea oral tablet	1 or 1b*; $0	
simliya oral tablet	1 or 1b*; $0	
viorele oral tablet	1 or 1b*; $0	
volnea oral tablet	1 or 1b*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBINATION CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
afirmelle oral tablet	1 or 1a*; $0	
altavera oral tablet	1 or 1a*; $0	
alyacen 1/35 oral tablet	1 or 1a*; $0	
apri oral tablet	1 or 1a*; $0	
aubra eq oral tablet	1 or 1a*; $0	
aurovela 1.5/30 oral tablet	1 or 1a*; $0	
aurovela 1/20 oral tablet	1 or 1a*; $0	
aurovela 24 fe oral tablet	1 or 1a*; $0	
aurovela fe 1.5/30 oral tablet	1 or 1a*; $0	
aurovela fe 1/20 oral tablet	1 or 1a*; $0	
aviane oral tablet	1 or 1a*; $0	
ayuna oral tablet	1 or 1a*; $0	
BALCOLTRA ORAL TABLET (*levonorgest-eth estrad-fe bisg*)	3; $0	
balziva oral tablet	1 or 1a*; $0	
BEYAZ ORAL TABLET (*drospiren-eth estrad-levomefol*)	3	
blisovi 24 fe oral tablet	1 or 1a*; $0	
blisovi fe 1.5/30 oral tablet	1 or 1a*; $0	
blisovi fe 1/20 oral tablet	1 or 1a*; $0	
briellyn oral tablet	1 or 1a*; $0	
charlotte 24 fe oral tablet chewable	1 or 1a*; $0	
chateal eq oral tablet	1 or 1a*; $0	
cryselle-28 oral tablet	1 or 1a*; $0	
cyred eq oral tablet	1 or 1a*; $0	
dasetta 1/35 (28) oral tablet	1 or 1a*; $0	
delyla oral tablet	1 or 1a*; $0	
drospiren-eth estrad-levomefol oral tablet	1 or 1b*; $0	
drospirenone-ethinyl estradiol oral tablet	1 or 1b*; $0	
elinest oral tablet	1 or 1a*; $0	
enskyce oral tablet	1 or 1a*; $0	
estarylla oral tablet	1 or 1a*; $0	
ethynodiol diac-eth estradiol oral tablet	1 or 1a*; $0	
falmina oral tablet	1 or 1a*; $0	
norethin ace-eth estrad-fe (Feirza 1.5/30 Oral Tablet)	1 or 1a*; $0	
norethin ace-eth estrad-fe (Feirza 1/20 Oral Tablet)	1 or 1a*; $0	
FEMLYV ORAL TABLET DISPERSIBLE (*norethindrone acet-ethinyl est*)	3; $0	
norethin ace-eth estrad-fe (Finzala Oral Tablet Chewable)	1 or 1a*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gemmily oral capsule	1 or 1b*; $0	
hailey 1.5/30 oral tablet	1 or 1a*; $0	
hailey 24 fe oral tablet	1 or 1a*; $0	
hailey fe 1.5/30 oral tablet	1 or 1a*; $0	
hailey fe 1/20 oral tablet	1 or 1a*; $0	
isibloom oral tablet	1 or 1a*; $0	
jasmiel oral tablet	1 or 1b*; $0	
levonorgest-eth estrad-fe bisg (Joyeaux Oral Tablet)	1 or 1b*; $0	
juleber oral tablet	1 or 1a*; $0	
junel 1.5/30 oral tablet	1 or 1a*; $0	
junel 1/20 oral tablet	1 or 1a*; $0	
junel fe 1.5/30 oral tablet	1 or 1a*; $0	
junel fe 1/20 oral tablet	1 or 1a*; $0	
junel fe 24 oral tablet	1 or 1a*; $0	
kaitlib fe oral tablet chewable	1 or 1b*; $0	
kalliga oral tablet	1 or 1a*; $0	
kelnor 1/35 oral tablet	1 or 1a*; $0	
kelnor 1/50 oral tablet	1 or 1a*; $0	
kurvelo oral tablet	1 or 1a*; $0	
larin 1.5/30 oral tablet	1 or 1a*; $0	
larin 1/20 oral tablet	1 or 1a*; $0	
larin 24 fe oral tablet	1 or 1a*; $0	
larin fe 1.5/30 oral tablet	1 or 1a*; $0	
larin fe 1/20 oral tablet	1 or 1a*; $0	
layolis fe oral tablet chewable	1 or 1b*; $0	
lessina oral tablet	1 or 1a*; $0	
levonorgest-eth estradiol-iron oral tablet	1 or 1b*; $0	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1 or 1a*; $0	
levora 0.15/30 (28) oral tablet	1 or 1a*; $0	
loestrin 1.5/30 (21) oral tablet	1 or 1a*; $0	
loestrin 1/20 (21) oral tablet	1 or 1a*; $0	
loestrin fe 1.5/30 oral tablet	1 or 1a*; $0	
loestrin fe 1/20 oral tablet	1 or 1a*; $0	
loryna oral tablet	1 or 1b*; $0	
low-ogestrel oral tablet	1 or 1a*; $0	
lo-zumandimine oral tablet	1 or 1b*; $0	
lutera oral tablet	1 or 1a*; $0	
marlissa oral tablet	1 or 1a*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
merzee oral capsule	1 or 1b*; $0	
norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable)	1 or 1a*; $0	
microgestin 1.5/30 oral tablet	1 or 1a*; $0	
microgestin 1/20 oral tablet	1 or 1a*; $0	
microgestin fe 1.5/30 oral tablet	1 or 1a*; $0	
microgestin fe 1/20 oral tablet	1 or 1a*; $0	
mili oral tablet	1 or 1a*; $0	
levonorgest-eth estradiol-iron (Minzoya Oral Tablet)	1 or 1b*; $0	
mono-linyah oral tablet	1 or 1a*; $0	
necon 0.5/35 (28) oral tablet	1 or 1a*; $0	
NEXTSTELLIS ORAL TABLET (*drospirenone-estetrol*)	3; $0	
nikki oral tablet	1 or 1b*; $0	
norethin ace-eth estrad-fe oral capsule	1 or 1b*; $0	
norethin ace-eth estrad-fe oral tablet	1 or 1a*; $0	
norethin ace-eth estrad-fe oral tablet chewable	1 or 1a*; $0	
norethindrone acet-ethinyl est oral tablet	1 or 1a*; $0	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1 or 1a*; $0	
nortrel 0.5/35 (28) oral tablet	1 or 1a*; $0	
nortrel 1/35 (21) oral tablet	1 or 1a*; $0	
nortrel 1/35 (28) oral tablet	1 or 1a*; $0	
nylia 1/35 oral tablet	1 or 1a*; $0	
ocella oral tablet	1 or 1b*; $0	
philith oral tablet	1 or 1a*; $0	
portia-28 oral tablet	1 or 1a*; $0	
reclipsen oral tablet	1 or 1a*; $0	
SAFYRAL ORAL TABLET (*drospiren-eth estrad-levomefol*)	3	
sprintec 28 oral tablet	1 or 1a*; $0	
sronyx oral tablet	1 or 1a*; $0	
syeda oral tablet	1 or 1b*; $0	
tarina 24 fe oral tablet	1 or 1a*; $0	
tarina fe 1/20 eq oral tablet	1 or 1a*; $0	
taysofy oral capsule	1 or 1b*; $0	
TAYTULLA ORAL CAPSULE (*norethin ace-eth estrad-fe*)	3	
norgestrel-ethinyl estradiol (Turqoz Oral Tablet)	1 or 1a*; $0	
TYBLUME ORAL TABLET CHEWABLE (*levonorgestrel-ethinyl estrad*)	3; $0	
ethynodiol diac-eth estradiol (Valtya 1/50 Oral Tablet)	1 or 1a*; $0	
vestura oral tablet	1 or 1b*; $0	
vienva oral tablet	1 or 1a*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vyfemla oral tablet	1 or 1a*; $0	
vylibra oral tablet	1 or 1a*; $0	
wera oral tablet	1 or 1a*; $0	
wymzya fe oral tablet chewable	1 or 1b*; $0	
norethin-eth estradiol-fe (Xelria Fe Oral Tablet Chewable)	1 or 1b*; $0	
YASMIN 28 ORAL TABLET (*drospirenone-ethinyl estradiol*)	3	
YAZ ORAL TABLET (*drospirenone-ethinyl estradiol*)	3	
zovia 1/35 (28) oral tablet	1 or 1a*; $0	
zumandimine oral tablet	1 or 1b*; $0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL - BIRTH CONTROL PILLS**		
norelgestromin-eth estradiol transdermal patch weekly	1 or 1b*; $0	
TWIRLA TRANSDERMAL PATCH WEEKLY (*levonorgestrel-eth estradiol*)	3; $0	
xulane transdermal patch weekly	1 or 1b*; $0	
zafemy transdermal patch weekly	1 or 1b*; $0	
COMBINATION CONTRACEPTIVES - VAGINAL - BIRTH CONTROL PILLS**		
ANNOVERA VAGINAL RING (*segesterone-ethinyl estradiol*)	3; $0	
eluryng vaginal ring	1 or 1b*; $0	
etonogestrel-ethinyl estradiol (Enilloring Vaginal Ring)	1 or 1b*; $0	
etonogestrel-ethinyl estradiol vaginal ring	1 or 1b*; $0	
etonogestrel-ethinyl estradiol (Haloette Vaginal Ring)	1 or 1b*; $0	
NUVARING VAGINAL RING (*etonogestrel-ethinyl estradiol*)	3	
CONTINUOUS CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
amethyst oral tablet	1 or 1b*; $0	
dolishale oral tablet	1 or 1b*; $0	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1 or 1b*; $0	
COPPER CONTRACEPTIVES - IUD - BIRTH CONTROL PILLS**		
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (*copper*)	3; $0	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (*copper*)	3; $0	
EMERGENCY CONTRACEPTIVES - BIRTH CONTROL PILLS**		
aftera oral tablet	1 or 1b*; $0	
afterpill oral tablet	1 or 1b*; $0	
econtra one-step oral tablet	1 or 1b*; $0	
ELLA ORAL TABLET (*ulipristal acetate*)	3; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HER STYLE ORAL TABLET (*levonorgestrel*)	1 or 1b*; $0	
levonorgestrel oral tablet	1 or 1b*; $0	
my choice oral tablet	1 or 1b*; $0	
my way oral tablet	1 or 1b*; $0	
new day oral tablet	1 or 1b*; $0	
opcicon one-step oral tablet	1 or 1b*; $0	
option 2 oral tablet	1 or 1b*; $0	
react oral tablet	1 or 1b*; $0	
take action oral tablet	1 or 1b*; $0	
EXTENDED-CYCLE CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
ashlyna oral tablet	1 or 1b*; $0	
camrese lo oral tablet	1 or 1b*; $0	
camrese oral tablet	1 or 1b*; $0	
daysee oral tablet	1 or 1b*; $0	
iclevia oral tablet	1 or 1b*; $0	
introvale oral tablet	1 or 1b*; $0	
jaimiess oral tablet	1 or 1b*; $0	
jolessa oral tablet	1 or 1b*; $0	
levonorgest-eth estrad 91-day oral tablet	1 or 1b*; $0	
lojaimiess oral tablet	1 or 1b*; $0	
rivelsa oral tablet	1 or 1b*; $0	
setlakin oral tablet	1 or 1b*; $0	
simpesse oral tablet	1 or 1b*; $0	
FOUR PHASE CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
NATAZIA ORAL TABLET (*estradiol valerate-dienogest*)	3; $0	
PROGESTIN CONTRACEPTIVES - IMPLANTS - BIRTH CONTROL PILLS**		
NEXPLANON SUBCUTANEOUS IMPLANT (*etonogestrel*)	3; $0	LD
PROGESTIN CONTRACEPTIVES - INJECTABLE - BIRTH CONTROL PILLS**		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION (*medroxyprogesterone acetate*)	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*medroxyprogesterone acetate*)	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (*medroxyprogesterone acetate*)	3; $0	
medroxyprogesterone acetate intramuscular suspension	1 or 1b*; $0	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1 or 1b*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROGESTIN CONTRACEPTIVES - IUD - BIRTH CONTROL PILLS**		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE (*levonorgestrel*)	3; $0	LD; SP
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (*levonorgestrel*)	3; $0	LD; SP
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (*levonorgestrel*)	3; $0	LD; SP
SKYLA INTRAUTERINE INTRAUTERINE DEVICE (*levonorgestrel*)	3; $0	LD; SP
PROGESTIN CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
camila oral tablet	1 or 1b*; $0	
deblitane oral tablet	1 or 1b*; $0	
norethindrone (Emzahh Oral Tablet)	1 or 1b*; $0	
errin oral tablet	1 or 1b*; $0	
heather oral tablet	1 or 1b*; $0	
incassia oral tablet	1 or 1b*; $0	
jencycla oral tablet	1 or 1b*; $0	
lyleq oral tablet	1 or 1b*; $0	
lyza oral tablet	1 or 1b*; $0	
nora-be oral tablet	1 or 1b*; $0	
norethindrone oral tablet	1 or 1b*; $0	
norlyroc oral tablet	1 or 1b*; $0	
OPILL ORAL TABLET (*norgestrel*)	2; $0	
sharobel oral tablet	1 or 1b*; $0	
SLYND ORAL TABLET (*drospirenone*)	3; $0	
TRIPHASIC CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
alyacen 7/7/7 oral tablet	1 or 1a*; $0	
aranelle oral tablet	1 or 1a*; $0	
dasetta 7/7/7 oral tablet	1 or 1a*; $0	
enpresse-28 oral tablet	1 or 1a*; $0	
leena oral tablet	1 or 1a*; $0	
levonest oral tablet	1 or 1a*; $0	
levonorg-eth estrad triphasic oral tablet	1 or 1a*; $0	
norgestim-eth estrad triphasic oral tablet	1 or 1b*; $0	
nortrel 7/7/7 oral tablet	1 or 1a*; $0	
nylia 7/7/7 oral tablet	1 or 1a*; $0	
tilia fe oral tablet	1 or 1b*; $0	
tri-estarylla oral tablet	1 or 1b*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tri-legest fe oral tablet	1 or 1b*; $0	
tri-linyah oral tablet	1 or 1b*; $0	
tri-lo-estarylla oral tablet	1 or 1b*; $0	
tri-lo-marzia oral tablet	1 or 1b*; $0	
tri-lo-mili oral tablet	1 or 1b*; $0	
tri-lo-sprintec oral tablet	1 or 1b*; $0	
tri-mili oral tablet	1 or 1b*; $0	
tri-sprintec oral tablet	1 or 1b*; $0	
trivora (28) oral tablet	1 or 1a*; $0	
tri-vylibra lo oral tablet	1 or 1b*; $0	
tri-vylibra oral tablet	1 or 1b*; $0	
velivet oral tablet	1 or 1a*; $0	
norethindron-ethinyl estrad-fe (Xarah Fe Oral Tablet)	1 or 1b*; $0	
***CORTICOSTEROIDS* - HORMONES**		
GLUCOCORTICOSTEROIDS - DRUGS FOR INFLAMMATION**		
AGAMREE ORAL SUSPENSION (*vamorolone*)	3	PA; LD; QL (7.5 mL per 1 day)
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE (*hydrocortisone*)	3	PA
budesonide er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
budesonide oral capsule delayed release particles	1 or 1b*	QL (3 capsule per 1 day)
CORTEF ORAL TABLET (*hydrocortisone*)	3	
cortisone acetate oral tablet	3	PA; QL (12 tablets per 1 day)
deflazacort oral suspension	3	PA; LD
deflazacort oral tablet	3	PA; LD
DEPO-MEDROL INJECTION SUSPENSION (*methylprednisolone acetate*)	3	
dexameth sod phos (pf) +rfid injection solution prefilled syringe	1 or 1b*	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE (*dexamethasone*)	2	
dexamethasone oral elixir	1 or 1a*	
dexamethasone oral solution	1 or 1a*	
dexamethasone oral tablet	1 or 1a*	
dexamethasone oral tablet therapy pack	1 or 1b*	
dexamethasone sod phos +rfid injection solution prefilled syringe	1 or 1b*	
dexamethasone sod phosphate pf injection solution	1 or 1b*	
DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE	1 or 1b*	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	1 or 1b*	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION PREFILLED SYRINGE	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMFLAZA ORAL SUSPENSION (*deflazacort*)	3	PA; LD
EMFLAZA ORAL TABLET (*deflazacort*)	3	PA; LD
EOHILIA ORAL SUSPENSION (*budesonide*)	3	PA; QL (20 mL per 1 day)
HEMADY ORAL TABLET (*dexamethasone*)	3	PA; QL (2 tablets per 1 day)
HEXATRIONE INTRA-ARTICULAR SUSPENSION (*triamcinolone hexacetonide*)	3	
hidex 6-day oral tablet therapy pack	1 or 1b*	
hydrocortisone oral tablet	1 or 1b*	
hydrocortisone sod suc (pf) injection solution reconstituted	1 or 1b*	
KENALOG-10 INJECTION SUSPENSION (*triamcinolone acetonide*)	3	
KENALOG-40 INJECTION SUSPENSION (*triamcinolone acetonide*)	3	
KENALOG-80 INJECTION SUSPENSION (*triamcinolone acetonide*)	3	
KHINDIVI ORAL SOLUTION (*hydrocortisone*)	3	PA
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (*methylprednisolone*)	3	
MEDROL ORAL TABLET 2 MG (*methylprednisolone*)	2	
MEDROL ORAL TABLET THERAPY PACK (*methylprednisolone*)	3	
methylprednisolone oral tablet	1 or 1a*	
methylprednisolone oral tablet therapy pack	1 or 1a*	
methylprednisolone sodium succ injection solution reconstituted	1 or 1b*	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG (*prednisolone sodium phosphate*)	3	QL (6 tablets per 1 day)
ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG (*prednisolone sodium phosphate*)	3	QL (4 tablets per 1 day)
ORAPRED ODT ORAL TABLET DISPERSIBLE 30 MG (*prednisolone sodium phosphate*)	3	QL (2 tablets per 1 day)
PEDIAPRED ORAL SOLUTION (*prednisolone sodium phosphate*)	3	
prednisolone oral solution	1 or 1a*	
prednisolone oral tablet	1 or 1b*	
prednisolone sodium phosphate oral solution	1 or 1a*	
prednisolone sodium phosphate oral tablet dispersible 10 mg	1 or 1a*	QL (6 tablets per 1 day)
prednisolone sodium phosphate oral tablet dispersible 15 mg	1 or 1a*	QL (4 tablets per 1 day)
prednisolone sodium phosphate oral tablet dispersible 30 mg	1 or 1a*	QL (2 tablets per 1 day)
PREDNISONE INTENSOL ORAL CONCENTRATE (*prednisone*)	3	
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablet therapy pack	1 or 1a*	
RAYOS ORAL TABLET DELAYED RELEASE (*prednisone*)	3	ST
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED (*hydrocortisone sod succinate*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED (*methylprednisolone sodium succ*)	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED (*methylprednisolone sodium succ*)	3	
taperdex 12-day oral tablet therapy pack	1 or 1b*	
taperdex 6-day oral tablet therapy pack	1 or 1b*	
taperdex 7-day oral tablet therapy pack	1 or 1b*	
TARPEYO ORAL CAPSULE DELAYED RELEASE (*budesonide*)	3	PA; LD; QL (4 capsules per 1 day)
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR (*budesonide*)	3	QL (1 tablet per 1 day)
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER (*triamcinolone acetonide*)	3	PA; LD; QL (1 injection per 1 knee)
MINERALOCORTICOIDS - DRUGS FOR INFLAMMATION**		
fludrocortisone acetate oral tablet	1 or 1b*	
STEROID COMBINATIONS - DRUGS FOR INFLAMMATION**		
CELESTONE SOLUSPAN INJECTION SUSPENSION (*betamethasone sod phos & acet*)	3	
***COUGH/COLD/ALLERGY* - DRUGS FOR THE LUNGS**		
ANTITUSSIVE - NONNARCOTIC - DRUGS FOR ALLERGIES**		
benzonatate oral capsule	1 or 1b*	
ANTITUSSIVE - OPIOID - DRUGS FOR COUGH AND COLD**		
HYCODAN ORAL SOLUTION (*hydrocodone bit-homatrop mbr*)	3	AL; QL (150 mL per 5 days)
HYCODAN ORAL TABLET (*hydrocodone bit-homatrop mbr*)	3	PA; QL (30 tablets per 5 days)
hydrocodone bit-homatrop mbr oral solution	1 or 1a*	AL; QL (150 mL per 5 days)
hydrocodone bit-homatrop mbr oral tablet	1 or 1a*	PA; QL (30 tablets per 5 days)
hydromet oral solution	1 or 1a*	AL; QL (150 mL per 5 days)
ANTITUSSIVE-EXPECTORANT - DRUGS FOR COUGH AND COLD**		
CODITUSSIN AC ORAL LIQUID	3	AL
g tussin ac oral solution	1 or 1a*	AL; QL (300 mL per 5 days)
guaifenesin-codeine oral solution	1 or 1a*	AL; QL (300 mL per 5 days)
MAR-COF CG EXPECTORANT ORAL LIQUID (*guaifenesin-codeine*)	2	AL
maxi-tuss ac oral solution	1 or 1a*	AL; QL (300 mL per 5 days)
NINJACOF-XG ORAL LIQUID (*guaifenesin-codeine*)	3	AL
ANTITUSSIVE-EXPECTORANTS-DECONGESTANT - DRUGS FOR COUGH AND COLD**		
CODITUSSIN DAC ORAL LIQUID	3	AL
DECONGESTANT & ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR (*desloratadine-pseudoephedrine*)	3	ST; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
promethazine-phenylephrine oral syrup	1 or 1b*	QL (2 fills per 30 days)
MISC. RESPIRATORY INHALANTS - DRUGS FOR ALLERGIES**		
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (*sodium chloride*)	3	
sodium chloride (Nebusal Inhalation Nebulization Solution 3 %)	1 or 1b*	
sodium chloride (Pulmosal Inhalation Nebulization Solution)	1 or 1b*	
sodium chloride inhalation nebulization solution	1 or 1b*	
MUCOLYTICS - DRUGS FOR THE LUNGS**		
acetylcysteine inhalation solution	1 or 1b*	
NON-NARC ANTITUSSIVE-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
promethazine-dm oral syrup	1 or 1a*	QL (2 fills per 30 days)
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
bromphen-pseudoeph-dm oral syrup	1 or 1b*	
pseudoeph-bromphen-dm oral syrup	1 or 1b*	
OPIOID ANTITUSSIVE-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
hydrocod poli-chlorphe poli er oral suspension extended release	1 or 1b*	AL; QL (120 mL per 1 fill)
promethazine-codeine oral solution	1 or 1a*	AL; QL (100 mL per 5 days)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR (*chlorpheniramine-codeine*)	3	AL; QL (10 tablets per 5 days)
OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
MAXI-TUSS CD ORAL LIQUID	2	AL; QL (150 mL per 5 days)
POLY-TUSSIN AC ORAL LIQUID	2	AL; QL (300 mL per 5 days)
PRO-RED AC ORAL SYRUP (*phenyleph-dexchlorphen-codeine*)	3	PA
RYDEX ORAL LIQUID (*pseudoeph-bromphen-cod*)	2	AL; QL (450 mL per 5 days)
***DERMATOLOGICALS* - DRUGS FOR THE SKIN**		
ACNE ANTIBIOTICS - DRUGS FOR THE SKIN**		
ACZONE EXTERNAL GEL (*dapsone*)	3	ST; QL (90 grams per 30 days)
AMZEEQ EXTERNAL FOAM (*minocycline hcl micronized*)	3	ST; QL (30 grams per 30 days)
CLEOCIN-T EXTERNAL LOTION (*clindamycin phosphate*)	3	ST; QL (4 mL per 1 day)
clindacin etz external swab	1 or 1b*	QL (2 pads per 1 day)
clindamycin phosphate (Clindacin External Foam)	1 or 1b*	QL (100 grams per 30 days)
clindacin-p external swab	1 or 1b*	QL (2 pads per 1 day)
CLINDAGEL EXTERNAL GEL (*clindamycin phosphate*)	3	ST; QL (75 ml/gm per 30 days)
clindamycin phos (once-daily) external gel	1 or 1b*	QL (75 ml/gm per 30 days)
clindamycin phos (twice-daily) external gel	1 or 1b*	QL (75 ml/gm per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clindamycin phosphate external foam	1 or 1b*	QL (100 grams per 30 days)
clindamycin phosphate external lotion	1 or 1b*	QL (4 mL per 1 day)
clindamycin phosphate external solution	1 or 1b*	QL (4 mL per 1 day)
clindamycin phosphate external swab	1 or 1b*	QL (2 pads per 1 day)
dapsone external gel	3	ST; QL (90 grams per 30 days)
ery external pad	1 or 1b*	QL (2 pads per 1 day)
ERYGEL EXTERNAL GEL (*erythromycin*)	3	QL (60 grams per 30 days)
erythromycin external gel	1 or 1b*	QL (60 grams per 30 days)
erythromycin external solution	1 or 1b*	QL (60 mL per 30 days)
KLARON EXTERNAL LOTION (*sulfacetamide sodium (acne)*)	3	
sulfacetamide sodium (acne) external lotion	1 or 1b*	
ACNE COMBINATIONS - DRUGS FOR THE SKIN**		
ACANYA EXTERNAL GEL (*clindamycin phos-benzoyl perox*)	3	ST; QL (50 grams per 30 days)
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1 or 1b*	PA; QL (45 grams per 30 days)
adapalene-benzoyl peroxide external gel 0.3-2.5 %	1 or 1b*	PA; QL (60 grams per 30 days)
BENZAMYCIN EXTERNAL GEL (*benzoyl peroxide-erythromycin*)	3	ST; QL (46.6 grams per 30 days)
benzoyl peroxide-erythromycin external gel	1 or 1b*	QL (46.6 grams per 30 days)
CABTREO EXTERNAL GEL (*adapalene-benzoyl per-clindamy*)	3	ST; QL (1.667 grams per 1 day)
clindamycin phos-benzoyl perox external gel 1.2-5 %	1 or 1b*	QL (45 grams per 30 days)
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	1 or 1b*	QL (50 grams per 30 days)
clindamycin-tretinoin external gel	3	PA; QL (60 grams per 30 days)
EPIDUO EXTERNAL GEL (*adapalene-benzoyl peroxide*)	3	ST; QL (45 grams per 30 days)
EPIDUO FORTE EXTERNAL GEL (*adapalene-benzoyl peroxide*)	3	ST; QL (60 grams per 30 days)
neuac external gel	1 or 1b*	QL (45 grams per 30 days)
ONEXTON EXTERNAL GEL (*clindamycin phos-benzoyl perox*)	3	ST; QL (50 grams per 30 days)
TWYNEO EXTERNAL CREAM (*tretinoin-benzoyl peroxide*)	3	ST; QL (1 tube per 30 days)
ZIANA EXTERNAL GEL (*clindamycin-tretinoin*)	3	ST; QL (60 grams per 30 days)
ACNE PRODUCTS - DRUGS FOR THE SKIN**		
ABSORICA LD ORAL CAPSULE (*isotretinoin micronized*)	3	PA
ABSORICA ORAL CAPSULE (*isotretinoin*)	3	PA
accutane oral capsule	2	PA
adapalene external cream	1 or 1b*	PA; QL (1.5 grams per 1 day)
adapalene external gel	1 or 1b*	PA; QL (45 grams per 30 days)
adapalene external pad	1 or 1b*	PA; QL (1 swab per 1 day)
ADAPALENE EXTERNAL SOLUTION	3	ST; QL (120 mL per 30 days)
AKLIEF EXTERNAL CREAM (*trifarotene*)	3	ST; QL (1 pump per 30 days)
ALTRENO EXTERNAL LOTION (*tretinoin*)	3	ST; QL (45 grams per 30 days)
amnesteem oral capsule 10 mg, 20 mg, 40 mg	2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isotretinoin (Amnesteem Oral Capsule 30 Mg)	2	PA
ARAZLO EXTERNAL LOTION (*tazarotene*)	3	ST; QL (45 grams per 30 days)
ATRALIN EXTERNAL GEL (*tretinoin*)	3	ST; QL (45 grams per 30 days)
AZELEX EXTERNAL CREAM (*azelaic acid*)	3	ST; QL (50 grams per 30 days)
claravis oral capsule	2	PA
DIFFERIN EXTERNAL CREAM (*adapalene*)	3	ST; QL (1.5 grams per 1 day)
DIFFERIN EXTERNAL GEL 0.3 % (*adapalene*)	3	ST; QL (45 grams per 30 days)
DIFFERIN EXTERNAL LOTION (*adapalene*)	3	ST; QL (59 mL per 30 days)
EPSOLAY EXTERNAL CREAM (*benzoyl peroxide*)	3	QL (50 grams per 30 days)
FABIOR EXTERNAL FOAM (*tazarotene*)	3	ST; QL (100 grams per 30 days)
isotretinoin oral capsule	2	PA
RETIN-A EXTERNAL CREAM (*tretinoin*)	3	ST; QL (45 grams per 30 days)
RETIN-A EXTERNAL GEL (*tretinoin*)	3	ST; QL (45 grams per 30 days)
RETIN-A MICRO EXTERNAL GEL (*tretinoin microsphere*)	3	ST; QL (50 grams per 30 days)
RETIN-A MICRO PUMP EXTERNAL GEL (*tretinoin microsphere*)	3	ST; QL (50 grams per 30 days)
TAZAROTENE EXTERNAL FOAM	3	ST; QL (100 grams per 30 days)
tretinoin external cream	1 or 1b*	PA; QL (45 grams per 30 days)
tretinoin external gel	1 or 1b*	PA; QL (45 grams per 30 days)
tretinoin microsphere external gel 0.04 %, 0.1 %	1 or 1b*	PA; QL (50 grams per 30 days)
tretinoin microsphere external gel 0.08 %	3	ST; QL (50 grams per 30 days)
tretinoin microsphere pump external gel 0.04 %, 0.1 %	1 or 1b*	PA; QL (50 grams per 30 days)
tretinoin microsphere pump external gel 0.08 %	3	ST; QL (50 grams per 30 days)
WINLEVI EXTERNAL CREAM (*clascoterone*)	3	ST; QL (60 grams per 30 days)
zenatane oral capsule	2	PA
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS - DRUGS FOR THE SKIN**		
VEREGEN EXTERNAL OINTMENT (*sinecatechins*)	3	ST; QL (30 grams per 28 days)
AGENTS FOR FACIAL WRINKLES - RETINOIDS - DRUGS FOR THE SKIN**		
RENOVA EXTERNAL CREAM (*tretinoin (facial wrinkles)*)	3	PA; QL (60 grams per 30 days)
RENOVA PUMP EXTERNAL CREAM (*tretinoin (facial wrinkles)*)	3	PA; QL (60 grams per 30 days)
ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS - DRUGS FOR THE SKIN**		
LITFULO ORAL CAPSULE (*ritlecitinib tosylate*)	3	PA; QL (1 capsule per 1 day)
ANTIBIOTIC STEROID COMBINATIONS - TOPICAL - DRUGS FOR THE SKIN**		
NEO-SYNALAR EXTERNAL CREAM (*neomycin-fluocinolone*)	3	
ANTIBIOTICS - TOPICAL - DRUGS FOR THE SKIN**		
gentamicin sulfate external cream	1 or 1b*	QL (30 grams per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gentamicin sulfate external ointment	1 or 1b*	QL (30 grams per 1 fill)
mupirocin calcium external cream	3	ST; QL (30 grams per 1 fill)
mupirocin external ointment	1 or 1b*	QL (30 grams per 1 fill)
ANTIFUNGALS - TOPICAL COMBINATIONS - DRUGS FOR THE SKIN**		
clotrimazole-betamethasone external cream	1 or 1b*	QL (180 grams per 30 days)
clotrimazole-betamethasone external lotion	1 or 1b*	QL (120 mL per 30 days)
FUNGIMEZ EXTERNAL SOLUTION	3	
miconazole-zinc oxide-petrolat external ointment	1 or 1b*	QL (50 grams per 30 days)
nystatin-triamcinolone external cream	1 or 1b*	QL (120 grams per 30 days)
nystatin-triamcinolone external ointment	1 or 1b*	QL (120 grams per 30 days)
VUSION EXTERNAL OINTMENT (*miconazole-zinc oxide-petrolat*)	3	QL (50 grams per 30 days)
ANTIFUNGALS - TOPICAL - DRUGS FOR THE SKIN**		
ciclodan external solution	1 or 1b*	QL (7 mL per 30 days)
ciclopirox external gel	1 or 1b*	QL (100 grams per 30 days)
ciclopirox external shampoo	1 or 1b*	QL (120 mL per 30 days)
ciclopirox external solution	1 or 1b*	QL (7 mL per 30 days)
ciclopirox olamine external cream	1 or 1b*	QL (90 grams per 30 days)
ciclopirox olamine external suspension	1 or 1b*	QL (60 mL per 30 days)
nystatin (Klayesta External Powder)	1 or 1b*	QL (60 grams per 30 days)
naftifine hcl external cream 1 %	1 or 1b*	ST; QL (90 grams per 30 days)
naftifine hcl external cream 2 %	1 or 1b*	ST; QL (60 grams per 30 days)
naftifine hcl external gel	1 or 1b*	ST; QL (60 grams per 30 days)
NAFTIN EXTERNAL GEL (*naftifine hcl*)	3	ST; QL (60 grams per 30 days)
nyamyc external powder	1 or 1b*	QL (60 grams per 30 days)
nystatin external cream	1 or 1b*	QL (120 grams per 30 days)
nystatin external ointment	1 or 1b*	QL (120 grams per 30 days)
nystatin external powder	1 or 1b*	QL (60 grams per 30 days)
nystop external powder	1 or 1b*	QL (60 grams per 30 days)
ANTI-INFLAMMATORY AGENTS - TOPICAL - DRUGS FOR THE SKIN**		
diclofenac epolamine external patch	3	ST; QL (2 patch per 1 day)
diclofenac sodium external gel 1 %	1 or 1b*	BE; QL (1000 gm per 30 days)
diclofenac sodium external solution 1.5 %	3	ST; QL (10 mL per 1 day)
diclofenac sodium external solution 2 %	3	ST; QL (224 gm per 30 days)
FLECTOR EXTERNAL PATCH (*diclofenac epolamine*)	3	ST; QL (2 patch per 1 day)
LICART EXTERNAL PATCH 24 HOUR (*diclofenac epolamine*)	3	ST; QL (1 topical system per 1 day)
PENNSAID EXTERNAL SOLUTION (*diclofenac sodium*)	3	ST; QL (224 gm per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL - DRUGS FOR THE SKIN**		
VALCHLOR EXTERNAL GEL (*mechlorethamine hcl (topical)*)	3	PA; LD; QL (1 tube per 30 days)
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL - DRUGS FOR THE SKIN**		
fluorouracil external cream	1 or 1b*	AL; QL (40 gm per 365 days)
fluorouracil external solution	1 or 1b*	AL; QL (10 mL per 365 days)
TOLAK EXTERNAL CREAM (*fluorouracil*)	3	ST; QL (40 gm per 365 days)
ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S - DRUGS FOR THE SKIN**		
diclofenac sodium external gel 3 %	1 or 1b*	PA; QL (300 grams per 1 year)
ANTINEOPLASTIC RETINOIDS - TOPICAL - DRUGS FOR THE SKIN**		
PANRETIN EXTERNAL GEL (*alitretinoin*)	3	LD; SP
ANTIPRURITICS - TOPICAL - DRUGS FOR THE SKIN**		
doxepin hcl external cream	1 or 1b*	PA; QL (1 tube per 1 fill)
PRUDOXIN EXTERNAL CREAM (*doxepin hcl (antipruritic)*)	3	PA; QL (1 tube per 1 fill)
ZONALON EXTERNAL CREAM (*doxepin hcl (antipruritic)*)	3	PA; QL (1 tube per 1 fill)
ANTIPSORIATICS - SYSTEMIC - DRUGS FOR THE SKIN**		
acitretin oral capsule 10 mg, 17.5 mg	1 or 1b*	QL (1 capsule per 1 day)
acitretin oral capsule 25 mg	1 or 1b*	QL (2 capsules per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (*bimekizumab-bkzx*)	3	PA; LD; QL (1 carton per 56 days); SP
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML (*bimekizumab-bkzx*)	3	PA; QL (1 carton per 56 days); SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (*bimekizumab-bkzx*)	3	PA; LD; QL (1 carton per 56 days); SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML (*bimekizumab-bkzx*)	3	PA; QL (1 carton per 56 days); SP
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*secukinumab*)	3	PA; LD; QL (2 syringes per 28 days); SP
COSENTYX INTRAVENOUS SOLUTION (*secukinumab*)	3	PA; LD; QL (3 vials per 4 weekss); SP
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*secukinumab*)	3	PA; LD; QL (2 pens per 28 days); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*secukinumab*)	3	PA; LD; QL (1 pen per 28 days); SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*secukinumab*)	3	PA; LD; QL (1 syringe per 28 days); SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*secukinumab*)	3	PA; LD; QL (1 pen per 28 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*tildrakizumab-asmn*)	3	PA; LD; QL (1 syringe per 12 weekss); SP
methoxsalen rapid oral capsule	1 or 1b*	LD; SP
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*ustekinumab-aauz*)	3	PA; QL (1 syringe per 84 days)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*ustekinumab-ttwe*)	3	PA; QL (1 syringe per 84 days); SP
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*ustekinumab-aekn*)	3	PA; QL (1 syringe per 84 days); SP
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*brodalumab*)	3	PA; LD; QL (2 syringes per 28 days); SP
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*risankizumab-rzaa*)	3	PA; LD; QL (1 unit per 12 weeks); SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*risankizumab-rzaa*)	3	PA; LD; QL (1 unit per 12 weeks); SP
SOTYKTU ORAL TABLET (*deucravacitinib*)	3	PA; LD; QL (1 tablet per 1 day); SP
SPEVIGO INTRAVENOUS SOLUTION (*spesolimab-sbzo*)	3	PA; LD; QL (2 vials per 1 year)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*spesolimab-sbzo*)	3	PA; LD; QL (2 syringes per 28 days)
STELARA SUBCUTANEOUS SOLUTION (*ustekinumab*)	2	PA; LD; QL (1 unit per 12 weeks); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (*ustekinumab*)	2	PA; LD; QL (1 unit per 12 weeks); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (*ustekinumab*)	2	PA; LD; QL (1 syringe per 12 weeks); SP
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*ustekinumab-stba*)	3	PA; QL (1 syringe per 84 days); SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*ixekizumab*)	3	PA; LD; QL (1 auto-injector per 28 days); SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*ixekizumab*)	3	PA; LD; QL (1 syringe per 28 days); SP
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*guselkumab*)	3	PA; LD; QL (1 mL per 56 days); SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*guselkumab*)	3	PA; LD; QL (1 mL per 56 days); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	3	PA; LD; QL (1 mL per 56 days); SP
ustekinumab subcutaneous solution	2	PA; LD; QL (1 syringe per 12 weeks); SP
ustekinumab subcutaneous solution prefilled syringe	2	PA; LD; QL (1 syringe per 12 weeks); SP
ustekinumab-aekn subcutaneous solution prefilled syringe	3	PA; QL (1 syringe per 84 days); SP
ustekinumab-ttwe subcutaneous solution prefilled syringe	3	PA; QL (1 syringe per 84 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WEZLANA SUBCUTANEOUS SOLUTION (*ustekinumab-auub*)	3	PA; QL (1 vial/syringe per 84 days); SP
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*ustekinumab-auub*)	3	PA; QL (1 vial/syringe per 84 days); SP
YESINTEK SUBCUTANEOUS SOLUTION (*ustekinumab-kfce*)	3	PA; QL (1 syringe per 84 days); SP
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*ustekinumab-kfce*)	3	PA; QL (1 syringe per 84 days); SP
ANTIPSORIATICS - DRUGS FOR THE SKIN**		
calcipotriene external cream	1 or 1b*	QL (120 grams per 30 days)
calcipotriene external foam	3	ST; QL (120 grams per 30 days)
calcipotriene external ointment	1 or 1b*	QL (120 grams per 30 days)
calcipotriene external solution	1 or 1b*	QL (60 mL per 30 days)
calcitrene external ointment	1 or 1b*	QL (120 grams per 30 days)
calcitriol external ointment	1 or 1b*	QL (800 grams per 28 days)
SORILUX EXTERNAL FOAM (*calcipotriene*)	3	ST; QL (120 grams per 30 days)
tazarotene external cream	1 or 1b*	QL (60 grams per 30 days)
tazarotene external gel	1 or 1b*	QL (100 grams per 30 days)
TAZORAC EXTERNAL CREAM (*tazarotene*)	3	ST; QL (60 grams per 30 days)
TAZORAC EXTERNAL GEL (*tazarotene*)	3	QL (100 grams per 30 days)
VECTICAL EXTERNAL OINTMENT (*calcitriol*)	3	ST; QL (800 grams per 28 days)
VTAMA EXTERNAL CREAM (*tapinarof*)	3	PA; QL (60 grams per 30 days)
ANTISEBORRHEIC PRODUCTS - DRUGS FOR THE SKIN**		
selenium sulfide external lotion	1 or 1a*	QL (120 mL per 30 days)
ANTIVIRAL TOPICAL COMBINATIONS - DRUGS FOR THE SKIN**		
XERESE EXTERNAL CREAM (*acyclovir-hydrocortisone*)	3	PA; QL (5 gm per 30 days)
ANTIVIRALS - TOPICAL - DRUGS FOR THE SKIN**		
acyclovir external cream	1 or 1b*	PA; QL (5 gm per 30 days)
acyclovir external ointment	1 or 1b*	QL (30 gm per 30 days)
DENAVIR EXTERNAL CREAM (*penciclovir*)	3	PA; QL (5 gm per 30 days)
penciclovir external cream	1 or 1b*	PA; QL (5 gm per 30 days)
ZOVIRAX EXTERNAL CREAM (*acyclovir*)	3	PA; QL (5 gm per 30 days)
ZOVIRAX EXTERNAL OINTMENT (*acyclovir*)	3	QL (30 gm per 30 days)
ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS - DRUGS FOR THE SKIN**		
CIBINQO ORAL TABLET (*abrocitinib*)	3	PA; LD; QL (1 tablets per 1 day); SP
OPZELURA EXTERNAL CREAM (*ruxolitinib phosphate*)	3	PA; QL (1 tube per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES - DRUGS FOR THE SKIN**		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*tralokinumab-ldrm*)	3	PA; LD; QL (1 syringe per 28 days); SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*tralokinumab-ldrm*)	3	PA; LD; QL (2 syringes per 28 days); SP
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*dupilumab*)	3	PA; LD; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*dupilumab*)	3	PA; LD; SP
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*lebrikizumab-lbkz*)	3	PA; LD; QL (1 pen/syringe per 28 days); SP
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*lebrikizumab-lbkz*)	3	PA; QL (1 syringe per 28 days); SP
BURN PRODUCTS - DRUGS FOR THE SKIN**		
SILVADENE EXTERNAL CREAM (*silver sulfadiazine*)	3	
silver sulfadiazine external cream	1 or 1a*	
ssd external cream	1 or 1a*	
SULFAMYLON EXTERNAL CREAM (*mafenide acetate*)	3	
CORTICOSTEROIDS - TOPICAL - DRUGS FOR THE SKIN**		
ALA SCALP EXTERNAL LOTION (*hydrocortisone*)	3	ST; QL (60 grams per 30 days)
ala-cort external cream	1 or 1a*	QL (454 grams per 30 days)
alclometasone dipropionate external cream	1 or 1b*	QL (60 grams per 30 days)
alclometasone dipropionate external ointment	1 or 1b*	QL (2 grams per 1 day)
amcinonide external cream	3	QL (2 grams per 1 day)
AMCINONIDE EXTERNAL OINTMENT	3	ST; QL (60 grams per 30 days)
betamethasone dipropionate aug external cream	1 or 1b*	QL (50 grams per 30 days)
betamethasone dipropionate aug external gel	1 or 1b*	QL (50 grams per 30 days)
betamethasone dipropionate aug external lotion	1 or 1b*	QL (60 mL per 30 days)
betamethasone dipropionate aug external ointment	1 or 1b*	QL (50 grams per 30 days)
betamethasone dipropionate external cream	1 or 1b*	QL (45 grams per 30 days)
betamethasone dipropionate external lotion	1 or 1b*	QL (60 mL per 30 days)
betamethasone dipropionate external ointment	1 or 1b*	QL (45 grams per 30 days)
betamethasone valerate external cream	1 or 1b*	QL (45 grams per 30 days)
betamethasone valerate external foam	3	ST; QL (100 grams per 30 days)
betamethasone valerate external lotion	1 or 1b*	QL (60 mL per 30 days)
betamethasone valerate external ointment	1 or 1b*	QL (45 grams per 30 days)
BRYHALI EXTERNAL LOTION (*halobetasol propionate*)	3	ST; QL (100 grams per 30 days)
clobetasol propionate e external cream	1 or 1b*	QL (60 grams per 30 days)
clobetasol propionate emulsion external foam	1 or 1b*	QL (100 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clobetasol propionate external cream 0.025 %	3	ST; QL (100 grams per 30 days)
clobetasol propionate external cream 0.05 %	1 or 1b*	QL (60 grams per 30 days)
clobetasol propionate external foam	1 or 1b*	QL (100 mL per 30 days)
clobetasol propionate external gel	1 or 1b*	QL (60 grams per 30 days)
clobetasol propionate external liquid	1 or 1b*	QL (125 mL per 30 days)
clobetasol propionate external lotion	1 or 1b*	QL (118 mL per 30 days)
clobetasol propionate external ointment	1 or 1b*	QL (60 grams per 30 days)
clobetasol propionate external shampoo	1 or 1b*	QL (3.94 mL per 1 day)
clobetasol propionate external solution	1 or 1b*	QL (50 mL per 30 days)
CLOBEX EXTERNAL LOTION (*clobetasol propionate*)	3	ST; QL (118 mL per 30 days)
CLOBEX EXTERNAL SHAMPOO (*clobetasol propionate*)	3	ST; QL (3.94 mL per 1 day)
CLOBEX SPRAY EXTERNAL LIQUID (*clobetasol propionate*)	3	ST; QL (125 mL per 30 days)
clocortolone pivalate external cream	3	ST; QL (90 grams per 30 days)
clodan external shampoo	1 or 1b*	QL (3.94 mL per 1 day)
CLODERM EXTERNAL CREAM (*clocortolone pivalate*)	3	ST; QL (90 grams per 30 days)
CORDRAN EXTERNAL TAPE (*flurandrenolide*)	3	ST; QL (1 box per 30 days)
DERMA-SMOOTHE/FS BODY EXTERNAL OIL (*fluocinolone acetonide*)	3	ST; QL (120 mL per 30 days)
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL (*fluocinolone acetonide*)	3	ST; QL (120 mL per 30 days)
desonide external cream	1 or 1b*	QL (60 grams per 30 days)
desonide external gel	1 or 1b*	QL (2 grams per 1 day)
desonide external lotion	1 or 1b*	QL (118 mL per 30 days)
desonide external ointment	1 or 1b*	QL (60 grams per 30 days)
DESOWEN EXTERNAL CREAM (*desonide*)	3	ST; QL (60 grams per 30 days)
desoximetasone external cream	3	ST; QL (100 grams per 30 days)
desoximetasone external gel	3	ST; QL (60 grams per 30 days)
desoximetasone external liquid	3	ST; QL (100 mL per 30 days)
desoximetasone external ointment	3	ST; QL (100 grams per 30 days)
diflorasone diacetate external cream	3	ST; QL (60 grams per 30 days)
diflorasone diacetate external ointment	3	ST; QL (60 grams per 30 days)
DIPROLENE EXTERNAL OINTMENT (*betamethasone dipropionate aug*)	3	ST; QL (50 grams per 30 days)
fluocinolone acetonide body external oil	1 or 1b*	QL (120 mL per 30 days)
fluocinolone acetonide external cream 0.01 %	1 or 1b*	QL (60 grams per 30 days)
fluocinolone acetonide external cream 0.025 %	1 or 1b*	QL (120 grams per 30 days)
fluocinolone acetonide external ointment	1 or 1b*	QL (120 grams per 30 days)
fluocinolone acetonide external solution	1 or 1b*	QL (90 mL per 30 days)
fluocinolone acetonide scalp external oil	1 or 1b*	QL (120 mL per 30 days)
fluocinonide emulsified base external cream	1 or 1b*	QL (60 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluocinonide external cream	1 or 1b*	QL (120 grams per 30 days)
fluocinonide external gel	1 or 1b*	QL (60 grams per 30 days)
fluocinonide external ointment	1 or 1b*	QL (60 grams per 30 days)
fluocinonide external solution	1 or 1b*	QL (60 mL per 30 days)
flurandrenolide external cream	3	ST; QL (120 grams per 30 days)
flurandrenolide external lotion	3	ST; QL (120 mL per 30 days)
fluticasone propionate external cream	1 or 1b*	QL (60 grams per 30 days)
fluticasone propionate external lotion	1 or 1b*	QL (120 mL per 30 days)
fluticasone propionate external ointment	1 or 1b*	QL (60 grams per 30 days)
halcinonide external cream	3	ST; QL (60 grams per 30 days)
halcinonide external solution	3	ST; QL (120 mL per 30 days)
halobetasol propionate external cream	1 or 1b*	QL (50 grams per 30 days)
HALOBETASOL PROPIONATE EXTERNAL FOAM	3	ST; QL (50 grams per 30 days)
halobetasol propionate external ointment	1 or 1b*	QL (50 grams per 30 days)
HALOG EXTERNAL CREAM (*halcinonide*)	3	ST; QL (60 grams per 30 days)
hydrocortisone butyrate external cream	3	ST; QL (60 grams per 30 days)
hydrocortisone butyrate external lotion	3	ST; QL (3.94 mL per 1 day)
hydrocortisone butyrate external ointment	3	ST; QL (60 grams per 30 days)
hydrocortisone butyrate external solution	3	ST; QL (60 mL per 30 days)
hydrocortisone external cream 2.5 %	1 or 1a*	QL (454 grams per 30 days)
hydrocortisone external lotion 2 %	3	ST; QL (60 grams per 30 days)
hydrocortisone external lotion 2.5 %	1 or 1a*	QL (118 mL per 30 days)
hydrocortisone external ointment 2.5 %	1 or 1a*	QL (454 grams per 30 days)
hydrocortisone external solution	3	ST; QL (30 mL per 30 days)
hydrocortisone valerate external cream	3	ST; QL (60 grams per 30 days)
hydrocortisone valerate external ointment	3	ST; QL (60 grams per 30 days)
IMPOYZ EXTERNAL CREAM (*clobetasol propionate*)	3	ST; QL (100 grams per 30 days)
LEXETTE EXTERNAL FOAM (*halobetasol propionate*)	3	ST; QL (50 grams per 30 days)
mometasone furoate external cream	1 or 1b*	QL (50 grams per 30 days)
mometasone furoate external ointment	1 or 1b*	QL (50 grams per 30 days)
mometasone furoate external solution	1 or 1b*	QL (60 mL per 30 days)
SERNIVO EXTERNAL EMULSION (*betamethasone dipropionate*)	3	ST; QL (120 mL per 30 days)
SYNALAR EXTERNAL CREAM (*fluocinolone acetonide*)	3	ST; QL (120 grams per 30 days)
SYNALAR EXTERNAL OINTMENT (*fluocinolone acetonide*)	3	ST; QL (120 grams per 30 days)
TEXACORT EXTERNAL SOLUTION (*hydrocortisone*)	3	ST; QL (30 mL per 30 days)
TOPICORT EXTERNAL OINTMENT (*desoximetasone*)	3	ST; QL (100 grams per 30 days)
TOPICORT SPRAY EXTERNAL LIQUID (*desoximetasone*)	3	ST; QL (100 mL per 30 days)
tovet external foam	1 or 1b*	QL (100 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
triamcinolone acetonide external aerosol solution	3	ST; QL (100 grams per 30 days)
triamcinolone acetonide external cream	1 or 1a*	QL (454 grams per 30 days)
triamcinolone acetonide external lotion	1 or 1a*	QL (60 mL per 30 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %	1 or 1a*	QL (454 grams per 30 days)
triamcinolone acetonide external ointment 0.05 %	3	ST; QL (430 grams per 30 days)
triamcinolone acetonide external ointment 0.5 %	1 or 1a*	QL (30 grams per 30 days)
triamcinolone in absorbase external ointment	3	ST; QL (430 grams per 30 days)
triderm external cream	1 or 1a*	QL (454 grams per 30 days)
ULTRAVATE EXTERNAL LOTION (*halobetasol propionate*)	3	ST; QL (60 mL per 30 days)
VANOS EXTERNAL CREAM (*fluocinonide*)	3	ST; QL (120 grams per 30 days)
DEPIGMENTING COMBINATIONS - DRUGS FOR THE SKIN**		
TRI-LUMA EXTERNAL CREAM (*fluocin-hydroquinone-tretinoin*)	3	
ENZYMES - TOPICAL - DRUGS FOR THE SKIN**		
NEXOBRID EXTERNAL GEL (*anacaulase-bcdb*)	3	PA; LD; QL (440 grams per 2 days)
SANTYL EXTERNAL OINTMENT (*collagenase*)	3	PA; QL (30 grams per 30 days)
GLABELLAR LINES (FROWN LINES) AGENTS - DRUGS FOR THE SKIN**		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED (*onabotulinumtoxina (cosmetic)*)	3	PA; LD
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED (*daxibotulinumtoxina-lanm*)	3	PA; LD
JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED (*prabotulinumtoxina-xvfs (cosm)*)	3	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL - DRUGS FOR THE SKIN**		
clotrimazole external cream	1 or 1b*	QL (113 grams per 30 days)
econazole nitrate external cream	1 or 1b*	QL (85 grams per 30 days)
ECOZA EXTERNAL FOAM (*econazole nitrate*)	3	ST; QL (70 grams per 30 days)
ERTACZO EXTERNAL CREAM (*sertaconazole nitrate*)	3	ST; QL (60 grams per 30 days)
EXELDERM EXTERNAL CREAM (*sulconazole nitrate*)	3	ST; QL (60 grams per 30 days)
EXELDERM EXTERNAL SOLUTION (*sulconazole nitrate*)	3	ST; QL (60 mL per 30 days)
JUBLIA EXTERNAL SOLUTION (*efinaconazole*)	3	QL (8 mL per 30 days)
ketoconazole external cream	1 or 1b*	QL (120 grams per 30 days)
ketoconazole external foam	3	QL (100 grams per 30 days)
ketoconazole external shampoo	1 or 1b*	QL (120 mL per 30 days)
ketodan external foam	3	QL (100 grams per 30 days)
luliconazole external cream	1 or 1b*	ST; QL (60 grams per 30 days)
LUZU EXTERNAL CREAM (*luliconazole*)	3	ST; QL (60 grams per 30 days)
oxiconazole nitrate external cream	3	ST; QL (90 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXISTAT EXTERNAL LOTION (*oxiconazole nitrate*)	3	ST; QL (60 mL per 30 days)
sulconazole nitrate external cream	1 or 1b*	ST; QL (60 grams per 30 days)
sulconazole nitrate external solution	1 or 1b*	ST; QL (60 mL per 30 days)
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL - DRUGS FOR THE SKIN**		
imiquimod external cream 3.75 %	1 or 1b*	QL (28 units per 28 days)
imiquimod external cream 5 %	1 or 1b*	QL (48 packet per 365 days)
imiquimod pump external cream	1 or 1b*	ST; QL (1 pump bottle per 28 days)
ZYCLARA EXTERNAL CREAM (*imiquimod*)	3	ST; QL (28 units per 28 days)
ZYCLARA PUMP EXTERNAL CREAM 2.5 % (*imiquimod*)	3	ST; QL (1 pump bottle per 28 days)
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (*imiquimod*)	3	ST; QL (1 bottle per 28 days)
INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC - DRUGS FOR THE SKIN**		
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR (*nemolizumab-ilto*)	3	PA; LD; QL (1 pen per 56 days); SP
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS - DRUGS FOR THE SKIN**		
CONDYLOX EXTERNAL GEL (*podofilox*)	3	ST; QL (7 grams per 28 days)
podofilox external gel	1 or 1b*	QL (7 grams per 28 days)
podofilox external solution	1 or 1b*	QL (7 mL per 28 days)
YCANTH EXTERNAL SOLUTION (*cantharidin*)	3	PA; QL (8 applicators per 84 days)
LINIMENTS - DRUGS FOR THE SKIN**		
TURPENTINE EXTERNAL SPIRIT	3	
LOCAL ANESTHETICS - TOPICAL - DRUGS FOR THE SKIN**		
dyclopro external solution	3	
glydo external prefilled syringe	1 or 1b*	
lidocaine external ointment 5 %	1 or 1b*	QL (5 grams per 1 day)
lidocaine external patch 5 %	1 or 1b*	PA; QL (3 patches per 1 day)
lidocaine hcl external solution	1 or 1b*	QL (10 mL per 1 day)
lidocaine hcl urethral/mucosal external gel	1 or 1b*	
lidocaine hcl urethral/mucosal external prefilled syringe	1 or 1b*	
LIDODERM EXTERNAL PATCH (*lidocaine*)	3	PA; QL (3 patches per 1 day)
lidocaine (Tridacaine Ii External Patch)	1 or 1b*	PA; QL (3 patches per 1 day)
lidocaine (Tridacaine Iii External Patch)	1 or 1b*	PA; QL (3 patches per 1 day)
ZTLIDO EXTERNAL PATCH (*lidocaine*)	3	PA; QL (3 patches per 1 day)
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL - DRUGS FOR THE SKIN**		
ELIDEL EXTERNAL CREAM (*pimecrolimus*)	3	ST; QL (100 grams per 30 days)
HYFTOR EXTERNAL GEL (*sirolimus*)	3	PA; QL (1 tube per 30 days)
pimecrolimus external cream	1 or 1b*	ST; QL (100 grams per 30 days)

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tacrolimus external ointment	1 or 1b*	ST; QL (100 grams per 30 days)
MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE) - DRUGS FOR THE SKIN**		
SCENESSE SUBCUTANEOUS IMPLANT (*afamelanotide acetate*)	3	PA; LD; QL (1 implant per 2 monthss)
MICROTUBULE INHIBITORS - TOPICAL - DRUGS FOR THE SKIN**		
KLISYRI (250 MG) EXTERNAL OINTMENT (*tirbanibulin*)	3	ST; QL (5 packets per 1 fill)
KLISYRI (350 MG) EXTERNAL OINTMENT (*tirbanibulin*)	3	ST; QL (5 packets per 1 fill)
MISC. DERMATOLOGICAL PRODUCTS - DRUGS FOR THE SKIN**		
ILIDERM EXTERNAL EMULSION	3	
MISC. TOPICAL - DRUGS FOR THE SKIN**		
QBREXZA EXTERNAL PAD (*glycopyrronium tosylate*)	3	PA; QL (1 cloth per 1 day)
SOFDRA EXTERNAL GEL (*sofpironium bromide*)	3	PA; QL (1 bottle per 30 days)
OXABOROLE-RELATED ANTIFUNGALS - TOPICAL - DRUGS FOR THE SKIN**		
tavaborole external solution	1 or 1b*	ST; QL (1 bottle per 30 days)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL - DRUGS FOR THE SKIN**		
EUCRISA EXTERNAL OINTMENT (*crisaborole*)	3	ST; QL (100 grams per 30 days)
ZORYVE EXTERNAL CREAM (*roflumilast*)	3	PA; QL (60 grams per 30 days)
ZORYVE EXTERNAL FOAM (*roflumilast*)	3	PA; QL (2 grams per 1 day)
PHOTODYNAMIC THERAPY AGENTS - TOPICAL - DRUGS FOR THE SKIN**		
AMELUZ EXTERNAL GEL (*aminolevulinic acid hcl*)	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED (*aminolevulinic acid hcl*)	3	
PROSTAGLANDINS - TOPICAL - DRUGS FOR THE SKIN**		
bimatoprost external solution	1 or 1b*	
LATISSE EXTERNAL SOLUTION (*bimatoprost*)	3	
ROSACEA AGENTS - DRUGS FOR THE SKIN**		
azelaic acid external gel	1 or 1b*	QL (50 grams per 30 days)
brimonidine tartrate external gel	1 or 1b*	QL (30 grams per 30 days)
doxycycline oral capsule delayed release	3	ST; QL (1 capsule per 1 day)
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR (*minocycline hcl micronized*)	3	ST; QL (1 capsule per 1 day)
FINACEA EXTERNAL FOAM (*azelaic acid*)	2	QL (1.67 grams per 1 day)
ivermectin external cream	1 or 1b*	QL (45 grams per 30 days)
METROCREAM EXTERNAL CREAM (*metronidazole*)	3	ST; QL (45 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
METROGEL EXTERNAL GEL (*metronidazole*)	3	ST; QL (60 grams per 30 days)
METROLOTION EXTERNAL LOTION (*metronidazole*)	3	ST; QL (59 mL per 30 days)
metronidazole external cream	1 or 1b*	QL (45 grams per 30 days)
metronidazole external gel 0.75 %	1 or 1b*	QL (45 grams per 30 days)
metronidazole external gel 1 %	1 or 1b*	QL (60 grams per 30 days)
metronidazole external lotion	1 or 1b*	QL (59 mL per 30 days)
MIRVASO EXTERNAL GEL (*brimonidine tartrate*)	3	QL (30 grams per 30 days)
NORITATE EXTERNAL CREAM (*metronidazole*)	3	ST; QL (60 grams per 30 days)
ORACEA ORAL CAPSULE DELAYED RELEASE (*doxycycline*)	3	ST; QL (1 capsule per 1 day)
RHOFADE EXTERNAL CREAM (*oxymetazoline hcl*)	3	QL (30 grams per 30 days)
SOOLANTRA EXTERNAL CREAM (*ivermectin*)	2	QL (45 grams per 30 days)
ZILXI EXTERNAL FOAM (*minocycline hcl micronized*)	2	QL (1 gram per 1 day)
SCABICIDES & PEDICULICIDES - DRUGS FOR THE SKIN**		
crotan external lotion	1 or 1b*	QL (60 grams per 30 days)
ELIMITE EXTERNAL CREAM (*permethrin*)	3	QL (120 grams per 30 days)
malathion external lotion	1 or 1b*	QL (4 mL per 1 day)
NATROBA EXTERNAL SUSPENSION (*spinosad*)	3	QL (120 mL per 7 days)
OVIDE EXTERNAL LOTION (*malathion*)	3	QL (4 mL per 1 day)
permethrin external cream	1 or 1b*	QL (120 grams per 30 days)
spinosad external suspension	1 or 1b*	QL (120 mL per 7 days)
SCAR TREATMENT PRODUCTS - DRUGS FOR THE SKIN**		
COPASIL EXTERNAL GEL (*scar treatment products*)	3	
***SEBORRHEIC KERATOSIS PRODUCTS** - DRUGS FOR THE SKIN**		
ESKATA EXTERNAL SOLUTION (*hydrogen peroxide*)	3	
STEROID-LOCAL ANESTHETIC COMBINATIONS - DRUGS FOR THE SKIN**		
EPIFOAM EXTERNAL FOAM (*pramoxine-hc*)	3	
PRAMOSONE EXTERNAL CREAM (*pramoxine-hc*)	2	
PRAMOSONE EXTERNAL LOTION (*pramoxine-hc*)	2	
TAR PRODUCTS - DRUGS FOR THE SKIN**		
coal tar external solution	1 or 1b*	
TISSUE REPLACEMENTS - DRUGS FOR THE SKIN**		
AMNIOTEXT EXTERNAL SHEET (*amniotic membrane allograft*)	3	
AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED	3	
CYGNUS DUAL EXTERNAL SHEET (*amniotic membrane allograft*)	3	
KARDIAMEMBRANE EXTERNAL SHEET (*amniotic membrane allograft*)	3	
NEOX 100 EXTERNAL SHEET (*amniotic membrane allograft*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEOX CORD 1K EXTERNAL SHEET (*amniotic membrane allograft*)	3	
PALINGEN FLOW INJECTION INJECTABLE (*amniotic memb-fluid allograft*)	3	
PALINGEN HYDROMEMBRANE EXTERNAL SHEET (*amniotic membrane allograft*)	3	
PALINGEN INOVOFLO INJECTION INJECTABLE (*amniotic fluid allograft*)	3	
PALINGEN MEMBRANE EXTERNAL SHEET (*amniotic membrane allograft*)	3	
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET (*amniotic membrane allograft*)	3	
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET (*amniotic membrane allograft*)	3	
TOPICAL ANESTHETIC COMBINATIONS - DRUGS FOR THE SKIN**		
lidocaine-prilocaine external cream	1 or 1b*	QL (30 grams per 30 days)
lidocaine-prilocaine external kit	1 or 1b*	QL (1 kit per 30 days)
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT (*lidocaine hcl-blood collection*)	3	
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS - DRUGS FOR THE SKIN**		
bexarotene external gel	1 or 1b*	PA; LD; QL (60 grams per 30 days); SP
TARGRETIN EXTERNAL GEL (*bexarotene*)	3	PA; LD; QL (60 grams per 30 days); SP
TOPICAL STEROID COMBINATIONS - DRUGS FOR THE SKIN**		
calcipotriene-betameth diprop external ointment	2	ST; QL (400 grams per 28 days)
calcipotriene-betameth diprop external suspension	2	ST; QL (420 grams per 28 days)
DUOBRII EXTERNAL LOTION (*halobetasol prop-tazarotene*)	3	PA; QL (200 grams per 30 days)
ENSTILAR EXTERNAL FOAM (*calcipotriene-betameth diprop*)	3	QL (420 grams per 28 days)
TACLONEX EXTERNAL SUSPENSION (*calcipotriene-betameth diprop*)	3	ST; QL (420 grams per 28 days)
WYNZORA EXTERNAL CREAM (*calcipotriene-betameth diprop*)	3	ST; QL (420 grams per 28 days)
TYPE II 5-ALPHA REDUCTASE INHIBITORS - DRUGS FOR THE SKIN**		
finasteride oral tablet 1 mg	1 or 1b*	
PROPECIA ORAL TABLET (*finasteride*)	3	
WOUND CARE - GROWTH FACTOR AGENTS - DRUGS FOR THE SKIN**		
REGRANEX EXTERNAL GEL (*becaplermin*)	3	QL (15 grams per 30 days)
WOUND DRESSINGS - DRUGS FOR THE SKIN**		
FILSUVEZ EXTERNAL GEL (*birch triterpenes*)	3	PA; LD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KENDALL HYDROGEL WOUND DRESS EXTERNAL (*hydroactive dressings*)	3	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS*		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (*glucose blood*)	2	QL (204 strips per 30 days)
ACCU-CHEK GUIDE TEST IN VITRO STRIP (*glucose blood*)	2	QL (204 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (*glucose blood*)	2	QL (204 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP (*glucose blood*)	2	QL (204 strips per 30 days)
ADVANCE INTUITION TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
ADVOCATE REDI-CODE IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
ADVOCATE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
AGAMATRIX AMP TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
AGAMATRIX JAZZ TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
AGAMATRIX PRESTO TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
ASSURE 3 TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
ASSURE 4 TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
ASSURE II CHECK IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
ASSURE II IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
ASSURE PLATINUM IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
ASSURE PRISM MULTI TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
ASSURE PRO TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
BIOTEL CARE TEST STRIPS IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
blood glucose test strips 333 in vitro strip	3	ST; QL (204 strips per 30 days)
BLULINK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
CARESENS N GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
CARETOUCH TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
CLEVER CHEK TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE MICRO TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE NO CODING IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
CONTOUR NEXT TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)

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CONTOUR PLUS TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
CONTOUR TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
CVS GLUCOSE METER TEST STRIPS IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
cvs true metrix glucose test in vitro strip	3	ST; QL (204 strips per 30 days)
D-CARE BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
DUO-CARE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASY STEP TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASY TALK PLUS II TEST STRIPS IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
EASY TOUCH TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASY TRAK II GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASYGLUCO IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
EASYMAX 15 TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
EASYMAX TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
EASYPRO PLUS IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
ELEMENT COMPACT TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
ELEMENT TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
EQ BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EVOLUTION AUTOCODE IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)

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FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
FORA 6 CONNECT IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
FORA GD20 TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
FORA TN'G ADVANCE PRO IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
FORA TN'G/TN'G VOICE IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
FORACARE GD40 TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
FORACARE PREMIUM V10 TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
FORACARE TEST N GO TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
FREESTYLE INSULINX TEST IN VITRO STRIP (*glucose blood*)	2	QL (204 strips per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP (*glucose blood*)	2	QL (204 strips per 30 days)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (*glucose blood*)	2	QL (204 strips per 30 days)
FREESTYLE TEST IN VITRO STRIP (*glucose blood*)	2	QL (204 strips per 30 days)
GE100 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GENULTIMATE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
GHT TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GLUCO PERFECT 3 TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
GLUCOCARD SHINE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
GLUCOCARD VITAL TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
GLUCOCARD X-SENSOR IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
GLUCOCOM TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
GLUCOSE METER TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GNP EASY TOUCH GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
GNP TRUETRACK SMART SYSTEM IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
GNP TRUETRACK TEST STRIPS IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)

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GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
IGLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
INFINITY VOICE IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
MEIJER TRUETEST TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
MEIJER TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
MICRODOT TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
MM BLULINK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
MM EASY TOUCH GLUCOSE IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
MYGLUCOHEALTH TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
NEUTEK 2TEK TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
NOVA MAX GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
ONE DROP TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
ONETOUCH ULTRA IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
ONETOUCH ULTRA TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
OPTIUMEZ TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
PHARMACIST CHOICE NO CODING IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP (*glucose blood*)	3	QL (204 strips per 30 days)
POCKETCHEM EZ TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (*glucose blood*)	3	QL (200 tests per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
PRO VOICE V8/V9 GLUCOSE IN VITRO STRIP	3	ST; QL (204 strips per 30 days)

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PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
PTS PANELS EGLU TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
QUICK TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
QUICKTEK TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
RELION CONFIRM/MICRO TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
RELION GLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
RELION PREMIER TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
RELION PRIME TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
RELION ULTIMA TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
SOLUS V2 TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
SUPREME TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
TRUE FOCUS BLOOD GLUCOSE STRIP IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
TRUETEST TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
UNISTRIP1 GENERIC IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
VERASENS BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (*glucose blood*)	3	ST; QL (204 strips per 30 days)
***DIGESTIVE AIDS* - DRUGS FOR THE STOMACH**		
DIGESTIVE ENZYMES - DRUGS FOR THE STOMACH**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES (*pancrelipase (lip-prot-amyl)*)	2	QL (25 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES (*pancrelipase (lip-prot-amyl)*)	3	ST; QL (25 capsules per 1 day)
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES (*pancrelipase (lip-prot-amyl)*)	3	ST; QL (25 capsules per 1 day)
SUCRAID ORAL SOLUTION (*sacrosidase*)	3	PA; LD; QL (360 mL per 30 days)
VIOKACE ORAL TABLET (*pancrelipase (lip-prot-amyl)*)	3	QL (25 tablets per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (*pancrelipase (lip-prot-amyl)*)	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	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	
acetazolamide sodium injection solution reconstituted	1 or 1b*	
dichlorphenamide oral tablet	1 or 1b*	PA; LD; QL (4 tablet per 1 day)
KEVEYIS ORAL TABLET (*dichlorphenamide*)	3	PA; LD; QL (4 tablet per 1 day)
methazolamide oral tablet	1 or 1b*	
dichlorphenamide (Ormalvi Oral Tablet)	1 or 1b*	PA; LD; QL (4 tablet per 1 day)
DIURETIC COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE**		
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
spironolactone-hctz oral tablet	1 or 1b*	
triamterene-hctz oral capsule	1 or 1a*	
triamterene-hctz oral tablet	1 or 1a*	
LOOP DIURETICS - DRUGS FOR HIGH BLOOD PRESSURE**		
bumetanide injection solution	1 or 1b*	
bumetanide oral tablet	1 or 1b*	
BUMEX ORAL TABLET (*bumetanide*)	3	
EDECRIN ORAL TABLET (*ethacrynic acid*)	3	
ethacrynate sodium intravenous solution reconstituted	1 or 1b*	
ethacrynic acid oral tablet	1 or 1b*	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT (*furosemide*)	3	PA; LD; QL (6 kits per 30 days)
furosemide oral solution	1 or 1a*	
furosemide oral tablet	1 or 1a*	
LASIX ORAL TABLET (*furosemide*)	3	
SOAANZ ORAL TABLET (*torsemide*)	3	ST
torsemide oral tablet	1 or 1b*	
OSMOTIC DIURETICS - DRUGS FOR HIGH BLOOD PRESSURE**		
mannitol intravenous solution	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
osmitrol intravenous solution	1 or 1b*	
POTASSIUM SPARING DIURETICS - DRUGS FOR HIGH BLOOD PRESSURE**		
ALDACTONE ORAL TABLET (*spironolactone*)	3	
amiloride hcl oral tablet	1 or 1b*	
CAROSPIR ORAL SUSPENSION (*spironolactone*)	3	
DYRENIUM ORAL CAPSULE (*triamterene*)	3	
spironolactone oral suspension	1 or 1b*	
spironolactone oral tablet	1 or 1a*	
triamterene oral capsule	1 or 1b*	
THIAZIDES AND THIAZIDE-LIKE DIURETICS - DRUGS FOR HIGH BLOOD PRESSURE**		
chlorothiazide sodium intravenous solution reconstituted	1 or 1b*	
chlorthalidone oral tablet	1 or 1a*	
DIURIL ORAL SUSPENSION (*chlorothiazide*)	3	
HEMICLOR ORAL TABLET (*chlorthalidone*)	3	PA
hydrochlorothiazide oral capsule	1 or 1a*	
hydrochlorothiazide oral tablet	1 or 1a*	
indapamide oral tablet	1 or 1b*	
INZIRQO ORAL SUSPENSION RECONSTITUTED (*hydrochlorothiazide*)	3	PA
metolazone oral tablet	1 or 1b*	
THALITONE ORAL TABLET (*chlorthalidone*)	3	
***ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES**		
ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS - DRUGS FOR WOMEN**		
MIFEPREX ORAL TABLET (*mifepristone*)	3; $0	
mifepristone oral tablet 200 mg	1 or 1b*; $0	
ACID SPHINGOMYELINASE DEFICIENCY (ASMD) - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED (*olipudase alfa-rpcp*)	3	PA; LD; SP
ADENOSINE DEAMINASE SCID TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
REVCOVI INTRAMUSCULAR SOLUTION (*elapegademase-lvlr*)	3	PA; LD
ALPHA-MANNOSIDOSIS TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED (*velmanase alfa-tycv*)	3	PA; LD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATP-SENSITIVE POTASSIUM CHANNEL ACTIVATORS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG (*diazoxide choline*)	3	PA; QL (3 tablets per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (*diazoxide choline*)	3	PA; QL (21 tablets per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (*diazoxide choline*)	3	PA; QL (7 tablets per 1 day)
BISPHOSPHONATES - DRUGS FOR MENOPAUSE AND BONE LOSS**		
ACTONEL ORAL TABLET 150 MG (*risedronate sodium*)	3	QL (0.04 tablets per 1 day)
ACTONEL ORAL TABLET 35 MG (*risedronate sodium*)	3	QL (4 tablets per 28 days)
alendronate sodium oral solution	1 or 1b*	QL (10.72 mg per 1 day)
alendronate sodium oral tablet 10 mg	1 or 1b*	QL (1 tablet per 1 day)
alendronate sodium oral tablet 35 mg, 70 mg	1 or 1b*	QL (4 tablets per 28 days)
ATELVIA ORAL TABLET DELAYED RELEASE (*risedronate sodium*)	3	QL (4 tablets per 28 days)
BINOSTO ORAL TABLET EFFERVESCENT (*alendronate sodium*)	3	QL (4 tablets per 28 days)
FOSAMAX ORAL TABLET (*alendronate sodium*)	3	QL (4 tablets per 28 days)
FOSAMAX PLUS D ORAL TABLET (*alendronate-cholecalciferol*)	2	QL (0.15 tablets per 1 day)
ibandronate sodium intravenous solution	1 or 1b*	LD
ibandronate sodium oral tablet	1 or 1b*	QL (1 tablet per 28 days)
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	1 or 1b*	LD; SP
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	3	LD; SP
RECLAST INTRAVENOUS SOLUTION (*zoledronic acid*)	3	PA; LD; QL (100 mL per 375 days); SP
risedronate sodium oral tablet 150 mg	1 or 1b*	QL (0.04 tablets per 1 day)
risedronate sodium oral tablet 30 mg, 5 mg	1 or 1b*	QL (1 tablet per 1 day)
risedronate sodium oral tablet 35 mg	1 or 1b*	QL (4 tablets per 28 days)
risedronate sodium oral tablet delayed release	1 or 1b*	QL (4 tablets per 28 days)
zoledronic acid intravenous concentrate	1 or 1b*	PA; LD; SP
ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/100ML	3	PA; LD; SP
zoledronic acid intravenous solution 5 mg/100ml	1 or 1b*	PA; LD; QL (100 mL per 375 days); SP
CALCIMIMETIC AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
cinacalcet hcl oral tablet 30 mg, 60 mg	1 or 1b*	PA; LD; QL (2 tablets per 1 day)
cinacalcet hcl oral tablet 90 mg	1 or 1b*	PA; LD; QL (4 tablets per 1 day)
PARSABIV INTRAVENOUS SOLUTION (*etelcalcetide hcl*)	3	PA; LD
SENSIPAR ORAL TABLET 30 MG, 60 MG (*cinacalcet hcl*)	3	PA; LD; QL (2 tablets per 1 day)
SENSIPAR ORAL TABLET 90 MG (*cinacalcet hcl*)	3	PA; LD; QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CALCITONINS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
calcitonin (salmon) injection solution	1 or 1b*	LD
calcitonin (salmon) nasal solution	1 or 1b*	QL (0.13 mL per 1 day)
MIACALCIN INJECTION SOLUTION (*calcitonin (salmon)*)	3	LD
CARNITINE REPLENISHER - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
CARNITOR INTRAVENOUS SOLUTION (*levocarnitine*)	3	
CARNITOR ORAL SOLUTION (*levocarnitine*)	3	
CARNITOR ORAL TABLET (*levocarnitine*)	3	
CARNITOR SF ORAL SOLUTION (*levocarnitine*)	3	
levocarnitine intravenous solution	1 or 1b*	
levocarnitine oral solution	1 or 1b*	
levocarnitine oral tablet	1 or 1b*	
levocarnitine sf oral solution	1 or 1b*	
CKD AGENT-SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR - DRUGS FOR MENOPAUSE AND BONE LOSS**		
XPHOZAH ORAL TABLET (*tenapanor hcl (ckd)*)	3	PA; QL (2 tablets per 1 day)
CORTICOTROPIN - HORMONES**		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR (*corticotropin*)	3	PA; SP
ACTHAR INJECTION GEL (*corticotropin*)	3	PA; LD; SP
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE (*corticotropin*)	3	PA; SP
CORTROPHIN INJECTION GEL (*corticotropin*)	3	PA; LD; SP
***CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR TYPE 1 ANTAG* - HORMONES**		
CRENESSITY ORAL CAPSULE 100 MG, 50 MG (*crinecerfont*)	3	PA; QL (2 mL per 1 day)
CRENESSITY ORAL SOLUTION (*crinecerfont*)	3	PA; QL (4 mL per 1 day)
CORTISOL SYNTHESIS INHIBITORS - HORMONES**		
ISTURISA ORAL TABLET (*osilodrostat phosphate*)	3	PA; LD; QL (4 tablets per 1 day)
RECORLEV ORAL TABLET (*levoketoconazole*)	3	PA; LD; QL (8 tablets per 1 day)
DOPAMINE RECEPTOR AGONISTS - DRUGS FOR WOMEN**		
cabergoline oral tablet	1 or 1b*	QL (0.58 tablets per 1 day)
FABRY DISEASE - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
ELFABRIO INTRAVENOUS SOLUTION (*pegunigalsidase alfa-iwxj*)	3	PA; LD; SP
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED (*agalsidase beta*)	3	PA; LD; SP
GALAFOLD ORAL CAPSULE (*migalastat hcl*)	3	PA; LD; QL (14 capsules per 30 days)

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GAA DEFICIENCY TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED (*alglucosidase alfa*)	3	PA; LD; SP
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED (*avalglucosidase alfa-ngpt*)	3	PA; LD; SP
OPFOLDA ORAL CAPSULE (*miglustat (gaa deficiency)*)	3	PA; LD; QL (8 capsules per 28 days); SP
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED (*cipaglucosidase alfa-atga*)	3	PA; LD; SP
GNRH/LHRH ANTAGONISTS - DRUGS FOR WOMEN**		
cetrorelix acetate subcutaneous kit	1 or 1b*	PA; LD; SP
CETROTIDE SUBCUTANEOUS KIT (*cetrorelix acetate*)	3	PA; LD; SP
fyremadel subcutaneous solution prefilled syringe	1 or 1b*	PA; LD; SP
GANIRELIX ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; SP
ORILISSA ORAL TABLET 150 MG (*elagolix sodium*)	2	PA; QL (1 tablet per 1 day)
ORILISSA ORAL TABLET 200 MG (*elagolix sodium*)	2	PA; QL (2 tablets per 1 day)
GROWTH HORMONE RECEPTOR ANTAGONISTS - DRUGS FOR GROWTH**		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED (*pegvisomant*)	3	PA; LD; QL (1 vial per 1 day); SP
GROWTH HORMONE RELEASING HORMONES (GHRH) - DRUGS FOR GROWTH**		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED (*tesamorelin acetate*)	3	PA; LD; QL (1 package per 30 days)
GROWTH HORMONES - DRUGS FOR GROWTH**		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE (*somatropin*)	3	PA; LD; QL (1 syringe per 1 day); SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE (*somatropin*)	3	PA; LD; QL (1 vial per 1 day); SP
HUMATROPE INJECTION CARTRIDGE 12 MG, 6 MG (*somatropin*)	3	PA; LD; QL (1 vial per 1 day); SP
HUMATROPE INJECTION CARTRIDGE 24 MG (*somatropin*)	3	PA; LD; QL (1 injection per 1 day); SP
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR (*somatrogon-ghla*)	3	PA; LD; QL (4 pens per 28 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR (*somatropin*)	3	PA; LD; QL (1 vial per 1 day); SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR (*somatropin*)	3	PA; LD; QL (1 vial per 1 day); SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR (*somatropin*)	3	PA; LD; QL (1 vial per 1 day); SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR (*somatropin*)	3	PA; LD; QL (1 vial per 1 day); SP

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OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE (*somatropin*)	3	PA; LD; QL (1 vial per 1 day); SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED (*somatropin*)	3	PA; LD; QL (1 vial per 1 day); SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG (*somatropin (non-refrigerated)*)	3	PA; LD; QL (1 vial per 1 day)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG, 6 MG (*somatropin (non-refrigerated)*)	3	PA; LD; QL (1 solution per 1 day)
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 7.6 MG, 9.1 MG (*lonapegsomatropin-tcgd*)	3	PA; LD; QL (8 cartridges per 28 days); SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG (*lonapegsomatropin-tcgd*)	3	PA; LD; QL (4 cartridges per 28 days); SP
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR (*somapacitan-beco*)	3	PA; LD; QL (4 injections per 28 days); SP
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED (*somatropin*)	3	PA; LD; QL (1 vial per 1 day); SP
***HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS FOR MENOPAUSE AND BONE LOSS**		
XURIDEN ORAL PACKET (*uridine triacetate*)	3	PA; LD; QL (4 packets per 1 day)
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
nitisinone oral capsule 10 mg, 2 mg, 5 mg	1 or 1b*	PA; LD; SP
nitisinone oral capsule 20 mg	1 or 1b*	PA; LD
NITYR ORAL TABLET (*nitisinone*)	3	PA; LD
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG (*nitisinone*)	3	PA; LD; SP
ORFADIN ORAL CAPSULE 20 MG (*nitisinone*)	3	PA; LD
ORFADIN ORAL SUSPENSION (*nitisinone*)	3	PA; LD
HOMOCYSTINURIA TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
betaine oral powder	1 or 1b*	LD
CYSTADANE ORAL POWDER (*betaine*)	3	LD
HYPERAMMONEMIA TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
CARBAGLU ORAL TABLET SOLUBLE (*carglumic acid*)	3	PA; LD
carglumic acid oral tablet soluble	1 or 1b*	PA; LD
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
calcitriol intravenous solution	1 or 1b*	PA
calcitriol oral capsule	1 or 1b*	PA
calcitriol oral solution	1 or 1b*	PA
doxercalciferol intravenous solution	1 or 1b*	PA

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doxercalciferol oral capsule	1 or 1b*	PA
HECTOROL INTRAVENOUS SOLUTION (*doxercalciferol*)	3	PA
paricalcitol intravenous solution	1 or 1b*	PA
paricalcitol oral capsule	1 or 1b*	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE (*calcifediol*)	3	PA; QL (2 tablets per 1 day)
ROCALTROL ORAL CAPSULE (*calcitriol*)	3	PA
ROCALTROL ORAL SOLUTION (*calcitriol*)	3	PA
ZEMPLAR INTRAVENOUS SOLUTION (*paricalcitol*)	3	PA
ZEMPLAR ORAL CAPSULE (*paricalcitol*)	3	PA
HYPOPARATHYROID TREATMENT - PARATHYROID HORMONE ANALOGS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR (*palopegteriparatide*)	3	PA; LD; QL (2 prefilled pens per 28 days)
HYPOPHOSPHATASIA (HPP) AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
STRENSIQ SUBCUTANEOUS SOLUTION (*asfotase alfa*)	3	PA; LD
INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R) - DRUGS FOR THYROID**		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED (*teprotumumab-trbw*)	3	PA; LD; QL (8 fills per 168 days)
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - HORMONES**		
INCRELEX SUBCUTANEOUS SOLUTION (*mecasermin*)	3	PA; LD; SP
LEPTIN ANALOGUES - HORMONES**		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED (*metreleptin*)	3	PA; LD; QL (1 vial per 1 day)
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - DRUGS FOR WOMEN**		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT (*leuprolide acetate (6 month)*)	3	PA; LD; QL (1 kit per 24 weekss); SP
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG (*leuprolide acetate*)	3	PA; LD; QL (1 kit per 28 days); SP
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (*leuprolide acetate*)	3	PA; LD; QL (1 syringe kit per 28 days); SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (*leuprolide acetate (3 month)*)	3	PA; LD; QL (1 kit per 12 weekss); SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (3 month)*)	3	PA; LD; QL (1 kit per 84 days); SP
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT (*leuprolide acetate (6 month)*)	3	PA; LD; QL (1 kit per 24 weekss); SP
SUPPRELIN LA SUBCUTANEOUS KIT (*histrelin acetate*)	3	PA; LD; QL (1 kit per 365 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNAREL NASAL SOLUTION (*nafarelin acetate*)	3	PA; LD; QL (5 bottle per 30 days); SP
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (*triptorelin pamoate*)	3	PA; LD; QL (1 vial per 168 days)
LIPOPROTEIN LIPASE DEFICIENCY (LPLD) DEFICIENCY - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*olezarsen sodium*)	3	PA; QL (1 autoinjector per 1 month)
LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
KANUMA INTRAVENOUS SOLUTION (*sebelipase alfa*)	3	PA; LD; SP
MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED (*fosdenopterin hydrobromide*)	3	PA; LD
MUCOPOLYSACCHARIDOSIS I (MPS I) - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
ALDURAZYME INTRAVENOUS SOLUTION (*laronidase*)	3	PA; LD; SP
MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
ELAPRASE INTRAVENOUS SOLUTION (*idursulfase*)	3	PA; LD; SP
MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
VIMIZIM INTRAVENOUS SOLUTION (*elosulfase alfa*)	3	PA; LD; SP
MUCOPOLYSACCHARIDOSIS VI (MPS VI) - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
NAGLAZYME INTRAVENOUS SOLUTION (*galsulfase*)	3	PA; LD; SP
MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
MEPSEVII INTRAVENOUS SOLUTION (*vestronidase alfa-vjbk*)	3	PA; LD
NATRIURETIC PEPTIDES - DRUGS FOR MENOPAUSE AND BONE LOSS**		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED (*vosoritide*)	3	PA; LD; QL (1 vial per 1 day); SP
NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS - HORMONES**		
VEOZAH ORAL TABLET (*fezolinetant*)	3	PA; QL (1 tablet per 1 day)
NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS - HORMONES**		
KERENDIA ORAL TABLET (*finerenone*)	3	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OVULATION STIMULANTS-GONADOTROPINS - DRUGS FOR WOMEN**		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; LD; SP
FOLLISTIM AQ SUBCUTANEOUS SOLUTION (*follitropin beta*)	3	PA; LD; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED (*follitropin alfa*)	3	PA; LD; SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR (*follitropin alfa*)	3	PA; LD; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED (*follitropin alfa*)	3	PA; LD; SP
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED (*menotropins*)	3	PA; LD; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED (*chorionic gonadotropin*)	2	PA; LD; SP
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*choriogonadotropin alfa*)	3	PA; LD; SP
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED (*chorionic gonadotropin*)	3	PA; LD; SP
OVULATION STIMULANTS-SYNTHETIC - DRUGS FOR WOMEN**		
clomiphene citrate (Clomid Oral Tablet)	1 or 1b*	PA
clomiphene citrate oral tablet	1 or 1b*	PA
PARATHYROID HORMONE AND DERIVATIVES - DRUGS FOR MENOPAUSE AND BONE LOSS**		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR (*teriparatide*)	3	PA; QL (1 pen per 28 days); SP
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	3	PA; QL (1 pen per 28 days); SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA; LD; QL (1 pen per 28 days); SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR (*abaloparatide*)	3	PA; LD; QL (1 pen per 30 days); SP
PHENYLKETONURIA TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
sapropterin dihydrochloride (Javygtor Oral Packet)	1 or 1b*	PA; LD; SP
sapropterin dihydrochloride (Javygtor Oral Tablet)	1 or 1b*	PA; LD; SP
KUVAN ORAL PACKET (*sapropterin dihydrochloride*)	3	PA; LD; SP
KUVAN ORAL TABLET (*sapropterin dihydrochloride*)	3	PA; LD; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML (*pegvaliase-pqpz*)	3	PA; LD; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (*pegvaliase-pqpz*)	3	PA; LD; QL (1 syringe per 1 day); SP
sapropterin dihydrochloride oral packet	1 or 1b*	PA; LD; SP
sapropterin dihydrochloride oral tablet	1 or 1b*	PA; LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RANK LIGAND (RANKL) INHIBITORS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*denosumab*)	3	PA; LD; QL (1 syringe per 180 days); SP
XGEVA SUBCUTANEOUS SOLUTION (*denosumab*)	3	PA; LD; QL (1 vial per 28 days); SP
SCLEROSTIN INHIBITORS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*romosozumab-aqqg*)	3	PA; LD; QL (2 syringes per 30 days); SP
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) - DRUGS FOR MENOPAUSE AND BONE LOSS**		
EVISTA ORAL TABLET (*raloxifene hcl*)	3; $0	QL (1 tablet per 1 day)
OSPHENA ORAL TABLET (*ospemifene*)	3	PA; QL (1 tablet per 1 day)
raloxifene hcl oral tablet	1 or 1b*; $0	QL (1 tablet per 1 day)
SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS - HORMONES**		
JYNARQUE ORAL TABLET (*tolvaptan*)	3	PA; LD; QL (4 tablets per 1 day); SP
JYNARQUE ORAL TABLET THERAPY PACK (*tolvaptan*)	3	PA; LD; QL (1 carton per 28 days)
SAMSCA ORAL TABLET 15 MG (*tolvaptan*)	3	PA; LD; QL (1 tablet per 1 day); SP
SAMSCA ORAL TABLET 30 MG (*tolvaptan*)	3	PA; LD; QL (2 tablets per 1 day); SP
tolvaptan oral tablet 15 mg	1 or 1b*	PA; LD; QL (1 tablet per 1 day); SP
tolvaptan oral tablet 30 mg	1 or 1b*	PA; LD; QL (2 tablets per 1 day); SP
tolvaptan oral tablet therapy pack	1 or 1b*	PA; LD; QL (1 carton per 28 days)
SOMATOSTATIC AGENTS - DRUGS FOR GROWTH**		
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION	3	PA; LD; QL (1 syringe/vial per 28 days); SP
MYCAPSSA ORAL CAPSULE DELAYED RELEASE (*octreotide acetate*)	3	PA; LD; QL (4 capsules per 1 day)
octreotide acetate injection solution	1 or 1b*	PA; LD; SP
octreotide acetate intramuscular kit 10 mg, 30 mg	1 or 1b*	PA; LD; QL (1 kit per 28 days); SP
octreotide acetate intramuscular kit 20 mg	1 or 1b*	PA; LD; QL (2 kits per 28 days); SP
octreotide acetate subcutaneous solution prefilled syringe	1 or 1b*	PA; LD; SP
SANDOSTATIN INJECTION SOLUTION (*octreotide acetate*)	3	PA; LD; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 30 MG (*octreotide acetate*)	3	PA; LD; QL (1 kit per 28 days); SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 20 MG (*octreotide acetate*)	3	PA; LD; QL (2 kits per 28 days); SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (*pasireotide pamoate*)	3	PA; LD; QL (1 kit per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIGNIFOR SUBCUTANEOUS SOLUTION (*pasireotide diaspartate*)	3	PA; LD; QL (2 mL per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION (*lanreotide acetate*)	3	PA; LD; QL (1 syringe/vial per 28 days); SP
UREA CYCLE DISORDER - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
BUPHENYL ORAL POWDER (*sodium phenylbutyrate*)	3	PA; LD; QL (25 GM per 1 day); SP
BUPHENYL ORAL TABLET (*sodium phenylbutyrate*)	3	PA; LD; QL (40 tablets per 1 day); SP
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK (*sodium phenylbutyrate*)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK (*sodium phenylbutyrate*)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK (*sodium phenylbutyrate*)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK (*sodium phenylbutyrate*)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK (*sodium phenylbutyrate*)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK (*sodium phenylbutyrate*)	3	PA; LD; QL (1 kit per 30 days)
PHEBURANE ORAL PELLET (*sodium phenylbutyrate*)	3	PA; LD; QL (8 bottles per 30 days); SP
RAVICTI ORAL LIQUID (*glycerol phenylbutyrate*)	3	PA; LD; QL (17.5 mL per 1 day); SP
sod benz-sod phenylacet intravenous solution	1 or 1b*	
sodium phenylbutyrate oral powder	1 or 1b*	PA; LD; QL (25 GM per 1 day); SP
sodium phenylbutyrate oral tablet	1 or 1b*	PA; LD; QL (40 tablets per 1 day); SP
VASOPRESSIN - HORMONES**		
DDAVP INJECTION SOLUTION (*desmopressin acetate*)	3	LD
DDAVP ORAL TABLET 0.1 MG (*desmopressin acetate*)	3	LD; QL (12 tablets per 1 day)
DDAVP ORAL TABLET 0.2 MG (*desmopressin acetate*)	3	LD; QL (6 tablets per 1 day)
DDAVP PF INJECTION SOLUTION (*desmopressin acetate*)	3	LD
desmopressin ace spray refrig nasal solution	1 or 1b*	
desmopressin acetate injection solution	1 or 1b*	LD
desmopressin acetate oral tablet 0.1 mg	1 or 1b*	LD; QL (12 tablets per 1 day)
desmopressin acetate oral tablet 0.2 mg	1 or 1b*	LD; QL (6 tablets per 1 day)
desmopressin acetate pf injection solution	1 or 1b*	LD
desmopressin acetate spray nasal solution	1 or 1b*	
TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED (*terlipressin acetate*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vasopressin +rfid intravenous solution	1 or 1b*	
vasopressin intravenous solution	1 or 1b*	
vasopressin-sodium chloride intravenous solution	3	
VASOSTRICT INTRAVENOUS SOLUTION (*vasopressin*)	3	
X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML (*burosumab-twza*)	3	PA; LD; QL (2 vials per 28 days); SP
CRYSVITA SUBCUTANEOUS SOLUTION 20 MG/ML (*burosumab-twza*)	3	PA; LD; QL (8 vials per 28 days); SP
CRYSVITA SUBCUTANEOUS SOLUTION 30 MG/ML (*burosumab-twza*)	3	PA; LD; QL (6 vials per 28 days); SP
***ESTROGENS* - HORMONES**		
ESTROGEN & PROGESTIN - DRUGS FOR WOMEN**		
ACTIVELLA ORAL TABLET (*estradiol-norethindrone acet*)	3	
ANGELIQ ORAL TABLET (*drospirenone-estradiol*)	3	
BIJUVA ORAL CAPSULE (*estradiol-progesterone*)	2	QL (1 capsule per 1 day)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY (*estradiol-levonorgestrel*)	2	QL (4 patch per 28 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY (*estradiol-norethindrone acet*)	2	QL (8 patch per 28 days)
estradiol-norethindrone acet oral tablet	1 or 1b*	
fyavolv oral tablet	1 or 1b*	
jinteli oral tablet	1 or 1b*	
mimvey oral tablet	1 or 1b*	
norethindrone-eth estradiol oral tablet	1 or 1b*	
PREMPHASE ORAL TABLET (*conj estrog-medroxyprogest ace*)	2	
PREMPRO ORAL TABLET (*conj estrog-medroxyprogest ace*)	2	
ESTROGEN-PROGESTIN-GNRH ANTAGONIST - DRUGS FOR WOMAN**		
MYFEMBREE ORAL TABLET (*relugolix-estradiol-norethind*)	3	PA; QL (1 tablet per 1 day)
ORIAHNN ORAL CAPSULE THERAPY PACK (*elagolix-estradiol-norethind*)	3	PA; QL (1 carton per 28 days)
ESTROGENS - DRUGS FOR WOMEN**		
ALORA TRANSDERMAL PATCH TWICE WEEKLY (*estradiol*)	3	QL (8 patch per 28 days)
CLIMARA TRANSDERMAL PATCH WEEKLY (*estradiol*)	3	QL (4 patches per 28 days)
DELESTROGEN INTRAMUSCULAR OIL (*estradiol valerate*)	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL (*estradiol cypionate*)	3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM (*estradiol*)	3	QL (1 packet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM (*estradiol*)	3	QL (30 packets per 30 days)
dotti transdermal patch twice weekly	1 or 1b*	QL (8 patch per 28 days)
ELESTRIN TRANSDERMAL GEL (*estradiol*)	3	QL (52 grams per 30 days)
ESTRACE ORAL TABLET (*estradiol*)	3	
estradiol oral tablet	1 or 1b*	
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm	1 or 1b*	QL (1 packet per 1 day)
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1 or 1b*	QL (37.5 grams per 30 days)
estradiol transdermal gel 1.25 mg/1.25gm	1 or 1b*	QL (30 packets per 30 days)
estradiol transdermal patch twice weekly	1 or 1b*	QL (8 patch per 28 days)
estradiol transdermal patch weekly	1 or 1b*	QL (4 patches per 28 days)
estradiol valerate intramuscular oil	1 or 1b*	
ESTROGEL TRANSDERMAL GEL (*estradiol*)	3	QL (50 grams per 30 days)
EVAMIST TRANSDERMAL SOLUTION (*estradiol*)	2	QL (16.2 mL per 30 days)
lyllana transdermal patch twice weekly	1 or 1b*	QL (8 patch per 28 days)
MENEST ORAL TABLET (*esterified estrogens*)	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY (*estradiol*)	3	QL (4 patches per 28 days)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (*estradiol*)	3	QL (8 patch per 28 days)
PREMARIN INJECTION SOLUTION RECONSTITUTED (*estrogens conjugated*)	2	
PREMARIN ORAL TABLET (*estrogens conjugated*)	2	QL (1 tablet per 1 day)
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY (*estradiol*)	3	QL (8 patch per 28 days)
ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB - DRUGS FOR WOMEN**		
DUAVEE ORAL TABLET (*conj estrogens-bazedoxifene*)	3	PA; QL (1 tablet per 1 day)
***FLUOROQUINOLONES* - DRUGS FOR INFECTIONS**		
FLUOROQUINOLONES - ANTIBIOTICS**		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED (*delafloxacin meglumine*)	3	
BAXDELA ORAL TABLET (*delafloxacin meglumine*)	3	PA
CIPRO ORAL SUSPENSION RECONSTITUTED (*ciprofloxacin*)	3	
CIPRO ORAL TABLET (*ciprofloxacin hcl*)	3	
ciprofloxacin hcl oral tablet	1 or 1b*	
ciprofloxacin in d5w intravenous solution	1 or 1b*	
levofloxacin in d5w intravenous solution	1 or 1b*	
levofloxacin intravenous solution	1 or 1b*	QL (1 fill per 30 days)
levofloxacin oral solution	1 or 1b*	
levofloxacin oral tablet	1 or 1b*	
moxifloxacin hcl in nacl intravenous solution	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION	3	
moxifloxacin hcl oral tablet	1 or 1b*	
ofloxacin oral tablet	1 or 1b*	
***GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH**		
5-HT4 RECEPTOR AGONISTS - DRUGS FOR THE STOMACH**		
MOTEGRITY ORAL TABLET (*prucalopride succinate*)	3	ST; QL (1 tablet per 1 day)
prucalopride succinate oral tablet	3	ST; QL (1 tablet per 1 day)
BILE ACID SYNTHESIS DISORDER AGENTS - DRUGS FOR THE STOMACH**		
CHOLBAM ORAL CAPSULE (*cholic acid*)	3	PA; LD; QL (4 capsule per 1 day)
CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS - DRUGS FOR CONSTIPATION**		
TRULANCE ORAL TABLET (*plecanatide*)	3	ST; QL (1 tablet per 1 day)
FARNESOID X RECEPTOR (FXR) AGONISTS - DRUGS FOR THE STOMACH**		
OCALIVA ORAL TABLET (*obeticholic acid*)	3	PA; LD; QL (1 tablet per 1 day); SP
GALLSTONE SOLUBILIZING AGENTS - DRUGS FOR THE STOMACH**		
CHENODAL ORAL TABLET (*chenodiol*)	3	PA; LD; QL (7 tablets per 1 day)
CTEXLI ORAL TABLET (*chenodiol*)	3	PA; LD; QL (3 tablets per 1 day)
RELTONE ORAL CAPSULE (*ursodiol*)	3	PA
URSO FORTE ORAL TABLET (*ursodiol*)	3	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	PA
ursodiol oral capsule 300 mg	1 or 1b*	
ursodiol oral tablet	1 or 1b*	
GASTROINTESTINAL ANTIALLERGY AGENTS - DRUGS FOR THE STOMACH**		
cromolyn sodium oral concentrate	1 or 1b*	
GASTROCROM ORAL CONCENTRATE (*cromolyn sodium*)	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS - DRUGS FOR IRRITABLE BOWEL SYNDROME**		
AMITIZA ORAL CAPSULE (*lubiprostone*)	3	ST; QL (2 capsules per 1 day)
lubiprostone oral capsule	1 or 1b*	QL (2 capsules per 1 day)
GASTROINTESTINAL STIMULANTS - DRUGS FOR THE STOMACH**		
GIMOTI NASAL SOLUTION (*metoclopramide hcl*)	3	PA; QL (1 bottle per 4 weekss)
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl oral solution	1 or 1a*	QL (60 mL per 1 day)
metoclopramide hcl oral tablet 10 mg	1 or 1a*	QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metoclopramide hcl oral tablet 5 mg	1 or 1a*	QL (12 tablets per 1 day)
metoclopramide hcl oral tablet dispersible	1 or 1a*	QL (12 tablets per 1 day)
REGLAN ORAL TABLET 10 MG (*metoclopramide hcl*)	3	QL (6 tablets per 1 day)
REGLAN ORAL TABLET 5 MG (*metoclopramide hcl*)	3	QL (12 tablets per 1 day)
GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS - DRUGS FOR THE STOMACH**		
GATTEX SUBCUTANEOUS KIT (*teduglutide (rdna)*)	3	PA; LD; SP
HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS - DRUGS FOR THE STOMACH**		
REZDIFFRA ORAL TABLET (*resmetirom*)	3	PA; LD; QL (1 tablet per 1 day); SP
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS - DRUGS FOR CONSTIPATION**		
LINZESS ORAL CAPSULE (*linaclotide*)	2	QL (1 capsule per 1 day)
IBS AGENT - MU-OPIOID RECEPTOR AGONISTS - DRUGS FOR IRRITABLE BOWEL SYNDROME**		
VIBERZI ORAL TABLET (*eluxadoline*)	3	PA; QL (2 tablets per 1 day)
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS - DRUGS FOR IRRITABLE BOWEL SYNDROME**		
alosetron hcl oral tablet	1 or 1b*	PA; QL (2 tablets per 1 day)
LOTRONEX ORAL TABLET (*alosetron hcl*)	3	PA; QL (2 tablets per 1 day)
IBS AGENT - SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR - DRUGS FOR IRRITABLE BOWEL SYNDROME**		
IBSRELA ORAL TABLET (*tenapanor hcl*)	3	ST; QL (2 capsules per 1 day)
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - DRUGS FOR THE STOMACH**		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (*odevixibat*)	3	PA; LD; QL (30 pellets per 1 day)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (*odevixibat*)	3	PA; LD; QL (10 pellets per 1 day)
BYLVAY ORAL CAPSULE 1200 MCG (*odevixibat*)	3	PA; LD; QL (5 capsules per 1 day)
BYLVAY ORAL CAPSULE 400 MCG (*odevixibat*)	3	PA; LD; QL (15 capsules per 1 day)
LIVMARLI ORAL SOLUTION 19 MG/ML (*maralixibat chloride*)	3	PA; LD; QL (60 mL per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (*maralixibat chloride*)	3	PA; LD; QL (90 mL per 30 days)
LIVMARLI ORAL TABLET 10 MG (*maralixibat chloride*)	3	PA; QL (4 tablets per 1 day)
LIVMARLI ORAL TABLET 15 MG, 20 MG (*maralixibat chloride*)	3	PA; QL (2 tablets per 1 day)
LIVMARLI ORAL TABLET 30 MG (*maralixibat chloride*)	3	PA; QL (1 tablet per 1 day)
INFLAMMATORY BOWEL AGENTS - DRUGS FOR INFLAMMATORY BOWEL DISEASE**		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR (*mesalamine*)	3	ST; QL (4 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE (*sulfasalazine*)	3	QL (8 tablet per 1 day)
AZULFIDINE ORAL TABLET (*sulfasalazine*)	3	QL (8 tablet per 1 day)
balsalazide disodium oral capsule	1 or 1b*	QL (9 capsule per 1 day)
CANASA RECTAL SUPPOSITORY (*mesalamine*)	3	QL (1 suppository per 1 day)
COLAZAL ORAL CAPSULE (*balsalazide disodium*)	3	QL (9 capsule per 1 day)
DELZICOL ORAL CAPSULE DELAYED RELEASE (*mesalamine*)	3	ST; QL (6 tablets per 1 day)
DIPENTUM ORAL CAPSULE (*olsalazine sodium*)	3	ST; QL (4 capsule per 1 day)
LIALDA ORAL TABLET DELAYED RELEASE (*mesalamine*)	3	ST; QL (4 tablet per 1 day)
mesalamine er oral capsule extended release 24 hour	1 or 1b*	QL (4 capsules per 1 day)
mesalamine oral capsule delayed release	1 or 1b*	QL (6 tablets per 1 day)
mesalamine oral tablet delayed release 1.2 gm	1 or 1b*	QL (4 tablets per 1 day)
mesalamine oral tablet delayed release 800 mg	1 or 1b*	QL (6 tablet per 1 day)
mesalamine rectal enema	1 or 1b*	QL (60 mL per 1 day)
mesalamine rectal suppository	1 or 1b*	QL (1 suppository per 1 day)
mesalamine-cleanser rectal kit	1 or 1b*	QL (4 kits per 28 days)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (*mesalamine*)	2	QL (16 capsule per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (*mesalamine*)	3	ST; QL (8 capsule per 1 day)
ROWASA RECTAL KIT (*mesalamine-cleanser*)	3	QL (4 kit per 28 days)
SFROWASA RECTAL ENEMA (*mesalamine*)	3	QL (60 mL per 1 day)
sulfasalazine oral tablet	1 or 1b*	QL (8 tablet per 1 day)
sulfasalazine oral tablet delayed release	1 or 1b*	QL (8 tablet per 1 day)
INTEGRIN RECEPTOR ANTAGONISTS - DRUGS FOR INFLAMMATORY BOWEL DISEASE**		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED (*vedolizumab*)	3	PA; LD; QL (1 vial per 56 days); SP
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*vedolizumab*)	3	PA; LD; QL (2 pen/syringe per 28 days); SP
INTERLEUKIN ANTAGONISTS - DRUGS FOR INFLAMMATORY BOWEL DISEASE**		
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*mirikizumab-mrkz*)	3	PA; QL (2 pens/syringes per 28 days); SP
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*mirikizumab-mrkz*)	3	PA; QL (2 pens/syringes per 28 days); SP
OMVOH INTRAVENOUS SOLUTION (*mirikizumab-mrkz*)	3	PA; LD; QL (9 vials per 1 one-time fill); SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*mirikizumab-mrkz*)	3	PA; LD; QL (2 pens per 28 days); SP

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OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*mirikizumab-mrkz*)	3	PA; LD; QL (2 syringes per 28 days); SP
OTULFI INTRAVENOUS SOLUTION (*ustekinumab-aauz (iv)*)	3	PA; QL (4 vials per 1 one-time fill)
PYZCHIVA INTRAVENOUS SOLUTION (*ustekinumab-ttwe (iv)*)	3	PA; QL (4 vials per 1 one-time fill); SP
SELARSDI INTRAVENOUS SOLUTION (*ustekinumab-aekn (iv)*)	3	PA; QL (4 vials per 1 one time fill)
SKYRIZI INTRAVENOUS SOLUTION (*risankizumab-rzaa*)	3	PA; LD; QL (6 vials per 1 one-time fill); SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE (*risankizumab-rzaa*)	3	PA; LD; QL (1 kit per 56 days); SP
STELARA INTRAVENOUS SOLUTION (*ustekinumab*)	2	PA; LD; QL (4 vials per 6 months); SP
STEQEYMA INTRAVENOUS SOLUTION (*ustekinumab-stba (iv)*)	3	PA; QL (4 vials per 6 months); SP
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*guselkumab*)	3	PA; QL (3 packs per 1 one time supply); SP
TREMFYA INTRAVENOUS SOLUTION (*guselkumab*)	3	PA; QL (3 vials per 6 months); SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	3	PA; QL (1 pen/syringe per 28 days); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (*guselkumab*)	3	PA; QL (1 pen/syringe per 28 days); SP
ustekinumab intravenous solution	2	PA; LD; QL (4 vials per 6 months); SP
ustekinumab-ttwe intravenous solution	3	PA; QL (1 syringe per 84 days); SP
WEZLANA INTRAVENOUS SOLUTION (*ustekinumab-auub (iv)*)	3	PA; QL (4 vials per 365 days); SP
YESINTEK INTRAVENOUS SOLUTION (*ustekinumab-kfce (iv)*)	3	PA; QL (4 vials per 6 months); SP
INTESTINAL ACIDIFIERS - DRUGS FOR THE STOMACH**		
enulose oral solution	1 or 1b*	
generlac oral solution	1 or 1b*	
lactulose encephalopathy oral solution	1 or 1b*	
***LIVE FECAL MICROBIOTA (HUMAN)** - DRUGS FOR THE STOMACH**		
REBYOTA RECTAL SUSPENSION (*fecal microbiota, live-jslm*)	3	PA; LD; QL (1 carton per 1 lifetime)
VOWST ORAL CAPSULE (*fecal microb spores, live-brpk*)	3	PA; LD; QL (12 capsules per 1 lifetime)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - DRUGS FOR THE STOMACH**		
alvimopan oral capsule	1 or 1b*	
MOVANTIK ORAL TABLET (*naloxegol oxalate*)	2	QL (1 tablet per 1 day)
RELISTOR ORAL TABLET (*methylnaltrexone bromide*)	3	ST; QL (3 tablets per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION (*methylnaltrexone bromide*)	3	ST; QL (1 syringe per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMPROIC ORAL TABLET (*naldemedine tosylate*)	3	ST; QL (1 tablet per 1 day)
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR AGONISTS - DRUGS FOR THE STOMACH**		
IQIRVO ORAL TABLET (*elafibranor*)	3	PA; LD; QL (1 tablet per 1 day); SP
LIVDELZI ORAL CAPSULE (*seladelpar lysine*)	3	PA; LD; QL (1 capsule per 1 day)
PHOSPHATE BINDER AGENTS - DRUGS FOR THE STOMACH**		
AURYXIA ORAL TABLET (*ferric citrate*)	3	ST; QL (9 tablets per 1 day)
calcium acetate (phos binder) oral capsule	1 or 1b*	QL (12 capsules per 1 day)
calcium acetate oral tablet 667 mg	1 or 1b*	QL (12 tablets per 1 day)
ferric citrate oral tablet	1 or 1b*	QL (9 tablets per 1 day)
FOSRENOL ORAL PACKET (*lanthanum carbonate*)	3	ST; QL (3 stick packs per 1 day)
FOSRENOL ORAL TABLET CHEWABLE (*lanthanum carbonate*)	3	ST; QL (3 tablets per 1 day)
lanthanum carbonate oral tablet chewable	1 or 1b*	QL (3 tablets per 1 day)
RENVELA ORAL PACKET 0.8 GM (*sevelamer carbonate*)	3	ST; QL (6 packets per 1 day)
RENVELA ORAL PACKET 2.4 GM (*sevelamer carbonate*)	3	ST; QL (3 packets per 1 day)
RENVELA ORAL TABLET (*sevelamer carbonate*)	3	ST; QL (9 tablets per 1 day)
sevelamer carbonate oral packet 0.8 gm	1 or 1b*	QL (6 packets per 1 day)
sevelamer carbonate oral packet 2.4 gm	1 or 1b*	QL (3 packets per 1 day)
sevelamer carbonate oral tablet	1 or 1b*	QL (9 tablets per 1 day)
sevelamer hcl oral tablet 400 mg	1 or 1b*	QL (15 tablets per 1 day)
sevelamer hcl oral tablet 800 mg	1 or 1b*	QL (9 tablets per 1 day)
VELPHORO ORAL TABLET CHEWABLE (*sucroferric oxyhydroxide*)	3	ST; QL (3 tablets per 1 day)
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS (GI) - DRUGS FOR IRRITABLE BOWEL SYNDROME**		
VELSIPITY ORAL TABLET (*etrasimod arginine*)	3	PA; LD; QL (1 tablet per 1 day); SP
TRYPTOPHAN HYDROXYLASE INHIBITORS - DRUGS FOR DIARRHEA**		
XERMELO ORAL TABLET (*telotristat etiprate*)	3	PA; LD; QL (3 tablets per 1 day)
TUMOR NECROSIS FACTOR ALPHA BLOCKERS - DRUGS FOR INFLAMMATORY BOWEL DISEASE**		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED (*infliximab-axxq*)	3	PA; LD; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (*certolizumab pegol*)	3	PA; LD; QL (1 kit per 28 days); SP
CIMZIA SUBCUTANEOUS KIT (*certolizumab pegol*)	3	PA; LD; QL (1 package per 28 days); SP
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT (*certolizumab pegol*)	3	PA; LD; QL (1 kit per 365 days); SP
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED (*infliximab-dyyb*)	3	PA; LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED (*infliximab*)	3	PA; LD; SP
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED (*infliximab-abda*)	3	PA; LD; SP
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (*infliximab-dyyb*)	3	PA; LD; QL (1 pen per 14 days); SP
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (*infliximab-dyyb*)	3	PA; LD; QL (1 pen per 14 days); SP
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (*infliximab-dyyb*)	3	PA; LD; QL (1 syringe per 14 days); SP
***GENERAL ANESTHETICS* - DRUGS FOR PAIN AND FEVER**		
ANESTHETICS - MISC. - DRUGS FOR SEDATION**		
AMIDATE INTRAVENOUS SOLUTION (*etomidate*)	3	
ANESTHESIA S/I-40A INTRAVENOUS KIT	3	
ANESTHESIA S/I-40H INTRAVENOUS KIT	3	
ANESTHESIA S/I-40S INTRAVENOUS KIT	3	
DIPRIVAN INTRAVENOUS EMULSION (*propofol*)	3	
etomidate intravenous solution	1 or 1b*	
fresenius propoven intravenous emulsion	1 or 1b*	
KETALAR INJECTION SOLUTION (*ketamine hcl*)	3	
ketamine hcl injection solution 50 mg/ml	1 or 1b*	
ketamine hcl injection solution prefilled syringe 25 mg/ml	3	
propofol intravenous emulsion	1 or 1b*	
BARBITURATE ANESTHETICS - DRUGS FOR SEDATION**		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED (*methohexital sodium*)	3	
methohexital sodium injection solution reconstituted	1 or 1b*	
VOLATILE ANESTHETICS - DRUGS FOR SEDATION**		
desflurane inhalation solution	1 or 1b*	
FORANE INHALATION SOLUTION (*isoflurane*)	3	
isoflurane inhalation solution	1 or 1b*	
sevoflurane inhalation solution	1 or 1b*	
SUPRANE INHALATION SOLUTION (*desflurane*)	3	
terrell inhalation solution	1 or 1b*	
ULTANE INHALATION SOLUTION (*sevoflurane*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***GENITOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM**		
5-ALPHA REDUCTASE INHIBITORS - DRUGS FOR THE PROSTATE**		
AVODART ORAL CAPSULE (*dutasteride*)	3	QL (1 capsule per 1 day)
dutasteride oral capsule	1 or 1b*	QL (1 capsule per 1 day)
finasteride oral tablet 5 mg	1 or 1b*	QL (1 tablet per 1 day)
PROSCAR ORAL TABLET (*finasteride*)	3	QL (1 tablet per 1 day)
ALPHA 1-ADRENOCEPTOR ANTAGONISTS - DRUGS FOR THE PROSTATE**		
alfuzosin hcl er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR (*doxazosin mesylate*)	3	QL (1 tablet per 1 day)
RAPAFLO ORAL CAPSULE (*silodosin*)	3	QL (1 capsule per 1 day)
silodosin oral capsule	1 or 1b*	QL (1 capsule per 1 day)
tamsulosin hcl oral capsule	1 or 1b*	QL (2 capsules per 1 day)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR (*alfuzosin hcl*)	3	QL (1 tablet per 1 day)
ANTI-INFECTIVE GENITOURINARY IRRIGANTS - DRUGS FOR THE URINARY SYSTEM**		
neomycin-polymyxin b gu irrigation solution	1 or 1b*	
CITRATES - DRUGS FOR INFECTIONS**		
potassium citrate er oral tablet extended release	1 or 1b*	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE (*potassium citrate*)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE (*potassium citrate*)	3	
CYSTINOSIS AGENTS - DRUGS FOR THE URINARY SYSTEM**		
CYSTAGON ORAL CAPSULE (*cysteamine bitartrate*)	3	PA; LD; SP
PROCYSBI ORAL CAPSULE DELAYED RELEASE (*cysteamine bitartrate*)	3	PA; LD
PROCYSBI ORAL PACKET (*cysteamine bitartrate*)	3	PA; LD
GENITOURINARY IRRIGANTS - DRUGS FOR THE URINARY SYSTEM**		
acetic acid irrigation solution	1 or 1b*	
argyle sterile saline irrigation solution	1 or 1b*	
curity sterile saline irrigation solution	1 or 1b*	
glycine irrigation solution	1 or 1b*	
glycine urologic irrigation solution	1 or 1b*	
RENACIDIN IRRIGATION SOLUTION (*citric ac-gluconolact-mg carb*)	3	
sodium chloride irrigation solution	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SORBITOL IRRIGATION SOLUTION	3	
SORBITOL-MANNITOL IRRIGATION SOLUTION	3	
IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG - DRUGS FOR THE URINARY SYSTEM**		
FILSPARI ORAL TABLET (*sparsentan*)	3	PA; LD; QL (1 tablet per 1 day); SP
IGAN AGENTS - ENDOTHELIN RECEPTOR ANTAGONIST - DRUGS FOR THE URINARY SYSTEM**		
VANRAFIA ORAL TABLET (*atrasentan hcl*)	3	PA; QL (1 tablet per 1 day)
INTERSTITIAL CYSTITIS AGENTS - DRUGS FOR THE URINARY SYSTEM**		
ELMIRON ORAL CAPSULE (*pentosan polysulfate sodium*)	3	QL (3 capsules per 1 day)
RIMSO-50 INTRAVESICAL SOLUTION (*dimethyl sulfoxide*)	3	
PHOSPHATES - DRUGS FOR INFECTIONS**		
K-PHOS NO 2 ORAL TABLET (*pot & sod ac phosphates*)	3	
PROSTATIC HYPERTROPHY AGENT COMBINATIONS - DRUGS FOR THE PROSTATE**		
dutasteride-tamsulosin hcl oral capsule	1 or 1b*	QL (1 capsule per 1 day)
ENTADFI ORAL CAPSULE (*finasteride-tadalafil*)	3	PA; QL (1 capsule per 1 day)
JALYN ORAL CAPSULE (*dutasteride-tamsulosin hcl*)	3	QL (1 capsule per 1 day)
SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA) - DRUGS FOR THE URINARY SYSTEM**		
OXLUMO SUBCUTANEOUS SOLUTION (*lumasiran sodium*)	3	PA; LD
RIVFLOZA SUBCUTANEOUS SOLUTION (*nedosiran sodium*)	3	PA; LD; QL (2 syringes per 30 days); SP
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*nedosiran sodium*)	3	PA; LD; QL (1 syringe per 30 days); SP
URINARY STONE AGENTS - DRUGS FOR THE URINARY SYSTEM**		
LITHOSTAT ORAL TABLET (*acetohydroxamic acid*)	3	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG (*tiopronin*)	3	PA; LD; QL (10 tablet per 1 day)
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG (*tiopronin*)	3	PA; LD; QL (3 tablet per 1 day)
THIOLA ORAL TABLET (*tiopronin*)	3	PA; LD; QL (10 tablet per 1 day)
tiopronin oral tablet	1 or 1b*	PA; LD; QL (10 tablet per 1 day)
tiopronin oral tablet delayed release	1 or 1b*	PA; LD; QL (10 tablet per 1 day)
tiopronin (Venxxiva Oral Tablet Delayed Release 100 Mg)	1 or 1b*	PA; LD; QL (3 tablet per 1 day)
tiopronin (Venxxiva Oral Tablet Delayed Release 300 Mg)	1 or 1b*	PA; LD; QL (10 tablet per 1 day)
***GOUT AGENTS* - DRUGS FOR PAIN AND FEVER**		
GOUT AGENT COMBINATIONS - GOUT DRUGS**		
colchicine-probenecid oral tablet	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOUT AGENTS - GOUT DRUGS**		
allopurinol oral tablet 100 mg	1 or 1a*	QL (8 tablets per 1 day)
allopurinol oral tablet 200 mg	3	PA; QL (4 tablets per 1 day)
allopurinol oral tablet 300 mg	1 or 1a*	QL (2 tablets per 1 day)
allopurinol sodium intravenous solution reconstituted	1 or 1b*	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED (*allopurinol sodium*)	3	
colchicine oral capsule	3	ST; QL (2 capsules per 1 day)
colchicine oral tablet	2	QL (2.3 tablet per 1 day)
febuxostat oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
GLOPERBA ORAL SOLUTION (*colchicine*)	3	ST; QL (300 mL per 30 days)
KRYSTEXXA INTRAVENOUS SOLUTION (*pegloticase*)	3	PA; LD; QL (0.08 mL per 1 day); SP
MITIGARE ORAL CAPSULE (*colchicine*)	3	ST; QL (2 capsules per 1 day)
ULORIC ORAL TABLET (*febuxostat*)	3	ST; QL (1 tablet per 1 day)
URICOSURICS - GOUT DRUGS**		
probenecid oral tablet	1 or 1b*	
***HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD**		
***AGENTS FOR CONGENITAL THROMBOTIC THROMBOCYTOPENIC PURPURA* - DRUGS FOR THE BLOOD**		
adzynma intravenous kit	3	PA; LD
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA - DRUGS FOR THE BLOOD**		
GIVLAARI SUBCUTANEOUS SOLUTION (*givosiran sodium*)	3	PA; LD
ANTIHEMOPHILIC PRODUCTS - ANTITHROMBIN-DIRECTED SIRNA - DRUGS TO PREVENT BLEEDING**		
QFITLIA SUBCUTANEOUS SOLUTION (*fitusiran sodium*)	3	PA
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*fitusiran sodium*)	3	PA
ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES - DRUGS FOR THE BLOOD**		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR (*concizumab-mtci*)	3	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION (*emicizumab-kxwh*)	3	PA; LD; SP
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*marstacimab-hncq*)	3	PA; SP
ANTIHEMOPHILIC PRODUCTS - DRUGS TO PREVENT BLEEDING**		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED (*antihemophil factor (rahf-pfm)*)	3	PA; LD; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP

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AFSTYLA INTRAVENOUS KIT (*antihemophil fact single chain*)	3	PA; LD; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED (*antihemophilic factor-vwf*)	3	PA; LD; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED (*coagulation factor ix*)	3	PA; LD; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED (*coagulation factor ix (rfixfc)*)	3	PA; LD; SP
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED (*antihem fact fc-vwf-xten-ehtl*)	3	PA; LD; SP
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED (*prothrombin complex human-lans*)	3	
BENEFIX INTRAVENOUS KIT (*coagulation factor ix (recomb)*)	3	PA; LD; SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED (*coagulation factor x (human)*)	3	PA; LD; SP
CORIFACT INTRAVENOUS KIT (*factor xiii concentrate human*)	3	PA; LD; SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED (*antihem fact (bdd-rfviiifc)*)	3	PA; LD; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*antihemoph fact rcmb gpeg-exei*)	3	PA; LD; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT (*antihemoph fact rcmb gpeg-exei*)	3	PA; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED (*antiinhibitor coagulant cmplx*)	3	PA; LD; SP
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (*fibrinogen concentrate (human)*)	3	PA; LD; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED (*antihemophilic factor*)	3	PA; LD; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED (*antihemophilic factor-vwf*)	3	PA; LD; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED (*coagulation factor ix (rix-fp)*)	3	PA; LD; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED (*coagulation factor ix (recomb)*)	3	PA; LD; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*ahf (bdd-rfviii peg-aucl)*)	3	PA; LD; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT (*ahf (bdd-rfviii peg-aucl)*)	3	PA; SP
KCENTRA INTRAVENOUS KIT (*prothrombin complex conc human*)	3	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED (*antihemophilic factor*)	3	PA; LD; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED (*antihemophilic factor*)	3	PA; LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KOGENATE FS INTRAVENOUS KIT (*antihem factor recomb (rfviii)*)	3	PA; LD; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED (*antihemophil factor (rahf-pfm)*)	3	PA; LD; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED (*antihemophil fact bd truncated*)	3	PA; LD; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED (*coagulation factor viia recomb*)	3	PA; LD; SP
NUWIQ INTRAVENOUS KIT (*antihem fact (bdd-rfviii,sim)*)	3	PA; LD; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED (*antihem fact (bdd-rfviii,sim)*)	3	PA; LD; SP
obizur intravenous solution reconstituted	3	PA; LD; SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED (*factor ix complex*)	3	PA; LD; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED (*coagulation factor ix glycopeg*)	3	PA; LD; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED (*antihem factor recomb (rfviii)*)	3	PA; LD; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (*fibrinogen concentrate (human)*)	3	PA; LD; SP
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (*coagulation factor viia-jncw*)	3	PA; LD; SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 2 MG (*coagulation factor viia-jncw*)	3	PA; SP
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED (*coagulation factor xiii a-sub*)	3	PA; LD; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED (*von willebrand factor (recomb)*)	3	PA; LD; SP
WILATE INTRAVENOUS KIT (*antihemophilic factor-vwf*)	3	PA; LD; SP
XYNTHA INTRAVENOUS KIT (*antihem fact (bdd-rfviii,mor)*)	3	PA; LD; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT (*antihem fact (bdd-rfviii,mor)*)	3	PA; LD; SP
ANTI-VON WILLEBRAND FACTOR AGENTS - DRUGS FOR THE BLOOD**		
CABLIVI INJECTION KIT (*caplacizumab-yhdp*)	3	PA; LD
BRADYKININ B2 RECEPTOR ANTAGONISTS - DRUGS FOR THE BLOOD**		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*icatibant acetate*)	3	PA; LD; QL (18 syringes per 30 days); SP
icatibant acetate subcutaneous solution prefilled syringe	1 or 1b*	PA; LD; QL (18 syringes per 30 days); SP
sajazir subcutaneous solution prefilled syringe	1 or 1b*	PA; LD; QL (18 syringes per 30 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
C1 ESTERASE INHIBITORS - DRUGS FOR THE BLOOD**		
BERINERT INTRAVENOUS KIT (*c1 esterase inhibitor (human)*)	3	PA; LD; QL (24 kits per 30 days); SP
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED (*c1 esterase inhibitor (human)*)	3	PA; LD; QL (20 vials per 30 days); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (*c1 esterase inhibitor (human)*)	3	PA; LD; QL (24 vials per 28 days); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (*c1 esterase inhibitor (human)*)	3	PA; LD; QL (16 vials per 28 days); SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED (*c1 esterase inhibitor (recomb)*)	3	PA; LD; QL (16 vials per 30 days); SP
COMPLEMENT C1 INHIBITORS - DRUGS FOR THE BLOOD**		
ENJAYMO INTRAVENOUS SOLUTION (*sutimlimab-jome*)	3	PA; LD; QL (6 vials per 2 weeks); SP
COMPLEMENT C3 INHIBITORS - DRUGS FOR THE BLOOD**		
EMPAVELI SUBCUTANEOUS SOLUTION (*pegcetacoplan*)	3	PA; LD; QL (200 mL per 30 days)
COMPLEMENT C5 INHIBITORS - DRUGS FOR THE BLOOD**		
BKEMV INTRAVENOUS SOLUTION (*eculizumab-aeeb*)	3	PA; QL (8 vials per 28 days)
EPYSQLI INTRAVENOUS SOLUTION (*eculizumab-aagh*)	3	PA; QL (8 vials per 28 days)
PIASKY INJECTION SOLUTION (*crovalimab-akkz*)	3	PA; LD; QL (3 vials per 28 days); SP
SOLIRIS INTRAVENOUS SOLUTION (*eculizumab*)	3	PA; LD; QL (8 vials per 28 days); SP
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML (*ravulizumab-cwvz*)	3	PA; LD; QL (3 vials per 56 days); SP
ULTOMIRIS INTRAVENOUS SOLUTION 300 MG/3ML (*ravulizumab-cwvz*)	3	PA; LD; QL (12 vials per 56 days); SP
VEOPOZ INJECTION SOLUTION (*pozelimab-bbfg*)	3	PA; LD; QL (2 vials per 1 week)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*zilucoplan sodium*)	3	PA; LD; QL (1 syringe per 1 day)
COMPLEMENT C5A INHIBITORS - DRUGS FOR THE BLOOD**		
gohibic intravenous solution	3	
COMPLEMENT C5A RECEPTOR INHIBITORS - DRUGS FOR THE BLOOD**		
TAVNEOS ORAL CAPSULE (*avacopan*)	3	PA; LD; QL (6 capsules per 1 day)
COMPLEMENT FACTOR B INHIBITORS - DRUGS FOR THE BLOOD**		
FABHALTA ORAL CAPSULE (*iptacopan hcl*)	3	PA; LD; QL (2 capsules per 1 day)
COMPLEMENT FACTOR D INHIBITORS - DRUGS FOR THE BLOOD**		
VOYDEYA ORAL TABLET (*danicopan*)	3	PA; LD; QL (6 tablets per 1 day)
VOYDEYA ORAL TABLET THERAPY PACK (*danicopan*)	3	PA; LD; QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIRECT-ACTING P2Y12 INHIBITORS - DRUGS FOR THE BLOOD**		
BRILINTA ORAL TABLET (*ticagrelor*)	2	QL (2 tablets per 1 day)
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED (*cangrelor tetrasodium*)	3	
ticagrelor oral tablet	1 or 1b*	QL (2 tablets per 1 day)
GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS - DRUGS FOR THE BLOOD**		
AGGRASTAT INTRAVENOUS CONCENTRATE (*tirofiban hcl*)	3	
AGGRASTAT INTRAVENOUS SOLUTION (*tirofiban hcl in nacl*)	3	
eptifibatide intravenous solution	1 or 1b*	
tirofiban hcl in nacl intravenous solution	1 or 1b*	
HEMATORHEOLOGIC AGENTS - DRUGS FOR THE BLOOD**		
pentoxifylline er oral tablet extended release	1 or 1b*	
HEMIN - DRUGS FOR THE BLOOD**		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED (*hemin*)	3	LD
HUMAN PROTEIN C - DRUGS FOR THE BLOOD**		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED (*protein c concentrate (human)*)	3	LD; SP
PHOSPHODIESTERASE III INHIBITORS - DRUGS FOR THE BLOOD**		
cilostazol oral tablet	1 or 1b*	
PLASMA EXPANDERS - DRUGS FOR THE BLOOD**		
hetastarch-nacl intravenous solution	1 or 1b*	
HEXTEND INTRAVENOUS SOLUTION (*hetastarch-electrolytes*)	3	
lmd in d5w intravenous solution	1 or 1b*	
lmd in nacl intravenous solution	1 or 1b*	
PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES - DRUGS FOR THE BLOOD**		
TAKHZYRO SUBCUTANEOUS SOLUTION (*lanadelumab-flyo*)	3	PA; LD; QL (1 vial per 28 days); SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*lanadelumab-flyo*)	3	PA; LD; QL (1 syringe per 28 days); SP
PLASMA KALLIKREIN INHIBITORS - DRUGS FOR THE BLOOD**		
KALBITOR SUBCUTANEOUS SOLUTION (*ecallantide*)	3	PA; LD; QL (36 vials per 30 days); SP
ORLADEYO ORAL CAPSULE (*berotralstat hcl*)	3	PA; LD; QL (1 capsule per 1 day)
PLASMA PROTEINS - DRUGS FOR THE BLOOD**		
ALBUKED 25 INTRAVENOUS SOLUTION (*albumin human*)	3	
ALBUKED 5 INTRAVENOUS SOLUTION (*albumin human*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALBUMIN HUMAN INTRAVENOUS SOLUTION	3	
ALBUMINEX INTRAVENOUS SOLUTION (*albumin human-kjda*)	3	
ALBUMIN-ZLB INTRAVENOUS SOLUTION	3	
ALBURX INTRAVENOUS SOLUTION	3	
ALBUTEIN INTRAVENOUS SOLUTION (*albumin human*)	3	
FLEXBUMIN INTRAVENOUS SOLUTION (*albumin human*)	3	
KEDBUMIN INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION (*plasma human*)	3	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION (*plasma human*)	3	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION (*plasma human*)	3	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (*plasma human*)	3	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED (*plasminogen human-tvmh*)	3	PA; LD; SP
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED (*antithrombin iii (human)*)	3	
PLATELET AGGREGATION INHIBITOR COMBINATIONS - DRUGS FOR THE BLOOD**		
aspirin-dipyridamole er oral capsule extended release 12 hour	1 or 1b*	QL (2 capsules per 1 day)
YOSPRALA ORAL TABLET DELAYED RELEASE (*aspirin-omeprazole*)	3	PA; QL (1 tablet per 1 day)
PLATELET AGGREGATION INHIBITORS - DRUGS FOR THE BLOOD**		
dipyridamole oral tablet	1 or 1b*	
PROTAMINE - DRUGS FOR THE BLOOD**		
protamine sulfate intravenous solution	1 or 1b*	
PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS - DRUGS FOR THE BLOOD**		
ZONTIVITY ORAL TABLET (*vorapaxar sulfate*)	3	PA; QL (1 tablet per 1 day)
PYRUVATE KINASE ACTIVATORS - DRUGS FOR THE BLOOD**		
PYRUKYND ORAL TABLET (*mitapivat sulfate*)	3	PA; LD; QL (2 tablets per 1 day)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK (*mitapivat sulfate*)	3	PA; LD; QL (1 pack per 28 days)
QUINAZOLINE AGENTS - DRUGS FOR THE BLOOD**		
AGRYLIN ORAL CAPSULE (*anagrelide hcl*)	3	QL (20 capsules per 1 day)
anagrelide hcl oral capsule 0.5 mg	1 or 1b*	QL (20 capsules per 1 day)
anagrelide hcl oral capsule 1 mg	1 or 1b*	QL (10 capsules per 1 day)

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SPLEEN TYROSINE KINASE (SYK) INHIBITORS - DRUGS FOR THE BLOOD**		
TAVALISSE ORAL TABLET (*fostamatinib disodium*)	3	PA; LD; QL (2 tablets per 1 day)
THIENOPYRIDINE DERIVATIVES - DRUGS FOR THE BLOOD**		
clopidogrel bisulfate oral tablet	1 or 1b*	QL (1 tablet per 1 day)
EFFIENT ORAL TABLET (*prasugrel hcl*)	3	QL (1 tablet per 1 day)
PLAVIX ORAL TABLET (*clopidogrel bisulfate*)	3	QL (1 tablet per 1 day)
prasugrel hcl oral tablet	1 or 1b*	QL (1 tablet per 1 day)
THROMBOLYTIC AGENT - MISC - DRUGS FOR THE BLOOD**		
DEFITELIO INTRAVENOUS SOLUTION (*defibrotide sodium*)	3	LD
TISSUE PLASMINOGEN ACTIVATORS - DRUGS FOR THE BLOOD**		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED (*alteplase*)	3	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED (*alteplase*)	3	
TNKASE INTRAVENOUS KIT (*tenecteplase*)	3	
***HEMATOPOIETIC AGENTS* - DRUGS FOR NUTRITION**		
AGENTS FOR GAUCHER DISEASE - DRUGS FOR NUTRITION**		
CERDELGA ORAL CAPSULE (*eliglustat tartrate*)	2	PA; LD; QL (2 capsules per 1 day); SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED (*imiglucerase*)	3	PA; LD; SP
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED (*taliglucerase alfa*)	3	PA; LD; SP
miglustat oral capsule	1 or 1b*	PA; LD; QL (3 capsules per 1 day); SP
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED (*velaglucerase alfa*)	3	PA; LD; SP
miglustat (Yargesa Oral Capsule)	1 or 1b*	PA; LD; QL (3 capsules per 1 day); SP
ZAVESCA ORAL CAPSULE (*miglustat*)	3	PA; LD; QL (3 capsules per 1 day); SP
AMINO ACIDS - DRUGS FOR NUTRITION**		
ENDARI ORAL PACKET (*glutamine (sickle cell)*)	3	PA; LD; SP
l-glutamine oral packet	1 or 1b*	PA; LD; SP
COBALAMINS - DRUGS FOR NUTRITION**		
cyanocobalamin injection solution 1000 mcg/ml	1 or 1a*	
cyanocobalamin nasal solution	3	
hydroxocobalamin acetate intramuscular solution	1 or 1b*	
NASCOBAL NASAL SOLUTION (*cyanocobalamin*)	3	

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CXCR4 RECEPTOR ANTAGONIST - DRUGS FOR NUTRITION**		
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED (*motixafortide acetate*)	3	PA; LD
MOZOBIL SUBCUTANEOUS SOLUTION (*plerixafor*)	3	PA; LD; SP
plerixafor subcutaneous solution	1 or 1b*	PA; LD; SP
XOLREMDI ORAL CAPSULE (*mavorixafor*)	3	PA; LD; QL (4 capsules per 1 day)
CYTOTOXIC AGENTS - DRUGS FOR NUTRITION**		
DROXIA ORAL CAPSULE (*hydroxyurea*)	2	
SIKLOS ORAL TABLET (*hydroxyurea*)	3	PA; LD; SP
XROMI ORAL SOLUTION (*hydroxyurea*)	3	PA
ERYTHROID MATURATION AGENTS - DRUGS FOR NUTRITION**		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED (*luspatercept-aamt*)	3	PA; LD; SP
ERYTHROPOIESIS-STIMULATING AGENTS (ESAS) - DRUGS FOR NUTRITION**		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION (*darbepoetin alfa*)	3	PA; LD; QL (4 vials per 28 days); SP
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*)	3	PA; LD; QL (4 syringes per 28 days); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (*darbepoetin alfa*)	3	PA; LD; QL (4 syringes per 30 days); SP
EPOGEN INJECTION SOLUTION (*epoetin alfa*)	3	PA; LD; QL (12 mL per 28 days); SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE (*methoxy peg-epoetin beta*)	3	PA; LD; QL (2 syringes per 28 days)
PROCRIT INJECTION SOLUTION (*epoetin alfa*)	3	PA; LD; QL (12 mL per 28 days); SP
RETACRIT INJECTION SOLUTION (*epoetin alfa-epbx*)	3	PA; LD; QL (12 mL per 28 days); SP
FOLIC ACID/FOLATE COMBINATIONS - DRUGS FOR NUTRITION**		
foltabs 800 oral tablet	1 or 1b*; $0	
FOLIC ACID/FOLATES - DRUGS FOR NUTRITION**		
cvs folic acid oral tablet	1 or 1a*; $0	
fa-8 oral capsule	1 or 1b*; $0	
folate oral tablet	1 or 1a*; $0	
folic acid injection solution	1 or 1a*	
folic acid oral capsule 0.8 mg	1 or 1b*; $0	
folic acid oral tablet 1 mg	1 or 1a*	

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folic acid oral tablet 400 mcg, 800 mcg	1 or 1a*; $0	
ft folic acid oral tablet	1 or 1a*; $0	
gnp folic acid oral tablet	1 or 1a*; $0	
kp folic acid oral tablet 800 mcg	1 or 1a*; $0	
qc folic acid oral tablet	1 or 1a*; $0	
ra folic acid oral tablet	1 or 1a*; $0	
true folic acid oral tablet 400 mcg	1 or 1a*; $0	
yl folic acid oral tablet	1 or 1a*; $0	
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF) - DRUGS FOR NUTRITION**		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*pegfilgrastim-jmdb*)	3	PA; LD; QL (2 syringes per 28 days); SP
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*pegfilgrastim-pbbk*)	3	PA; LD; QL (2 syringes per 28 days); SP
GRANIX SUBCUTANEOUS SOLUTION (*tbo-filgrastim*)	3	PA; LD; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*tbo-filgrastim*)	3	PA; LD; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT (*pegfilgrastim*)	3	PA; LD; QL (2 injectors/kits per 28 days); SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*pegfilgrastim*)	3	PA; LD; QL (2 syringes per 28 days); SP
NEUPOGEN INJECTION SOLUTION (*filgrastim*)	3	PA; LD; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE (*filgrastim*)	3	PA; LD; SP
NIVESTYM INJECTION SOLUTION (*filgrastim-aafi*)	3	PA; LD; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE (*filgrastim-aafi*)	3	PA; LD; SP
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE (*filgrastim-txid*)	3	PA; SP
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*pegfilgrastim-apgf*)	3	PA; LD; QL (2 syringes per 28 days); SP
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; SP
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*eflapegrastim-xnst*)	3	PA; LD; QL (2 syringes per 28 days); SP
RYZNEUTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*efbemalenograstim alfa-vuxw*)	3	PA; QL (2 syringes per 28 days)
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*pegfilgrastim-fpgk*)	3	PA; LD; QL (2 syringes per 28 days); SP
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*pegfilgrastim-cbqv*)	3	PA; LD; QL (2 syringes per 28 days); SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*pegfilgrastim-cbqv*)	3	PA; LD; QL (2 syringes per 28 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*pegfilgrastim-cbqv*)	3	PA; LD; QL (2 syringes per 28 days); SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE (*filgrastim-sndz*)	3	PA; LD; SP
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*pegfilgrastim-bmez*)	3	PA; LD; QL (2 injections per 28 days); SP
GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF) - DRUGS FOR NUTRITION**		
LEUKINE INJECTION SOLUTION RECONSTITUTED (*sargramostim*)	3	PA; LD; SP
HYPOXIA-INDUCIBLE FACTOR PROLYL HYDROXYLASE INHIBITORS - DRUGS FOR NUTRITION**		
VAFSEO ORAL TABLET 150 MG (*vadadustat*)	3	PA; LD; QL (1 tablet per 1 day)
VAFSEO ORAL TABLET 300 MG (*vadadustat*)	3	PA; LD; QL (2 tablets per 1 day)
IRON COMBINATIONS - DRUGS FOR NUTRITION**		
NIFEREX ORAL TABLET (*iron combinations*)	3	
IRON - DRUGS FOR NUTRITION**		
ACCRUFER ORAL CAPSULE (*ferric maltol*)	3	
FERAHEME INTRAVENOUS SOLUTION (*ferumoxytol*)	3	PA; LD; QL (2 vials per 6 days); SP
FERRLECIT INTRAVENOUS SOLUTION (*na ferric gluc cplx in sucrose*)	3	PA; LD; QL (16 vials per 8 weekss); SP
ferumoxytol intravenous solution	3	PA; LD; QL (2 vials per 6 days); SP
INFED INJECTION SOLUTION (*iron dextran*)	3	PA; LD; SP
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML (*ferric carboxymaltose*)	3	PA; LD; QL (7 vials per 7 days); SP
INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML (*ferric carboxymaltose*)	3	PA; LD; QL (2 vials per 14 days); SP
MONOFERRIC INTRAVENOUS SOLUTION (*ferric derisomaltose*)	3	PA; LD; QL (1 vial per 1 day); SP
na ferric gluc cplx in sucrose intravenous solution	1 or 1b*	PA; LD; QL (16 vials per 8 weekss); SP
VENOFER INTRAVENOUS SOLUTION (*iron sucrose*)	3	PA; LD; QL (15 mL per 84 days); SP
SELECTIN BLOCKERS - DRUGS FOR NUTRITION**		
ADAKVEO INTRAVENOUS SOLUTION (*crizanlizumab-tmca*)	3	PA; LD; SP
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS - DRUGS FOR NUTRITION**		
ALVAIZ ORAL TABLET 18 MG, 9 MG (*eltrombopag choline*)	3	PA; LD; DO; SP
ALVAIZ ORAL TABLET 36 MG, 54 MG (*eltrombopag choline*)	3	PA; LD; QL (1 tablet per 1 day); SP
DOPTELET ORAL TABLET (*avatrombopag maleate*)	3	PA; LD; QL (2 tablets per 1 day); SP
eltrombopag olamine oral packet 12.5 mg	1 or 1b*	PA; LD; DO; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eltrombopag olamine oral packet 25 mg	1 or 1b*	PA; LD; QL (3 dose-packs per 1 day); SP
eltrombopag olamine oral tablet 12.5 mg, 25 mg	1 or 1b*	PA; LD; DO; SP
eltrombopag olamine oral tablet 50 mg	1 or 1b*	PA; LD; QL (3 tablets per 1 day); SP
eltrombopag olamine oral tablet 75 mg	1 or 1b*	PA; LD; QL (1 tablet per 1 day); SP
MULPLETA ORAL TABLET (*lusutrombopag*)	3	PA; LD; QL (1 tablet per 1 day); SP
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED (*romiplostim*)	3	PA; LD; SP
PROMACTA ORAL PACKET 12.5 MG (*eltrombopag olamine*)	3	PA; LD; DO; SP
PROMACTA ORAL PACKET 25 MG (*eltrombopag olamine*)	3	PA; LD; QL (3 dose-packs per 1 day); SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG (*eltrombopag olamine*)	3	PA; LD; DO; SP
PROMACTA ORAL TABLET 50 MG (*eltrombopag olamine*)	3	PA; LD; QL (3 tablets per 1 day); SP
PROMACTA ORAL TABLET 75 MG (*eltrombopag olamine*)	3	PA; LD; QL (1 tablet per 1 day); SP
***HEMOSTATICS* - DRUGS FOR THE BLOOD**		
HEMOSTATIC COMBINATIONS - TOPICAL - DRUGS TO PREVENT BLEEDING**		
ARTISS EXTERNAL KIT (*fibrin sealant component*)	3	
ARTISS EXTERNAL SOLUTION (*fibrin sealant component*)	3	
THROMBI-GEL 10 EXTERNAL PAD (*thrombin-cmc-cacl-gelatin*)	3	
THROMBI-GEL 100 EXTERNAL PAD (*thrombin-cmc-cacl-gelatin*)	3	
THROMBI-GEL 40 EXTERNAL PAD (*thrombin-cmc-cacl-gelatin*)	3	
THROMBI-PAD EXTERNAL PAD (*thrombin-cmc-cacl*)	3	
TISSEEL EXTERNAL KIT (*fibrin sealant component*)	3	
TISSEEL EXTERNAL SOLUTION (*fibrin sealant component*)	3	
HEMOSTATICS - SYSTEMIC - DRUGS TO PREVENT BLEEDING**		
aminocaproic acid intravenous solution	1 or 1b*	
aminocaproic acid oral solution	1 or 1b*	QL (120 mL per 1 day)
aminocaproic acid oral tablet 1000 mg	1 or 1b*	
aminocaproic acid oral tablet 500 mg	1 or 1b*	QL (60 tablets per 1 day)
CYKLOKAPRON INTRAVENOUS SOLUTION (*tranexamic acid*)	3	
tranexamic acid intravenous solution	1 or 1b*	
tranexamic acid oral tablet	1 or 1b*	QL (6 tablets per 1 day)
TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION	3	
HEMOSTATICS - TOPICAL - DRUGS TO PREVENT BLEEDING**		
ACTIFOAM COLLAGEN SPONGE EXTERNAL (*absorbable collagen hemostat*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVITENE EXTERNAL PAD (*microfibrillar coll hemostat*)	3	
AVITENE FLOUR EXTERNAL POWDER (*microfibrillar coll hemostat*)	3	
ENDO AVITENE EXTERNAL (*absorbable collagen hemostat*)	3	
GELFILM EXTERNAL FILM (*gelatin absorbable*)	3	
GEL-FLOW NT EXTERNAL PREFILLED SYRINGE (*gelatin absorbable*)	3	
GELFOAM COMPRESSED SIZE 100 EXTERNAL (*gelatin absorbable*)	3	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL (*gelatin absorbable*)	3	
GELFOAM MOUTH/THROAT POWDER (*gelatin absorbable*)	3	
GELFOAM SPONGE EXTERNAL (*gelatin absorbable*)	3	
GELFOAM SPONGE SIZE 100 EXTERNAL (*gelatin absorbable*)	3	
GELFOAM SPONGE SIZE 200 EXTERNAL (*gelatin absorbable*)	3	
GELFOAM SPONGE SIZE 50 EXTERNAL (*gelatin absorbable*)	3	
INSTAT EXTERNAL PAD (*absorbable collagen hemostat*)	3	
INTERCEED (TC7) EXTERNAL PAD (*oxidized cellulose*)	3	
INTERCEED EXTERNAL PAD (*oxidized cellulose*)	3	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED (*thrombin (recombinant)*)	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED (*thrombin (recombinant)*)	3	
SURGICEL FIBRILLAR EXTERNAL PAD (*oxidized cellulose*)	3	
SURGICEL NU-KNIT EXTERNAL PAD (*oxidized cellulose*)	3	
SURGICEL SNOW 1"X2" EXTERNAL PAD (*oxidized cellulose*)	3	
SURGICEL SNOW 2"X4" EXTERNAL PAD (*oxidized cellulose*)	3	
SURGICEL SNOW 4"X4" EXTERNAL PAD (*oxidized cellulose*)	3	
SYRINGE AVITENE EXTERNAL (*absorbable collagen hemostat*)	3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT (*thrombin*)	3	
THROMBIN-JMI EXTERNAL KIT (*thrombin*)	3	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED (*thrombin*)	3	
THROMBOGEN EXTERNAL KIT (*thrombin*)	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED (*thrombin*)	3	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL (*microfibrillar coll hemostat*)	3	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL (*microfibrillar coll hemostat*)	3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL (*microfibrillar coll hemostat*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL (*microfibrillar coll hemostat*)	3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL (*microfibrillar coll hemostat*)	3	
***HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
BARBITURATE HYPNOTICS - DRUGS FOR INSOMNIA**		
pentobarbital sodium injection solution	1 or 1b*	
phenobarbital oral elixir	1 or 1b*	QL (100 mL per 1 day)
phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg	1 or 1b*	QL (4 tablets per 1 day)
phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg	1 or 1b*	DO
phenobarbital sodium injection solution	1 or 1b*	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED (*phenobarbital sodium*)	3	
BENZODIAZEPINE HYPNOTICS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED (*remimazolam besylate*)	3	LD
estazolam oral tablet	1 or 1b*	QL (1 tablet per 1 day)
flurazepam hcl oral capsule	1 or 1b*	QL (1 capsule per 1 day)
HALCION ORAL TABLET (*triazolam*)	3	ST; QL (1 tablet per 1 day)
midazolam hcl (pf) +rfid injection solution	1 or 1b*	
midazolam hcl (pf) injection solution	1 or 1b*	
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 25 mg/5ml, 5 mg/ml, 50 mg/10ml	1 or 1b*	
midazolam hcl oral syrup	1 or 1b*	QL (10 mL per 1 fill)
midazolam-sodium chloride (pf) intravenous solution	1 or 1b*	
quazepam oral tablet	1 or 1b*	QL (1 tablet per 1 day)
RESTORIL ORAL CAPSULE (*temazepam*)	3	ST; QL (1 capsule per 1 day)
temazepam oral capsule	1 or 1b*	QL (1 capsule per 1 day)
triazolam oral tablet	1 or 1b*	QL (1 tablet per 1 day)
HYPNOTICS - TRICYCLIC AGENTS - DRUGS FOR INSOMNIA**		
doxepin hcl oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
SILENOR ORAL TABLET (*doxepin hcl*)	3	ST; QL (1 tablet per 1 day)
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS - DRUGS FOR INSOMNIA**		
AMBIEN CR ORAL TABLET EXTENDED RELEASE (*zolpidem tartrate*)	3	ST; QL (1 tablet per 1 day)
AMBIEN ORAL TABLET (*zolpidem tartrate*)	3	ST; QL (1 tablet per 1 day)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL (*zolpidem tartrate*)	3	ST; QL (1 tablet per 1 day)
eszopiclone oral tablet	1 or 1b*	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUNESTA ORAL TABLET 1 MG, 2 MG (*eszopiclone*)	3	ST; QL (1 tablet per 1 day)
LUNESTA ORAL TABLET 3 MG (*eszopiclone*)	3	ST; AL; QL (1 tablet per 1 day)
zaleplon oral capsule	1 or 1b*	QL (1 capsule per 1 day)
zolpidem tartrate er oral tablet extended release	1 or 1b*	QL (1 tablet per 1 day)
zolpidem tartrate oral capsule	3	ST; QL (1 capsule per 1 day)
zolpidem tartrate oral tablet	1 or 1b*	QL (1 tablet per 1 day)
zolpidem tartrate sublingual tablet sublingual	1 or 1b*	ST; QL (1 tablet per 1 day)
OREXIN RECEPTOR ANTAGONISTS - DRUGS FOR INSOMNIA**		
BELSOMRA ORAL TABLET (*suvorexant*)	3	ST; QL (1 tablet per 1 day)
DAYVIGO ORAL TABLET (*lemborexant*)	3	ST; QL (1 tablet per 1 day)
QUVIVIQ ORAL TABLET (*daridorexant hcl*)	3	ST; QL (1 tablet per 1 day)
SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES - DRUGS FOR INSOMNIA**		
dexmedetomidine hcl in nacl intravenous solution	1 or 1b*	
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML	3	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1 or 1b*	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION	3	
IGALMI SUBLINGUAL FILM (*dexmedetomidine hcl*)	3	PA; QL (20 films per 30 days)
PRECEDEX INTRAVENOUS SOLUTION (*dexmedetomidine hcl in nacl*)	3	
SELECTIVE MELATONIN RECEPTOR AGONISTS - DRUGS FOR INSOMNIA**		
HETLIOZ LQ ORAL SUSPENSION (*tasimelteon*)	3	PA; LD; QL (5 mL per 1 day)
HETLIOZ ORAL CAPSULE (*tasimelteon*)	3	PA; LD; QL (1 capsule per 1 day)
ramelteon oral tablet	1 or 1b*	QL (1 tablet per 1 day)
ROZEREM ORAL TABLET (*ramelteon*)	3	ST; QL (1 tablet per 1 day)
tasimelteon oral capsule	1 or 1b*	PA; LD; QL (1 capsule per 1 day)
***LAXATIVES* - DRUGS FOR THE STOMACH**		
BOWEL EVACUANT COMBINATIONS - DRUGS TO PREVENT CONSTIPATION**		
CLENPIQ ORAL SOLUTION (*sod picosulfate-mag ox-cit acd*)	3	QL (350 mL per 30 days)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED (*peg 3350-kcl-nabcb-nacl-nasulf*)	1 or 1a*; $0	QL (1 bottle per 30 days)
gavilyte-g oral solution reconstituted	1 or 1a*; $0	QL (4000 grams per 30 days)
peg 3350-kcl-na bicarb-nacl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)	1 or 1a*; $0	QL (4000 grams per 30 days)
GOLYTELY ORAL SOLUTION RECONSTITUTED (*peg 3350-kcl-nabcb-nacl-nasulf*)	3	QL (4000 grams per 30 days)
MOVIPREP ORAL SOLUTION RECONSTITUTED (*peg-kcl-nacl-nasulf-na asc-c*)	3	QL (1 gram per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
na sulfate-k sulfate-mg sulf oral solution	1 or 1b*; $0	QL (1 kit per 30 days)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1 or 1a*; $0	QL (4000 grams per 30 days)
peg-3350/electrolytes oral solution reconstituted	1 or 1a*; $0	QL (4000 grams per 30 days)
peg-3350/electrolytes/ascorbat oral solution reconstituted	1 or 1b*; $0	QL (1 gram per 30 days)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	1 or 1b*; $0	QL (1 gram per 30 days)
PEG-PREP ORAL KIT (*bisacodyl-peg-kcl-nabicar-nacl*)	3	QL (1 kit per 30 days)
PLENVU ORAL SOLUTION RECONSTITUTED (*peg-kcl-nacl-nasulf-na asc-c*)	3	QL (1 gram per 30 days)
SUFLAVE ORAL SOLUTION RECONSTITUTED (*peg 3350-kcl-nacl-nasulf-mgsul*)	3	QL (2 kits per 30 days)
SUPREP BOWEL PREP KIT ORAL SOLUTION (*na sulfate-k sulfate-mg sulf*)	3	QL (1 kit per 30 days)
SUTAB ORAL TABLET (*sodium sulfate-mag sulfate-kcl*)	2	QL (24 tablets per 30 days)
LAXATIVES - MISCELLANEOUS - DRUGS TO PREVENT CONSTIPATION**		
clearlax oral powder	1 or 1b*; $0	
constulose oral solution	1 or 1b*	
cvs purelax oral packet	1 or 1b*; $0	
cvs purelax oral powder	1 or 1b*; $0	
eq clearlax oral powder	1 or 1b*; $0	
eq laxative oral packet	1 or 1b*; $0	
eql clearlax oral powder	1 or 1b*; $0	
ft clearlax oral powder	1 or 1b*; $0	
gavilax oral powder	1 or 1b*; $0	
glycolax oral powder	1 or 1b*; $0	
gnp clearlax oral packet	1 or 1b*; $0	
gnp clearlax oral powder	1 or 1b*; $0	
goodsense clearlax oral powder	1 or 1b*; $0	
healthylax oral packet	1 or 1b*; $0	
kls laxaclear oral powder	1 or 1b*; $0	
KRISTALOSE ORAL PACKET (*lactulose*)	1 or 1b*	ST; QL (2 packets per 1 day)
LACTULOSE ORAL PACKET 10 GM	1 or 1b*	ST; QL (2 packets per 1 day)
lactulose oral packet 20 gm	1 or 1b*	ST; QL (2 packets per 1 day)
lactulose oral solution	1 or 1b*	
mm clearlax oral powder	1 or 1b*; $0	
peg 3350 oral packet	1 or 1b*; $0	
peg 3350 oral powder	1 or 1b*; $0	
polyethylene glycol 3350 oral packet	1 or 1b*; $0	
polyethylene glycol 3350 oral powder	1 or 1b*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
qc natura-lax oral powder	1 or 1b*; $0	
ra laxative oral powder	1 or 1b*; $0	
sb polyethylene glycol 3350 oral powder	1 or 1b*; $0	
smooth lax oral packet	1 or 1b*; $0	
smooth lax oral powder	1 or 1b*; $0	
true laxative oral powder	1 or 1b*; $0	
LUBRICANT LAXATIVES - DRUGS TO PREVENT CONSTIPATION**		
mineral oil heavy oral oil	1 or 1b*	
SALINE LAXATIVES - DRUGS TO PREVENT CONSTIPATION**		
citrate of magnesia oral solution	1 or 1a*; $0	
citroma oral solution	1 or 1a*; $0	
cvs magnesium citrate oral solution	1 or 1a*; $0	
cvs milk of magnesia oral suspension	1 or 1b*; $0	
dulcolax milk of magnesia oral suspension	1 or 1b*; $0	
dulcolax oral suspension	1 or 1b*; $0	
eq magnesium citrate oral solution	1 or 1a*; $0	
eql magnesium citrate oral solution	1 or 1a*; $0	
FRESKARO MAGNESIUM CITRATE ORAL SOLUTION (*magnesium citrate*)	1 or 1a*; $0	
ft magnesium citrate oral solution	1 or 1a*; $0	
ft milk of magnesia oral suspension	1 or 1b*; $0	
gentle laxative oral suspension	1 or 1b*; $0	
gnp magnesium citrate oral solution	1 or 1a*; $0	
gnp milk of magnesia oral suspension	1 or 1b*; $0	
goodsense magnesium citrate oral solution	1 or 1a*; $0	
goodsense milk of magnesia oral suspension	1 or 1b*; $0	
magnesium citrate oral solution	1 or 1a*; $0	
milk of magnesia oral suspension	1 or 1b*; $0	
ONELAX MAGNESIUM CITRATE ORAL SOLUTION (*magnesium citrate*)	1 or 1a*; $0	
phillips milk of magnesia oral suspension	1 or 1b*; $0	
qc magnesium citrate oral solution	1 or 1a*; $0	
qc milk of magnesia oral suspension	1 or 1b*; $0	
ra magnesium citrate oral solution	1 or 1a*; $0	
ra milk of magnesia oral suspension	1 or 1b*; $0	
sb magnesium citrate oral solution	1 or 1a*; $0	
sb milk of magnesia oral suspension	1 or 1b*; $0	

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STIMULANT LAXATIVES - DRUGS TO PREVENT CONSTIPATION**		
alophen oral tablet delayed release	1 or 1a*; $0	
bisacodyl ec oral tablet delayed release	1 or 1a*; $0	
cvs c-lax laxative oral tablet delayed release	1 or 1a*; $0	
cvs gentle laxative oral tablet delayed release	1 or 1a*; $0	
cvs gentle laxative womens oral tablet delayed release	1 or 1a*; $0	
eq gentle laxative oral tablet delayed release	1 or 1a*; $0	
eql gentle laxative oral tablet delayed release	1 or 1a*; $0	
eql laxative oral tablet delayed release	1 or 1a*; $0	
ex-lax ultra oral tablet delayed release	1 or 1a*; $0	
FLEET STIMULANT ORAL TABLET DELAYED RELEASE (*bisacodyl*)	1 or 1a*; $0	
ft laxative oral tablet delayed release	1 or 1a*; $0	
gentle laxative oral tablet delayed release	1 or 1a*; $0	
gnp gentle laxative oral tablet delayed release	1 or 1a*; $0	
gnp womens gentle laxative oral tablet delayed release	1 or 1a*; $0	
goodsense bisacodyl laxative oral tablet delayed release	1 or 1a*; $0	
kp bisacodyl oral tablet delayed release	1 or 1a*; $0	
qc gentle laxative oral tablet delayed release	1 or 1a*; $0	
qc gentle laxative womens oral tablet delayed release	1 or 1a*; $0	
qc laxative oral tablet delayed release	1 or 1a*; $0	
ra laxative oral tablet delayed release	1 or 1a*; $0	
ra womens laxative oral tablet delayed release	1 or 1a*; $0	
sb bisacodyl laxative ec oral tablet delayed release	1 or 1a*; $0	
sb gentle lax-women oral tablet delayed release	1 or 1a*; $0	
womans laxative oral tablet delayed release	1 or 1a*; $0	
womens laxative oral tablet delayed release	1 or 1a*; $0	
***LOCAL ANESTHETICS-PARENTERAL* - DRUGS FOR PAIN AND FEVER**		
LOCAL ANESTHETIC & SYMPATHOMIMETIC - DRUGS FOR SEDATION**		
articadent dental injection solution cartridge	3	
bupivacaine-epinephrine (pf) injection solution	1 or 1b*	
bupivacaine-epinephrine injection solution 0.5% -1:200000	3	
lidocaine-epinephrine (pf) injection solution	1 or 1b*	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000	1 or 1b*	
MARCAINE/EPINEPHRINE INJECTION SOLUTION (*bupivacaine-epinephrine*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION (*bupivacaine-epinephrine*)	3	
ORABLOC INJECTION SOLUTION CARTRIDGE (*articaine-epinephrine*)	3	
sensorcaine/epinephrine injection solution	1 or 1b*	
sensorcaine-mpf/epinephrine injection solution 0.25% -1:200000	1 or 1b*	
sensorcaine-mpf/epinephrine injection solution 0.5% -1:200000	3	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % (*bupivacaine-epinephrine*)	3	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION (*lidocaine-epinephrine*)	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION (*lidocaine-epinephrine*)	3	
LOCAL ANESTHETICS - AMIDES - DRUGS FOR SEDATION**		
BUPIVACAINE FISIOPHARMA INJECTION SOLUTION	3	
bupivacaine hcl (pf) injection solution	1 or 1b*	
lidocaine hcl (pf) injection solution	1 or 1b*	
lidocaine hcl injection solution 0.5 %	1 or 1b*	
MARCAINE INJECTION SOLUTION (*bupivacaine hcl*)	3	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION (*bupivacaine hcl*)	3	
MONOJECT BONE MARROW BIOPSY INJECTION KIT (*lidocaine hcl*)	3	
NAROPIN INJECTION SOLUTION (*ropivacaine hcl*)	3	
polocaine injection solution	1 or 1b*	
polocaine-mpf injection solution	1 or 1b*	
POSIMIR INJECTION SOLUTION (*bupivacaine*)	3	
ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml	1 or 1b*	
ROPIVACAINE HCL INJECTION SOLUTION 2 MG/ML	1 or 1b*	
sensorcaine injection solution	1 or 1b*	
sensorcaine-mpf injection solution	1 or 1b*	
XARACOLL IMPLANT IMPLANT (*bupivacaine hcl*)	3	
XYLOCAINE INJECTION SOLUTION (*lidocaine hcl*)	3	
XYLOCAINE MPF +RFID INJECTION SOLUTION (*lidocaine hcl*)	3	
XYLOCAINE-MPF +RFID INJECTION SOLUTION (*lidocaine hcl*)	3	
XYLOCAINE-MPF INJECTION SOLUTION (*lidocaine hcl*)	3	
LOCAL ANESTHETICS - ESTERS - DRUGS FOR SEDATION**		
chloroprocaine hcl (pf) injection solution	1 or 1b*	
NESACAINE INJECTION SOLUTION (*chloroprocaine hcl*)	3	
NESACAINE-MPF INJECTION SOLUTION (*chloroprocaine hcl*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***MACROLIDES* - DRUGS FOR INFECTIONS**		
AZITHROMYCIN - ANTIBIOTICS**		
azithromycin intravenous solution reconstituted	1 or 1b*	
azithromycin oral suspension reconstituted	1 or 1b*	
azithromycin oral tablet	1 or 1b*	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED (*azithromycin*)	3	
ZITHROMAX ORAL PACKET (*azithromycin*)	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED (*azithromycin*)	3	
ZITHROMAX ORAL TABLET (*azithromycin*)	3	
ZITHROMAX TRI-PAK ORAL TABLET (*azithromycin*)	3	
ZITHROMAX Z-PAK ORAL TABLET (*azithromycin*)	3	
CLARITHROMYCIN - ANTIBIOTICS**		
clarithromycin er oral tablet extended release 24 hour	1 or 1b*	
clarithromycin oral suspension reconstituted	1 or 1b*	
clarithromycin oral tablet	1 or 1b*	
ERYTHROMYCINS - ANTIBIOTICS**		
e.e.s. 400 oral tablet	1 or 1b*	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED (*erythromycin ethylsuccinate*)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED (*erythromycin ethylsuccinate*)	3	
ery-tab oral tablet delayed release	1 or 1b*	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED (*erythromycin lactobionate*)	3	
erythromycin base oral capsule delayed release particles	1 or 1b*	
erythromycin base oral tablet	1 or 1b*	
erythromycin base oral tablet delayed release	1 or 1b*	
erythromycin ethylsuccinate oral suspension reconstituted	1 or 1b*	
erythromycin ethylsuccinate oral tablet	1 or 1b*	
erythromycin lactobionate intravenous solution reconstituted	1 or 1b*	
erythromycin oral tablet delayed release	1 or 1b*	
FIDAXOMICIN - ANTIBIOTICS**		
DIFICID ORAL SUSPENSION RECONSTITUTED (*fidaxomicin*)	3	QL (1 bottle per 30 days)
DIFICID ORAL TABLET (*fidaxomicin*)	3	QL (20 tablets per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***MEDICAL DEVICES AND SUPPLIES* - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
CERVICAL CAPS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
FEMCAP VAGINAL DEVICE (*cervical caps*)	2; $0	
CONDOMS - FEMALE - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
FC2 FEMALE CONDOM (*condoms - female*)	2; $0	QL (12 units per 1 fill)
CONDOMS - MALE - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
aimsco lubricated	2; $0	
condoms	2; $0	
DUREX EXTRA SENSITIVE THIN (*condoms latex lubricated*)	2; $0	
DUREX EXTRA SENSITIVE THIN DEVICE (*condoms latex lubricated*)	2; $0	
DUREX REALFEEL DEVICE (*condoms non-latex lubricated*)	2; $0	
DUREX TROPICAL (*condoms latex lubricated*)	2; $0	
FANTASY LUBRICATED (*condoms latex lubricated*)	2; $0	
FANTASY LUBRICATED/SPERMICIDE (*condoms latex lubricated*)	2; $0	
KAMELEON LUBRICATED (*condoms latex lubricated*)	2; $0	
kimono	2; $0	
KIMONO COLORS DEVICE (*condoms latex lubricated*)	2; $0	
KIMONO MAXX-LARGE FLARE (*condoms latex lubricated*)	2; $0	
kimono micro thin	2; $0	
kimono micro thin plus	2; $0	
kimono plus	2; $0	
kimono ps	2; $0	
kimono ps plus	2; $0	
kimono sensation	2; $0	
kimono sensation plus	2; $0	
KIMONO SPECIAL DEVICE (*condoms latex lubricated*)	2; $0	
maxx	2; $0	
maxx plus	2; $0	
REALITY LATEX CONDOMS (*condoms latex lubricated*)	2; $0	
REALITY LATEX/ULTRA TEXTURED DEVICE (*condoms latex lubricated*)	2; $0	
REALITY LATEX/ULTRA THIN DEVICE (*condoms latex lubricated*)	2; $0	
TROJAN ENZ (*condoms latex non-lubricated*)	2; $0	
TROJAN MAGNUM (*condoms latex lubricated*)	2; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TROJAN ULTRA RIBBED LUBRICATED DEVICE (*condoms latex lubricated*)	2; $0	
TROJAN ULTRA THIN (*condoms latex lubricated*)	2; $0	
TROJAN ULTRA THIN/SPERMICIDAL (*condoms latex lubricated*)	2; $0	
TROJAN-ENZ LUBRICATED (*condoms latex lubricated*)	2; $0	
TROJAN-ENZ/SPERMICIDAL (*condoms latex lubricated*)	2; $0	
true cover device	2; $0	
TRUSTEX COLOR CONDOMS + LUBE (*condoms latex lubricated*)	2; $0	
TRUSTEX LUB/RIBBED/STUDDED (*condoms latex lubricated*)	2; $0	
TRUSTEX LUB/SPERMICIDE EX ST (*condoms latex lubricated*)	2; $0	
TRUSTEX LUB/SPERMICIDE XL (*condoms latex lubricated*)	2; $0	
TRUSTEX LUBRICATED (*condoms latex lubricated*)	2; $0	
TRUSTEX LUBRICATED EX LARGE (*condoms latex lubricated*)	2; $0	
TRUSTEX LUBRICATED EXTRA ST (*condoms latex lubricated*)	2; $0	
TRUSTEX LUBRICATED/SPERMICIDE (*condoms latex lubricated*)	2; $0	
TRUSTEX NATURAL CONDOMS + LUBE (*condoms latex lubricated*)	2; $0	
TRUSTEX NON-LUBRICATED (*condoms latex non-lubricated*)	2; $0	
TRUSTEX RIA LUB/SPERMICIDE (*condoms latex lubricated*)	2; $0	
TRUSTEX RIA LUBRICATED (*condoms latex lubricated*)	2; $0	
TRUSTEX RIA NON-LUBRICATED (*condoms latex non-lubricated*)	2; $0	
TRUSTEX-NONOXYNOL-9/RIB/STUD (*condoms latex lubricated*)	2; $0	
DENTAL DESENSITIZING PRODUCTS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
REMESENSE DENTAL (*dental desensitizing product*)	3	
DENTIFRICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
MI PASTE DENTAL PASTE (*dentifrices*)	3	
MI PASTE PLUS DENTAL PASTE (*dentifrices*)	3	
DIAPHRAGMS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
CAYA VAGINAL DIAPHRAGM (*diaphragm arc-spring*)	2; $0	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (*diaphragms*)	3; $0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM (*diaphragm wide seal*)	2; $0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM (*diaphragm wide seal*)	2; $0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM (*diaphragm wide seal*)	2; $0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM (*diaphragm wide seal*)	2; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM (*diaphragm wide seal*)	2; $0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM (*diaphragm wide seal*)	2; $0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM (*diaphragm wide seal*)	2; $0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM (*diaphragm wide seal*)	2; $0	
GLUCOSE MONITORING TEST SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
ACCU-CHEK FASTCLIX LANCET KIT (*lancets misc.*)	2	QL (200 units per 30 days)
ACCU-CHEK FASTCLIX LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
ACCU-CHEK SAFE-T PRO LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
ACCU-CHEK SOFTCLIX LANCET DEV KIT (*lancets misc.*)	2	QL (200 units per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
ACTI-LANCE 28G	2	QL (204 lancets per 30 days)
ACTI-LANCE LITE LANCETS 28G	2	QL (204 lancets per 30 days)
ACTI-LANCE SPECIAL LANCETS 17G	2	QL (204 lancets per 30 days)
ACTI-LANCE UNIVERSAL 23G	2	QL (204 lancets per 30 days)
adjustable lancing device	2	
ADVANCED MOBILE LANCET	2	QL (204 lancets per 30 days)
ADVOCATE LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
ADVOCATE LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
ADVOCATE LANCING DEVICE (*lancet devices*)	2	
ADVOCATE RAPID-SAFE LANCING (*lancet devices*)	2	
ADVOCATE SAFETY LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 21G (*lancets*)	2	QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 23G (*lancets*)	2	QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 26G (*lancets*)	2	QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
AGAMATRIX ULTRA-THIN LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
AIMSCO TWIST LANCETS 32G	2	QL (204 lancets per 30 days)
AIMSCO TWIST LANCETS 33G (*lancets*)	2	QL (204 lancets per 30 days)
AQUALANCE LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
ASSURE COMFORT LANCETS 28G	2	QL (204 lancets per 30 days)
ASSURE LANCE LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
ASSURE LANCE LANCETS 21G (*lancets*)	2	QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 25G (*lancets*)	2	QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 30G (*lancets*)	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE LANCE SAFETY LANCET 28G (*lancets*)	2	QL (204 lancets per 30 days)
AURORA LANCET SUPER THIN 30G	2	QL (204 lancets per 30 days)
AURORA LANCET THIN 23G	2	QL (204 lancets per 30 days)
AUTO-LANCET (*lancet devices*)	2	
AUTO-LANCET MINI (*lancet devices*)	2	
AUTOLET II CLINISAFE KIT (*lancets misc.*)	2	QL (200 units per 30 days)
AUTOLET LANCING DEVICE (*lancet devices*)	2	
AUTOLET LITE CLINISAFE KIT (*lancets misc.*)	2	QL (200 units per 30 days)
AUTOLET LITE LANCING DEVICE (*lancet devices*)	2	
AUTOLET LITE STARTER PACK KIT (*lancets misc.*)	2	QL (200 units per 30 days)
AUTOLET MINI (*lancet devices*)	2	
AUTOLET PLATFORMS (*lancets misc.*)	2	QL (200 units per 30 days)
AUTOLET PLUS (*lancet devices*)	2	
BD MICROTAINER LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
CARDIOCOM LANCING DEVICE (*lancet devices*)	2	
careone advanced lancing dev	2	
CAREONE LANCET SUPER THIN 30G (*lancets*)	2	QL (204 lancets per 30 days)
CAREONE LANCET THIN 23G	2	QL (204 lancets per 30 days)
CARESENS LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
CARESENS LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
CARETOUCH LANCING/EJECTOR (*lancet devices*)	2	
CARETOUCH SAFETY LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
CARETOUCH SAFETY LANCETS 26G (*lancets*)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 33G (*lancets*)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST MC LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
CHOSEN LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
CHOSEN LANCING DEVICE (*lancet devices*)	2	
CHOSEN SAFETY LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
CLEANLET LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
CLEVER CHEK LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
CLEVER CHOICE COMFORT EZ (*lancets*)	2	QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 21G (*lancets*)	2	QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 23G (*lancets*)	2	QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
COAGUCHEK LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
COMFORT ASSURED LANCETS 28G	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT ASSURED LANCETS 33G	2	QL (204 lancets per 30 days)
COMFORT TOUCH LANCETS 31G (*lancets*)	2	QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
COMFORT TOUCH TWIST LANCET 30G (*lancets*)	2	QL (204 lancets per 30 days)
CVS LANCETS ORIGINAL	2	QL (204 lancets per 30 days)
CVS LANCETS THIN 26G	2	QL (204 lancets per 30 days)
cvs lancing device	2	
CVS ULTRA THIN LANCETS	2	QL (204 lancets per 30 days)
DEXCOM G6 RECEIVER DEVICE (*continuous glucose receiver*)	2	PA; QL (1 unit per 365 days)
DEXCOM G6 SENSOR (*continuous glucose sensor*)	2	PA; QL (3 units per 30 days)
DEXCOM G6 TRANSMITTER (*continuous glucose transmitter*)	2	PA; QL (1 unit per 90 days)
DEXCOM G7 RECEIVER DEVICE (*continuous glucose receiver*)	2	PA; QL (1 receiver per 1 year)
DEXCOM G7 SENSOR (*continuous glucose sensor*)	2	PA; QL (3 sensors per 30 days)
DIATHRIVE LANCET ULTRA THIN 30 (*lancets*)	2	QL (204 lancets per 30 days)
DIATHRIVE LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
DIATHRIVE LANCING DEVICE (*lancet devices*)	2	
DROPLET GENTEEL LANCING DEVICE (*lancet devices*)	2	
DROPLET LANCETS ULTRA THIN 30G (*lancets*)	2	QL (204 lancets per 30 days)
DROPLET LANCING DEVICE (*lancet devices*)	2	
DROPLET PERSONAL LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
DROPSAFE ACTI-LANCE 23G (*lancets*)	2	QL (204 lancets per 30 days)
DRUG MART ON-THE-GO LANCET 30G (*lancets*)	2	QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 33G (*lancets*)	2	QL (204 lancets per 30 days)
EASY COMFORT LANCETS	2	QL (204 lancets per 30 days)
EASY COMFORT LANCETS TWIST TOP	2	QL (204 lancets per 30 days)
easy mini eject lancing device	2	
easy mini lancing device	2	
EASY TOUCH LANCETS 21G (*lancets*)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 23G (*lancets*)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 26G (*lancets*)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G/TWIST (*lancets*)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G/TWIST (*lancets*)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G (*lancets*)	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH LANCETS 32G/TWIST (*lancets*)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 33G/TWIST (*lancets*)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCING DEVICE (*lancet devices*)	2	
EASY TOUCH SAFETY LANCETS 21G (*lancets*)	2	QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 23G (*lancets*)	2	QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 26G (*lancets*)	2	QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
EMBRACE LANCETS ULTRA THIN 30G (*lancets*)	2	QL (204 lancets per 30 days)
embrace lancing device/ejector	2	
EMBRACE PRESSURE ACTIVATED 21G (*lancets*)	2	QL (204 lancets per 30 days)
EMBRACE PRESSURE ACTIVATED 28G (*lancets*)	2	QL (204 lancets per 30 days)
ENLITE GLUCOSE SENSOR (*continuous glucose sensor*)	3	PA
EVERSENSE 365 SENSOR/HOLDER (*continuous glucose sensor*)	3	QL (1 sensor per 1 year)
EVERSENSE 365 SMART TRANSMIT (*continuous glucose transmitter*)	3	PA; QL (1 transmitter per 1 year)
EVERSENSE SENSOR/HOLDER (*continuous glucose sensor*)	3	PA
EVERSENSE SMART TRANSMITTER (*continuous glucose transmitter*)	3	PA; QL (1 unit per 365 days)
EZ-LETS LANCETS 21G (*lancets*)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 26G (*lancets*)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
FIFTY50 SAFETY SEAL LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
FIFTY50 UNILET LANCETS 33G (*lancets*)	2	QL (204 lancets per 30 days)
FINGERSTIX LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
FORA LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
FORA LANCING DEVICE (*lancet devices*)	2	
FREESTYLE LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE (*continuous glucose receiver*)	2	PA; QL (1 unit per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR (*continuous glucose sensor*)	2	PA; QL (2 units per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR (*continuous glucose sensor*)	2	PA; QL (2 kits per 30 days)
FREESTYLE LIBRE 2 READER DEVICE (*continuous glucose receiver*)	2	PA; QL (1 reader per 1 year)
FREESTYLE LIBRE 2 SENSOR (*continuous glucose sensor*)	2	PA; QL (2 units per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR (*continuous glucose sensor*)	2	PA; QL (2 sensors per 30 days)
FREESTYLE LIBRE 3 READER DEVICE (*continuous glucose receiver*)	2	PA; QL (1 unit per 1 year)
FREESTYLE LIBRE 3 SENSOR (*continuous glucose sensor*)	2	PA; QL (2 sensors per 28 days)
FREESTYLE LIBRE READER DEVICE (*continuous glucose receiver*)	2	PA; QL (1 unit per 365 days)
FREESTYLE UNISTICK II LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET (*lancets*)	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENTEEL CONTACT TIPS (BLUE) (*lancets misc.*)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (CLEAR) (*lancets misc.*)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (GREEN) (*lancets misc.*)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (ORANGE) (*lancets misc.*)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (RAINBOW) (*lancets misc.*)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (VIOLET) (*lancets misc.*)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (YELLOW) (*lancets misc.*)	2	QL (200 units per 30 days)
GENTEEL LANCING KIT (BLUE) KIT (*lancets misc.*)	2	QL (200 units per 30 days)
GENTEEL NOZZLES (*lancets misc.*)	2	QL (200 units per 30 days)
GENTEEL PLUS LANCING (BLACK) (*lancet devices*)	2	
GENTEEL PLUS LANCING (PURPLE) (*lancet devices*)	2	
GENTEEL PLUS LANCING (WHITE) (*lancet devices*)	2	
GENTEEL PLUS LANCING DEV(BLUE) (*lancet devices*)	2	
GENTEEL PLUS LANCING DEV(PINK) (*lancet devices*)	2	
GLOBAL INJECT EASE LANCETS 28G	2	QL (204 lancets per 30 days)
GLOBAL INJECT EASE LANCETS 30G	2	QL (204 lancets per 30 days)
global lancing device	2	
GLUCOCOM LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
GLUCOCOM LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
GLUCOCOM LANCETS 33G (*lancets*)	2	QL (204 lancets per 30 days)
GNP LANCING SYSTEM DEVICE (*lancet devices*)	2	
GNP STERILE LANCETS 28G	2	QL (204 lancets per 30 days)
GNP STERILE LANCETS 30G	2	QL (204 lancets per 30 days)
GNP STERILE LANCETS 33G	2	QL (204 lancets per 30 days)
GOJJI LANCING DEVICE/CLEAR CAP (*lancet devices*)	2	
GOJJI STERILE LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
GUARDIAN 4 GLUCOSE SENSOR (*continuous glucose sensor*)	3	PA; QL (5 sensors per 30 days)
GUARDIAN 4 TRANSMITTER (*continuous glucose transmitter*)	3	PA; QL (1 unit per 1 year)
GUARDIAN LINK 3 TRANSMITTER (*continuous glucose transmitter*)	3	PA
GUARDIAN REAL-TIME REPLACE PED DEVICE (*continuous glucose receiver*)	3	PA; QL (1 unit per 365 days)
GUARDIAN SENSOR (3) (*continuous glucose sensor*)	3	PA; QL (5 sensors per 30 days)
GUARDIAN SENSOR 3	3	PA; QL (5 sensors per 30 days)
HAEMOLANCE (*lancets*)	2	QL (204 lancets per 30 days)
HAEMOLANCE LOW FLOW LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS (*lancets*)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS HIGH FLOW (*lancets*)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS LOW FLOW (*lancets*)	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HAEMOLANCE PLUS MAX FLOW (*lancets*)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS PEDIATRIC FLOW (*lancets*)	2	QL (204 lancets per 30 days)
h-e-b incontrol adv lancing	2	
H-E-B INCONTROL LANCETS 28G	2	QL (204 lancets per 30 days)
H-E-B INCONTROL LANCETS 30G	2	QL (204 lancets per 30 days)
H-E-B INCONTROL LANCETS 33G	2	QL (204 lancets per 30 days)
HYPOLANCE AST LANCING KIT (*lancets misc.*)	2	QL (200 units per 30 days)
HY-VEE LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
HY-VEE THIN LANCETS	2	QL (204 lancets per 30 days)
IHEALTH LANCING DEVICE (*lancet devices*)	2	
IN TOUCH LANCING DEVICE (*lancet devices*)	2	
IN TOUCH STERILE LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
KINNEY LANCETS	2	QL (204 lancets per 30 days)
KINNEY THIN LANCETS	2	QL (204 lancets per 30 days)
KROGER AUTOLET LANCING DEVICE (*lancet devices*)	2	
KROGER HEALTHPRO LANCET 26G (*lancets*)	2	QL (204 lancets per 30 days)
KROGER LANCETS	2	QL (204 lancets per 30 days)
KROGER LANCETS SUPER THIN	2	QL (204 lancets per 30 days)
KROGER LANCETS THIN	2	QL (204 lancets per 30 days)
lancet device	2	
lancet device with ejector	2	
LANCETS	2	QL (204 lancets per 30 days)
LANCETS 28G THIN	2	QL (204 lancets per 30 days)
LANCETS 30G	2	QL (204 lancets per 30 days)
LANCETS 33G	2	QL (204 lancets per 30 days)
LANCETS MICRO THIN 33G	2	QL (204 lancets per 30 days)
LANCETS SUPER THIN (*lancets*)	2	QL (204 lancets per 30 days)
LANCETS SUPER THIN 28G	2	QL (204 lancets per 30 days)
LANCETS THIN	2	QL (204 lancets per 30 days)
LANCETS ULTRA THIN (*lancets*)	2	QL (204 lancets per 30 days)
LANCETS ULTRA THIN 30G	2	QL (204 lancets per 30 days)
lancing device	2	
LANZO (*lancet devices*)	2	
leader advanced lancing device	2	
LIBERTY MEDICAL LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
LITE TOUCH LANCETS	2	QL (204 lancets per 30 days)
LITE TOUCH LANCING PEN (*lancet devices*)	2	
LITETOUCH LANCETS (*lancets*)	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIVE BETTER LANCET SUPER THIN	2	QL (204 lancets per 30 days)
MEDICHOICE SAFETY LANCET	2	QL (204 lancets per 30 days)
MEDICHOICE SAFETY LANCET EXTRA	2	QL (204 lancets per 30 days)
MEDICHOICE SAFETY LANCET NORM	2	QL (204 lancets per 30 days)
MEDLANCE PLUS EXTRA 21G (*lancets*)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS LITE 25G (*lancets*)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS SPECIAL 0.8MM (*lancets*)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS SUPERLITE 30G (*lancets*)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS UNIVERSAL 21G (*lancets*)	2	QL (204 lancets per 30 days)
MEIJER LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 21G (*lancets*)	2	QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 30G (*lancets*)	2	QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 33G (*lancets*)	2	QL (204 lancets per 30 days)
MICROLET LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
MICROLET NEXT LANCING DEVICE (*lancet devices*)	2	
mini lancing device	2	
MINILINK REAL-TIME TRANSMITTER (*continuous glucose transmitter*)	3	PA
MINIMED 630G GUARDIAN PRESS (*continuous glucose transmitter*)	3	PA
MM LANCING DEVICE (*lancet devices*)	2	
MM TWIST LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
mobile lancets 30g	2	QL (204 lancets per 30 days)
MONOLET LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
MONOLET OPD LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
MONOLETTOR SAFETY LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
multi-lancet device	2	
MULTI-LANCET DEVICE 2 KIT (*lancets misc.*)	2	QL (200 units per 30 days)
MYGLUCOHEALTH LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 23G (*lancets*)	2	QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
NOVA SUREFLEX LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
NOVA SUREFLEX LANCING DEVICE (*lancet devices*)	2	
ONETOUCH DELICA PLUS LANCET30G (*lancets*)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET33G (*lancets*)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCING (*lancet devices*)	2	
ONETOUCH DELICA SAFETY LANCING (*lancets*)	2	QL (204 lancets per 30 days)
ONETOUCH ULTRASOFT 2 LANCETS (*lancets*)	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARADIGM REAL-TIME TRANSMITTER (*continuous glucose transmitter*)	3	PA
PERFECT LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
PERFECT LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
PERFECT POINT SAFETY LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
PHARMACIST CHOICE LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
PIP LANCETS 28G	2	QL (204 lancets per 30 days)
PIP LANCETS 30G	2	QL (204 lancets per 30 days)
PRO COMFORT LANCETS 30G	2	QL (204 lancets per 30 days)
PRO COMFORT LANCETS 31G	2	QL (204 lancets per 30 days)
pro comfort safety lancets 30g	2	QL (204 lancets per 30 days)
PRODIGY LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
PRODIGY LANCING DEVICE (*lancet devices*)	2	
PRODIGY SAFETY LANCETS 26G (*lancets*)	2	QL (204 lancets per 30 days)
PRODIGY TWIST TOP LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
PURE COMFORT LANCETS 30G	2	QL (204 lancets per 30 days)
px advanced lancing device	2	
PX LANCETS MICROTHIN 33G	2	QL (204 lancets per 30 days)
PX LANCETS ULTRA THIN 28G	2	QL (204 lancets per 30 days)
qc advanced lancing device	2	
QC LANCETS SUPER THIN 30G	2	QL (204 lancets per 30 days)
QC LANCETS ULTRA THIN	2	QL (204 lancets per 30 days)
QC UNILET LANCETS 28G	2	QL (204 lancets per 30 days)
QC UNILET LANCETS MICRO THIN	2	QL (204 lancets per 30 days)
READYLANCE SAFETY LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
REALITY LANCETS	2	QL (204 lancets per 30 days)
REALITY TRIGGER LANCETS	2	QL (204 lancets per 30 days)
RELION LANCET DEVICES 30G (*lancets*)	2	QL (204 lancets per 30 days)
RELION LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
RELION LANCETS MICRO-THIN 33G (*lancets*)	2	QL (204 lancets per 30 days)
RELION LANCETS THIN 26G (*lancets*)	2	QL (204 lancets per 30 days)
RELION LANCETS ULTRA-THIN 30G (*lancets*)	2	QL (204 lancets per 30 days)
RELION LANCING DEVICE (*lancet devices*)	2	
RELION ULTRA THIN LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
RIGHTEST ALTERNATE SITE ADAPT (*lancets misc.*)	2	QL (200 units per 30 days)
RIGHTEST GD500 LANCING DEVICE (*lancet devices*)	2	
RIGHTEST GL300 LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
SAFETY LANCET 30G/PRESSURE ACT	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFETY LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
SAFETY LANCETS 21G (*lancets*)	2	QL (204 lancets per 30 days)
SAFETY LANCETS 23G (*lancets*)	2	QL (204 lancets per 30 days)
SAFETY LANCETS 28G	2	QL (204 lancets per 30 days)
saps health plus lancets	2	QL (204 lancets per 30 days)
SAPS HEALTH TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
SAPS TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
SAPSCARE TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
SB LANCETS THIN	2	QL (204 lancets per 30 days)
SB LANCETS ULTRA THIN	2	QL (204 lancets per 30 days)
select-lite device/lancets kit	2	QL (200 units per 30 days)
select-lite lancing device	2	
SIMPLE DIAGNOSTICS LANCING DEV (*lancet devices*)	2	
SIMPLERA SENSOR (*continuous glucose sensor*)	3	PA; QL (5 sensors per 30 days)
SIMPLERA SYNC SENSOR (*continuous glucose sensor*)	3	PA; QL (5 sensors per 30 days)
SIMPLERA SYSTEM (*continuous glucose sensor*)	3	PA; QL (1 kit per 1 year)
SINGLE-LET (*lancets*)	2	QL (204 lancets per 30 days)
SMART DIABETES VANTAGE LANCING (*lancet devices*)	2	
SMARTEST LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
SOLUS V2 LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
SOLUS V2 LANCING DEVICE (*lancet devices*)	2	
SOLUS V2 TWIST LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
STERILANCE TL (*lancets*)	2	QL (204 lancets per 30 days)
SUPER THIN LANCETS	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 18G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 21G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 23G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 28G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 30G	2	QL (204 lancets per 30 days)
sure comfort lancing pen	2	
SURELITE LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
TECHLITE AST LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
TECHLITE LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
TECHLITE LANCETS 26G (*lancets*)	2	QL (204 lancets per 30 days)
todays health lancing device	2	
TODAYS HEALTH THIN LANCETS 28G	2	QL (204 lancets per 30 days)
TODAYS HEALTH THIN LANCETS 30G	2	QL (204 lancets per 30 days)
TRAVEL LANCETS ADVANCED 28G (*lancets*)	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
true comfort safety lancets	2	QL (204 lancets per 30 days)
TRUE COMFORT TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
TRUEDRAW LANCING DEVICE (*lancet devices*)	2	
TRUEPLUS LANCETS 26G (*lancets*)	2	QL (204 lancets per 30 days)
TRUEPLUS LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
TRUEPLUS LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
TRUEPLUS LANCETS 33G (*lancets*)	2	QL (204 lancets per 30 days)
TRUEPLUS SAFETY LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
twist top lancets 30g	2	QL (204 lancets per 30 days)
ULTI-LANCE AUTOMATIC (*lancet devices*)	2	
ULTILET CLASSIC LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
ULTILET LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS 23G (*lancets*)	2	QL (204 lancets per 30 days)
ULTRA THIN LANCETS 31G	2	QL (204 lancets per 30 days)
ULTRA-CARE LANCETS 30G	2	QL (204 lancets per 30 days)
ULTRA-THIN II AUTO LANCET (*lancets*)	2	QL (204 lancets per 30 days)
ULTRA-THIN II LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
UNILET COMFORTOUCH LANCET (*lancets*)	2	QL (204 lancets per 30 days)
UNILET EXCELITE (*lancets*)	2	QL (204 lancets per 30 days)
UNILET EXCELITE II (*lancets*)	2	QL (204 lancets per 30 days)
UNILET G.P. LANCET (*lancets*)	2	QL (204 lancets per 30 days)
UNILET G.P. SUPERLITE LANCET (*lancets*)	2	QL (204 lancets per 30 days)
UNILET GP 28 ULTRA THIN (*lancets*)	2	QL (204 lancets per 30 days)
UNILET LANCET (*lancets*)	2	QL (204 lancets per 30 days)
UNILET MICRO-THIN 33G (*lancets*)	2	QL (204 lancets per 30 days)
UNILET SUPERLITE LANCET (*lancets*)	2	QL (204 lancets per 30 days)
UNILET SUPER-THIN 30G (*lancets*)	2	QL (204 lancets per 30 days)
UNILET ULTRA-THIN 28G (*lancets*)	2	QL (204 lancets per 30 days)
UNISTIK 1 (*lancets*)	2	QL (200 units per 30 days)
UNISTIK 2 (*lancets*)	2	QL (200 units per 30 days)
UNISTIK 2 COMFORT (*lancets*)	2	QL (200 units per 30 days)
UNISTIK 2 EXTRA (*lancets*)	2	QL (200 units per 30 days)
UNISTIK 2 NEONATAL (*lancets*)	2	QL (200 units per 30 days)
UNISTIK 2 NORMAL (*lancets*)	2	QL (200 units per 30 days)
UNISTIK 2 SUPER (*lancets*)	2	QL (200 units per 30 days)
UNISTIK 3 (*lancets*)	2	QL (200 units per 30 days)
UNISTIK 3 COMFORT (*lancets*)	2	QL (200 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK 3 EXTRA (*lancets*)	2	QL (200 units per 30 days)
UNISTIK 3 GENTLE (*lancets*)	2	QL (204 lancets per 30 days)
UNISTIK 3 NEONATAL (*lancets*)	2	QL (200 units per 30 days)
UNISTIK 3 NORMAL (*lancets*)	2	QL (200 units per 30 days)
UNISTIK CZT COMFORT (*lancets*)	2	QL (200 units per 30 days)
UNISTIK CZT NORMAL (*lancets*)	2	QL (200 units per 30 days)
UNISTIK NORMAL (*lancets*)	2	QL (200 units per 30 days)
UNISTIK PRO SAFETY LANCET (*lancets*)	2	QL (204 lancets per 30 days)
UNISTIK SAFETY LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
UNISTIK SAFETY LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 21G (*lancets*)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 23G (*lancets*)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 28G (*lancets*)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 30G (*lancets*)	2	QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 21G (*lancets*)	2	QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 23G (*lancets*)	2	QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 28G (*lancets*)	2	QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 30G (*lancets*)	2	QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 33G (*lancets*)	2	QL (204 lancets per 30 days)
VIVAGUARD LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
VIVAGUARD LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
VIVAGUARD LANCING DEVICE (*lancet devices*)	2	
VIVAGUARD SAFETY LANCETS 28G (*lancets*)	2	QL (204 lancets per 30 days)
ZEVRX TWIST TOP LANCETS 30G	2	QL (204 lancets per 30 days)
INSULIN ADMINISTRATION SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (*insulin disposable pump*)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD 5 DEXG7G6 PODS GEN 5 (*insulin disposable pump*)	2	PA; QL (15 pods per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 KIT (*insulin disposable pump*)	2	PA; QL (1 kit per 4 years)
OMNIPOD 5 LIBRE2 PLUS G6 PODS (*insulin disposable pump*)	2	PA; QL (15 pods per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT (*insulin disposable pump*)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD DASH PDM (GEN 4) KIT (*insulin disposable pump*)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD DASH PODS (GEN 4) (*insulin disposable pump*)	2	PA; QL (15 pods per 30 days)
TWIIST REFILL KIT KIT (*insulin disposable pump*)	2	PA; QL (1 kit per 30 days)
TWIIST REFILL KIT/INFUSION SET KIT (*insulin disposable pump*)	2	PA; QL (1 kit per 30 days)
TWIIST STARTER KIT KIT (*insulin disposable pump*)	2	PA; QL (1 kit per 1 one-time fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
V-GO 20 KIT (*insulin disposable pump*)	3	PA
V-GO 30 KIT (*insulin disposable pump*)	3	PA
V-GO 40 KIT (*insulin disposable pump*)	3	PA
NEEDLES & SYRINGES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
1ST TIER UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
aq insulin syringe	3	ST; QL (200 syringes per 30 days)
aqinject pen needle	3	ST; QL (200 needles per 30 days)
ASSURE ID DUO PRO PEN NEEDLES (*insulin pen needle*)	3	QL (200 needles per 30 days)
ASSURE ID PRO PEN NEEDLES (*insulin pen needle*)	3	QL (200 needles per 30 days)
ASSURE ID SAFETY PEN NEEDLES (*insulin pen needle*)	3	QL (200 needles per 30 days)
aum insulin safety pen needle	3	ST; QL (200 needles per 30 days)
AUM MINI INSULIN PEN NEEDLE	3	ST; QL (200 needles per 30 days)
aum pen needle	3	ST; QL (200 needles per 30 days)
AUM READYGARD DUO PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
AUM SAFETY PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
AURORA PEN NEEDLES	3	ST; QL (200 needles per 30 days)
BD AUTOSHIELD DUO (*insulin pen needle*)	2	QL (200 needles per 30 days)
BD INS SYR ULTRAFINE 1/2UNIT (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
BD INSULIN SYR ULTRAFINE II (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE HALF-UNIT (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U-500 (*insulin syringe/needle u-500*)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO ULTRAFINE (*insulin pen needle*)	2	QL (200 needles per 30 days)
BD PEN NEEDLE MINI U/F (*insulin pen needle*)	2	QL (200 needles per 30 days)
BD PEN NEEDLE MINI ULTRAFINE (*insulin pen needle*)	2	QL (200 needles per 30 days)
BD PEN NEEDLE NANO 2ND GEN (*insulin pen needle*)	2	QL (200 needles per 30 days)
BD PEN NEEDLE NANO ULTRAFINE (*insulin pen needle*)	2	QL (200 needles per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE (*insulin pen needle*)	2	QL (200 needles per 30 days)
BD PEN NEEDLE SHORT ULTRAFINE (*insulin pen needle*)	2	QL (200 needles per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD VEO INSULIN SYR U/F 1/2UNIT (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
BD VEO INSULIN SYR ULTRAFINE (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
CAREFINE PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
CAREONE INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
CAREONE UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML (*insulin syringe-needle u-100*)	3	QL (200 syringes per 30 days)
CARETOUCH PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
CEQUR SIMPLICITY 2U DEVICE (*injection device for insulin*)	3	PA
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (*insulin syringe-needle u-100*)	3	QL (200 syringes per 30 days)
COMFORT EZ MICRO PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM (*insulin pen needle*)	3	QL (200 needles per 30 days)
COMFORT EZ SHORT PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
COMFORT TOUCH INSULIN PEN NEED (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
DIATHRIVE PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 15/64" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	3	QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
DROPLET MICRON (*insulin pen needle*)	3	QL (200 needles per 30 days)
DROPLET PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM	3	ST; QL (200 needles per 30 days)
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM	3	QL (200 needles per 30 days)

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DROPSAFE SAFETY SYRINGE/NEEDLE (*insulin syringe-needle u-100*)	3	ST; QL (200 needles per 30 days)
DRUG MART UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
DRUG MART UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
easy comfort insulin syringe 29g x 5/16" 0.5 ml, 29g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml	3	ST; QL (200 syringes per 30 days)
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	3	ST; QL (200 syringes per 30 days)
easy comfort pen needles 29g x 4mm , 29g x 5mm	3	ST; QL (200 needles per 30 days)
EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	3	ST; QL (200 needles per 30 days)
EASY COMFORT PEN NEEDLES 31G X 8 MM	3	QL (200 needles per 30 days)
EASY GLIDE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN BARRELS (*insulin syringes (disposable)*)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SAFETY SYR (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML (*insulin syringe-needle u-100*)	3	QL (200 syringes per 30 days)
EASY TOUCH PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
EMBECTA AUTOSHIELD DUO (*insulin pen needle*)	2	QL (200 needles per 30 days)
EMBECTA INS SYR U/F 1/2 UNIT (*insulin syringe-needle u-100*)	2	QL (200 needles per 30 days)
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	2	QL (200 needles per 30 days)
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.3 ML (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
EMBECTA INSULIN SYRINGE (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
EMBECTA INSULIN SYRINGE U-100 (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
EMBECTA INSULIN SYRINGE U-500 (*insulin syringe/needle u-500*)	2	QL (200 syringes per 30 days)
EMBECTA PEN NEEDLE NANO (*insulin pen needle*)	2	QL (200 needles per 30 days)
EMBECTA PEN NEEDLE NANO 2 GEN (*insulin pen needle*)	2	QL (200 needles per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE (*insulin pen needle*)	2	QL (200 needles per 30 days)

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EMBRACE PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
FIFTY50 PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
FIFTY50 SUPERIOR COMFORT SYR (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
GLOBAL EASE INJECT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML	3	QL (200 syringes per 30 days)
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	3	ST; QL (200 syringes per 30 days)
GLOBAL EASY GLIDE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GLOBAL INJECT EASE INSULIN SYR	3	ST; QL (200 syringes per 30 days)
GLOBAL INSULIN SYRINGES	3	ST; QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML (*insulin syringe-needle u-100*)	3	QL (200 syringes per 30 days)
GNP INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 28GX1/2"	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 29GX1/2"	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 30GX5/16"	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 31GX5/16"	3	ST; QL (200 syringes per 30 days)
gnp pen needles	3	ST; QL (200 needles per 30 days)
GNP ULTICARE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GNP ULTIGUARD SAFEPACK NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
GNP ULTRA COM INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
HEALTHWISE INSULIN SYR/NEEDLE	3	QL (200 syringes per 30 days)
HEALTHWISE MICRON PEN NEEDLES	3	QL (200 needles per 30 days)
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	3	QL (200 needles per 30 days)
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	3	ST; QL (200 needles per 30 days)
H-E-B INCONTROL PEN NEEDLES	3	ST; QL (200 needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
HM ULTICARE INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
HM ULTICARE MINI PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
HM ULTICARE SHORT PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
INCONTROL ULTICARE PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 30g x 1/2" 1 ml	3	ST; QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL (200 syringes per 30 days)
INSUPEN PEN NEEDLES	3	ST; QL (200 needles per 30 days)
KINRAY INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
KROGER PEN NEEDLES	3	ST; QL (200 needles per 30 days)
LEADER UNIFINE PENTIPS (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
LEADER UNIFINE PENTIPS PLUS (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
LITETOUCH INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
MAGELLAN INSULIN SAFETY SYR (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
MARATHON MEDICAL PENTIPS (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
MAXICOMFORT II PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
MAXI-COMFORT INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
MAXICOMFORT SYR 27G X 1/2" (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
MEDIC INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
MEDICINE SHOPPE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
MEIJER PEN NEEDLES	3	ST; QL (200 needles per 30 days)
MICRODOT PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
MM INSULIN SYRINGE/NEEDLE	3	ST; QL (200 syringes per 30 days)
MM PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
MONOJECT INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
NOVOFINE PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
NOVOFINE PLUS PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
PC UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
pen needle/5-bevel tip	3	ST; QL (200 needles per 30 days)
PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PENTIPS (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
PENTIPS GENERIC PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
pip pen needles 31g x 5mm	3	ST; QL (200 needles per 30 days)
pip pen needles 32g x 4mm	3	ST; QL (200 needles per 30 days)
PRECISION SURE-DOSE SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
PREFERRED PLUS UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
PREVENT DROPSAFE PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
PREVENT SAFETY PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
PRO COMFORT INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	3	ST; QL (200 needles per 30 days)
PRODIGY INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
PURE COMFORT PEN NEEDLE	3	ST; QL (200 needles per 30 days)
pure comfort safety pen needle	3	QL (200 needles per 30 days)
PX INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
PX MINI PEN NEEDLES	3	ST; QL (200 needles per 30 days)
QC PEN NEEDLES	3	ST; QL (200 needles per 30 days)
QC UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
RA INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
RA PEN NEEDLES	3	ST; QL (200 needles per 30 days)
raya sure pen needle	3	ST; QL (200 needles per 30 days)
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	3	QL (200 syringes per 30 days)
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL (200 syringes per 30 days)
RELION INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
RELION PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
safety pen needles	3	ST; QL (200 needles per 30 days)
SB INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
SECURESAFE INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
SECURESAFE SAFETY PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
SURE COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
SURE COMFORT PEN NEEDLES 29G X 12.7MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL (200 needles per 30 days)
sure comfort pen needles 31g x 6 mm	3	ST; QL (200 needles per 30 days)
TECHLITE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	3	ST; QL (200 syringes per 30 days)
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML	3	QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM (*insulin pen needle*)	3	
TECHLITE PEN NEEDLES 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
TECHLITE PLUS PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
TODAYS HEALTH PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TODAYS HEALTH SHORT PEN NEEDLE	3	ST; QL (200 needles per 30 days)
true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 32g x 5/16" 1 ml	3	ST; QL (200 syringes per 30 days)
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE COMFORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TRUE COMFORT PRO INSULIN SYR	3	ST; QL (200 syringes per 30 days)
TRUE COMFORT PRO PEN NEEDLES	3	ST; QL (200 needles per 30 days)
true comfort safety pen needle	3	ST; QL (200 needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (*insulin pen needle*)	3	QL (200 needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
TRUEPLUS INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SAFETY SYR (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SYR 1/2 UNIT (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
ULTICARE MICRO PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTICARE MINI PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTICARE PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTICARE SHORT PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTIGUARD SAFEPACK PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
ULTILET PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTRA COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
ULTRA THIN PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTRACARE INSULIN SYRINGE	3	QL (200 syringes per 30 days)
ULTRACARE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II INS SYR SHORT (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
ULTRA-THIN II INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
ULTRA-THIN II MINI PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
UNIFINE OTC PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
UNIFINE PENTIPS (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM (*insulin pen needle*)	3	QL (200 needles per 30 days)
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM , 32G X 4 MM (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML (*insulin syringe-needle u-100*)	3	QL (200 syringes per 30 days)
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM (*insulin pen needle*)	3	QL (200 needles per 30 days)
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	3	QL (200 syringes per 30 days)
VERIFINE PLUS PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
WEGMANS UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
ZEVRX INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
ZEVRX PEN NEEDLES	3	ST; QL (200 needles per 30 days)
***MIGRAINE PRODUCTS* - DRUGS FOR THE NERVOUS SYSTEM**		
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP) - DRUGS FOR MIGRAINE HEADACHES**		
NURTEC ORAL TABLET DISPERSIBLE (*rimegepant sulfate*)	2	PA; QL (8 tablets per 30 days)
QULIPTA ORAL TABLET (*atogepant*)	2	PA; QL (1 tablet per 1 day)
UBRELVY ORAL TABLET (*ubrogepant*)	2	ST; QL (16 tablets per 30 days)
ZAVZPRET NASAL SOLUTION (*zavegepant hcl*)	3	ST; QL (8 devices per 30 days)
CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES - DRUGS FOR MIGRAINE HEADACHES**		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*erenumab-aooe*)	3	PA; QL (1 autoinjector per 28 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*fremanezumab-vfrm*)	3	PA; QL (3 syringes per 90 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*fremanezumab-vfrm*)	3	PA; QL (3 syringes per 90 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*galcanezumab-gnlm*)	3	PA; QL (3 syringes per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*galcanezumab-gnlm*)	3	PA; QL (1 pen per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*galcanezumab-gnlm*)	3	PA; QL (1 syringe per 28 days)
VYEPTI INTRAVENOUS SOLUTION (*eptinezumab-jjmr*)	3	PA; LD; QL (1 vial per 3 monthss)
ERGOT COMBINATIONS - DRUGS FOR MIGRAINE HEADACHES**		
ergotamine-caffeine oral tablet	1 or 1b*	
migergot rectal suppository	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIGRAINE PRODUCTS - CYCLOOXYGENASE 2 (COX-2) INHIBITORS - DRUGS FOR MIGRAINE HEADACHES**		
ELYXYB ORAL SOLUTION (*celecoxib (migraine)*)	3	ST; QL (43.2 mL per 30 days)
MIGRAINE PRODUCTS - NSAIDS - DRUGS FOR MIGRAINE HEADACHES**		
CAMBIA ORAL PACKET (*diclofenac potassium(migraine)*)	3	ST; QL (9 packets per 30 days)
diclofenac potassium(migraine) oral packet	3	ST; QL (9 packets per 30 days)
MIGRAINE PRODUCTS - DRUGS FOR MIGRAINE HEADACHES**		
dihydroergotamine mesylate injection solution	1 or 1b*	PA; QL (24 mL per 28 days)
dihydroergotamine mesylate nasal solution	3	ST; QL (8 mL per 28 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL (*ergotamine tartrate*)	3	ST; QL (20 tablets per 30 days)
TRUDHESA NASAL AEROSOL SOLUTION (*dihydroergotamine mesylate hfa*)	3	ST; QL (2 kits per 28 days)
SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS - DRUGS FOR MIGRAINE HEADACHES**		
sumatriptan-naproxen sodium oral tablet	3	ST; QL (9 tablets per 30 days)
SYMBRAVO ORAL TABLET (*meloxicam-rizatriptan*)	3	ST; QL (9 tablets per 30 days)
TREXIMET ORAL TABLET (*sumatriptan-naproxen sodium*)	3	ST; QL (9 tablets per 30 days)
SELECTIVE SEROTONIN AGONISTS 5-HT(1) - DRUGS FOR MIGRAINE HEADACHES**		
almotriptan malate oral tablet	1 or 1b*	QL (9 tablets per 30 days)
eletriptan hydrobromide oral tablet	1 or 1b*	QL (9 tablets per 30 days)
FROVA ORAL TABLET (*frovatriptan succinate*)	3	ST; QL (9 tablets per 30 days)
frovatriptan succinate oral tablet	1 or 1b*	ST; QL (9 tablets per 30 days)
IMITREX ORAL TABLET (*sumatriptan succinate*)	3	ST; QL (9 tablets per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE (*sumatriptan succinate*)	3	ST; QL (6 cartridges per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML (*sumatriptan succinate*)	3	ST; QL (6 syringes (2 ML) per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML (*sumatriptan succinate*)	3	ST; QL (6 cartridges per 30 days)
MAXALT ORAL TABLET (*rizatriptan benzoate*)	3	ST; QL (9 tablets per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE (*rizatriptan benzoate*)	3	ST; QL (9 tablets per 30 days)
naratriptan hcl oral tablet	1 or 1b*	QL (9 tablets per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER (*sumatriptan succinate*)	3	ST; QL (1 kit per 30 days)
RELPAX ORAL TABLET (*eletriptan hydrobromide*)	3	ST; QL (9 tablets per 30 days)
rizatriptan benzoate oral tablet	1 or 1b*	QL (9 tablets per 30 days)
rizatriptan benzoate oral tablet dispersible	1 or 1b*	QL (9 tablets per 30 days)
sumatriptan nasal solution	1 or 1b*	QL (6 nasal inhalers per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sumatriptan succinate oral tablet	1 or 1b*	QL (9 tablets per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge	1 or 1b*	QL (6 cartridges per 30 days)
sumatriptan succinate subcutaneous solution	1 or 1b*	QL (5 vials per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	1 or 1b*	QL (6 syringes (2 ML) per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	1 or 1b*	QL (6 cartridges per 30 days)
TOSYMRA NASAL SOLUTION (*sumatriptan*)	3	ST; QL (12 units per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*sumatriptan succinate*)	3	ST; QL (8 syringes per 30 days)
zolmitriptan nasal solution	1 or 1b*	ST; QL (6 nasal inhalers per 30 days)
zolmitriptan oral tablet	1 or 1b*	QL (9 tablets per 30 days)
zolmitriptan oral tablet dispersible	1 or 1b*	QL (9 tablets per 30 days)
ZOMIG NASAL SOLUTION (*zolmitriptan*)	3	ST; QL (6 nasal inhalers per 30 days)
zolmitriptan (Zomig Oral Tablet)	3	ST; QL (9 tablets per 30 days)
SELECTIVE SEROTONIN AGONISTS 5-HT(1F) - DRUGS FOR MIGRAINE HEADACHES**		
REYVOW ORAL TABLET 100 MG (*lasmiditan succinate*)	3	ST; QL (8 tablets per 30 days)
REYVOW ORAL TABLET 50 MG (*lasmiditan succinate*)	3	ST; QL (4 tablets per 30 days)
***MINERALS & ELECTROLYTES* - DRUGS FOR NUTRITION**		
BICARBONATES - DRUGS FOR NUTRITION**		
SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML	3	
sodium acetate intravenous solution 4 meq/ml	1 or 1b*	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1 or 1b*	
THAM INTRAVENOUS SOLUTION (*tromethamine*)	3	
CALCIUM COMBINATIONS - DRUGS FOR NUTRITION**		
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.675 GM/50ML-%, 1-0.8 GM/100ML-%, 2-0.675 GM/100ML-%	3	
CALCIUM - DRUGS FOR NUTRITION**		
CALCIUM GLUCONATE INTRAVENOUS SOLUTION	3	
ELECTROLYTES & DEXTROSE - DRUGS FOR NUTRITION**		
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	3	
dextrose in lactated ringers intravenous solution	1 or 1b*	
dextrose-nacl intravenous solution	3	
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 10-0.2 %, 5-0.225 %, 5-0.3 %	3	
dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1 or 1b*	
dextrose-sodium chloride intravenous solution 2.5-0.45 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION (*electrolyte-mb in dextrose*)	3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (*electrolyte-p in dextrose*)	3	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%	1 or 1b*	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%	3	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION (*electrolyte-m in dextrose*)	3	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION (*electrolyte-r in dextrose*)	3	
potassium cl in dextrose 5% intravenous solution	1 or 1b*	
ELECTROLYTES PARENTERAL - DRUGS FOR NUTRITION**		
ISOLYTE-S INTRAVENOUS SOLUTION (*electrolyte-s*)	3	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION (*electrolyte-s (ph 7.4)*)	3	
KCL (0.149%) IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%	1 or 1b*	
kcl (0.149%) in nacl intravenous solution 20-0.9 meq/l-%	1 or 1b*	
KCL (0.298%) IN NACL INTRAVENOUS SOLUTION	1 or 1b*	
lactated ringers intravenous solution	1 or 1b*	
multiple electro type 1 ph 5.5 intravenous solution	1 or 1b*	
multiple electro type 1 ph 7.4 intravenous solution	1 or 1b*	
NORMOSOL-R INTRAVENOUS SOLUTION (*electrolyte-r*)	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION (*electrolyte-r (ph 7.4)*)	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION (*electrolyte-148*)	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION (*electrolyte-a*)	3	
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 40-0.9 MEQ/L-%	3	
potassium chloride in nacl intravenous solution 20-0.9 meq/l-%	3	
ringers intravenous solution	1 or 1b*	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE (*parenteral electrolytes*)	3	
FLUORIDE COMBINATIONS - DRUGS FOR NUTRITION**		
FLORIVA ORAL LIQUID (*sodium fluoride-vitamin d*)	3	ST
FLUORIDE - DRUGS FOR NUTRITION**		
sodium fluoride oral solution	1 or 1a*; $0	
sodium fluoride oral tablet	1 or 1a*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium fluoride oral tablet chewable	1 or 1a*; $0	
MAGNESIUM - DRUGS FOR NUTRITION**		
MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION	3	
MAGNESIUM SULFATE INJECTION SOLUTION	1 or 1b*	
MAGNESIUM SULFATE INTRAVENOUS SOLUTION	3	
MANGANESE - DRUGS FOR NUTRITION**		
manganese chloride intravenous solution	1 or 1b*	
PHOSPHATE - DRUGS FOR NUTRITION**		
GLYCOPHOS INTRAVENOUS SOLUTION (*sodium glycerophosphate*)	3	
K-PHOS ORAL TABLET (*potassium phosphate monobasic*)	2	
K-PHOS-NEUTRAL ORAL TABLET (*k phos mono-sod phos di & mono*)	3	
phospha 250 neutral oral tablet	1 or 1b*	
phosphorous oral tablet	1 or 1b*	
phospho-trin 250 neutral oral tablet	1 or 1b*	
phospho-trin k500 oral tablet	1 or 1b*	
POTASSIUM PHOSPHATES INTRAVENOUS SOLUTION 15 MMOLE/5ML, 150 MMOLE/50ML	3	
potassium phosphates intravenous solution 45 mmole/15ml	1 or 1b*	
potassium phosphates(66 meq k) intravenous solution	3	
POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION	3	
potassium phosphates-nacl intravenous solution 30 mmol/500ml	3	
sodium phosphates intravenous solution	1 or 1b*	
wes-phos 250 neutral oral tablet	1 or 1b*	
POTASSIUM - DRUGS FOR NUTRITION**		
klor-con 10 oral tablet extended release	1 or 1b*	
klor-con m10 oral tablet extended release	1 or 1a*	
klor-con m15 oral tablet extended release	1 or 1a*	
klor-con m20 oral tablet extended release	1 or 1a*	
klor-con oral packet	1 or 1b*	
klor-con oral tablet extended release	1 or 1b*	
POKONZA ORAL PACKET (*potassium chloride*)	3	ST
POTASSIUM ACETATE INTRAVENOUS SOLUTION	3	
potassium chloride crys er oral tablet extended release	1 or 1a*	
potassium chloride er oral capsule extended release	1 or 1b*	
potassium chloride er oral tablet extended release	1 or 1b*	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML	3	
potassium chloride intravenous solution 2 meq/ml	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium chloride oral packet	1 or 1b*	
potassium chloride oral solution	1 or 1b*	
SODIUM - DRUGS FOR NUTRITION**		
aquastat intravenous solution	1 or 1b*	
sodium chloride flush (Aquastat Sfr Intravenous Solution)	1 or 1b*	
bd posiflush intravenous solution	1 or 1b*	
sodium chloride flush (Bd Posiflush Safescrub Intravenous Solution)	1 or 1b*	
monoject flush syringe intravenous solution	1 or 1b*	
monoject sodium chloride flush intravenous solution	1 or 1b*	
normal saline flush intravenous solution	1 or 1b*	
saline flush intravenous solution	1 or 1b*	
sodium chloride (pf) injection solution	1 or 1b*	
sodium chloride injection solution 0.9 %	3	
sodium chloride injection solution 2.5 meq/ml	1 or 1b*	
sodium chloride intravenous solution 0.45 %, 3 %, 5 %	1 or 1b*	
TRACE MINERAL COMBINATIONS - DRUGS FOR NUTRITION**		
MULTRYS INTRAVENOUS SOLUTION (*trace minerals cu-mn-se-zn*)	3	
THE LIQUILIFT TRACE INTRAVENOUS KIT (*trace minerals cr-cu-mn-se-zn*)	3	
TRALEMENT INTRAVENOUS SOLUTION (*trace minerals cu-mn-se-zn*)	3	
TRACE MINERALS - DRUGS FOR NUTRITION**		
chromic chloride intravenous solution	3	
cupric chloride intravenous solution	3	
SELENIOUS ACID INTRAVENOUS SOLUTION 12 MCG/2ML, 60 MCG/ML	3	
SELENIOUS ACID INTRAVENOUS SOLUTION 40 MCG/ML	1 or 1b*	
ZINC - DRUGS FOR NUTRITION**		
GALZIN ORAL CAPSULE (*zinc acetate (oral)*)	3	
zinc chloride intravenous solution	3	
zinc sulfate intravenous solution	1 or 1b*	
***MISCELLANEOUS THERAPEUTIC CLASSES* - VITAMINS AND MINERALS**		
ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT - VITAMINS AND MINERALS**		
JOENJA ORAL TABLET (*leniolisib phosphate*)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
ANTILEPROTICS - VITAMINS AND MINERALS**		
THALOMID ORAL CAPSULE (*thalidomide*)	2; OC	PA; LD; QL (1 capsule per 1 day); SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS - VITAMINS AND MINERALS**		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED (*belimumab*)	3	PA; LD; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*belimumab*)	3	PA; LD; QL (4 autoinjectors per 28 days); SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*belimumab*)	3	PA; LD; QL (4 pens per 28 days); SP
CHELATING AGENTS - VITAMINS AND MINERALS**		
CUPRIMINE ORAL CAPSULE (*penicillamine*)	3	PA; LD; QL (8 capsules per 1 day); SP
CUVRIOR ORAL TABLET (*trientine tetrahydrochloride*)	3	PA; LD; QL (10 tablets per 1 day)
DEPEN TITRATABS ORAL TABLET (*penicillamine*)	3	PA; LD; QL (8 tablets per 1 day); SP
penicillamine oral capsule	3	PA; LD; QL (8 capsules per 1 day); SP
penicillamine oral tablet	1 or 1b*	PA; LD; QL (8 tablets per 1 day); SP
SYPRINE ORAL CAPSULE (*trientine hcl*)	3	PA; LD; QL (8 capsules per 1 day); SP
trientine hcl oral capsule 250 mg	1 or 1b*	PA; LD; QL (8 capsules per 1 day); SP
trientine hcl oral capsule 500 mg	3	PA; LD; QL (4 capsules per 1 day); SP
***COLONY STIMULATING FACTOR-1 RECEPTOR (CSF-1R) ANTIBODIES** - VITAMINS AND MINERALS**		
NIKTIMVO INTRAVENOUS SOLUTION (*axatilimab-csfr*)	3	PA; SP
CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS - VITAMINS AND MINERALS**		
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION (*bicarb-dextrose-k (crrt)*)	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION (*bicarb-dextrose-ca (crrt)*)	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION (*bicarb-dextrose-k (crrt)*)	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION (*bicarb-dextrose-k-ca (crrt)*)	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION (*bicarb-dextose-k-mg (crrt)*)	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION (*bicarb-dextrose-k-ca (crrt)*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION (*bicarb-mg (crrt)*)	3	
CYCLOSPORINE ANALOGS - VITAMINS AND MINERALS**		
cyclosporine modified oral capsule	1 or 1b*	LD
cyclosporine modified oral solution	1 or 1b*	LD
cyclosporine oral capsule	1 or 1b*	LD
gengraf oral capsule	1 or 1b*	LD
gengraf oral solution	1 or 1b*	LD
LUPKYNIS ORAL CAPSULE (*voclosporin*)	3	PA; LD; QL (6 capsules per 1 day)
NEORAL ORAL CAPSULE (*cyclosporine modified*)	3	LD
NEORAL ORAL SOLUTION (*cyclosporine modified*)	3	LD
SANDIMMUNE INTRAVENOUS SOLUTION (*cyclosporine*)	3	LD; SP
SANDIMMUNE ORAL CAPSULE (*cyclosporine*)	3	LD
ENZYMES - VITAMINS AND MINERALS**		
AMPHADASE INJECTION SOLUTION (*hyaluronidase bovine*)	3	
HYLENEX INJECTION SOLUTION (*hyaluronidase human*)	3	
XIAFLEX INJECTION SOLUTION RECONSTITUTED (*collagenase clostrid histolyt*)	3	PA; LD; SP
FARNESYLTRANSFERASE INHIBITORS - VITAMINS AND MINERALS**		
ZOKINVY ORAL CAPSULE (*lonafarnib*)	3	PA; LD; QL (4 capsules per 1 day)
IMMUNE GLOBULIN IMMUNOSUPPRESSANTS - VITAMINS AND MINERALS**		
ATGAM INTRAVENOUS SOLUTION (*lymphocyte,anti-thymo imm glob*)	3	LD; SP
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED (*anti-thymocyte glob (rabbit)*)	3	LD; SP
IMMUNOMODULATORS - COMBINATIONS - VITAMINS AND MINERALS**		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION (*efgartigimod alfa-hyalur-qvfc*)	3	PA; LD; QL (4 vials per 28 days); SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*efgartigimod alfa-hyalur-qvfc*)	3	PA; QL (4 syringes per 28 days)
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES - VITAMINS AND MINERALS**		
lenalidomide oral capsule	1 or 1b*; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
REVLIMID ORAL CAPSULE (*lenalidomide*)	2; OC	PA; LD; QL (1 capsule per 1 day); SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS - VITAMINS AND MINERALS**		
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED (*mycophenolate mofetil hcl*)	3	LD; SP
CELLCEPT ORAL CAPSULE (*mycophenolate mofetil*)	3	ST; LD
CELLCEPT ORAL SUSPENSION RECONSTITUTED (*mycophenolate mofetil*)	3	ST; LD
CELLCEPT ORAL TABLET (*mycophenolate mofetil*)	3	ST; LD
mycophenolate mofetil hcl intravenous solution reconstituted	1 or 1b*	LD; SP
mycophenolate mofetil intravenous solution reconstituted	1 or 1b*	LD; SP
mycophenolate mofetil oral capsule	1 or 1b*	LD
mycophenolate mofetil oral suspension reconstituted	1 or 1b*	LD
mycophenolate mofetil oral tablet	1 or 1b*	LD
mycophenolate sodium oral tablet delayed release	1 or 1b*	LD
mycophenolic acid oral tablet delayed release	1 or 1b*	LD
MYFORTIC ORAL TABLET DELAYED RELEASE (*mycophenolate sodium*)	3	LD
MYHIBBIN ORAL SUSPENSION (*mycophenolate mofetil*)	3	ST; LD
INTERLEUKIN-6 (IL-6) ANTAGONISTS - VITAMINS AND MINERALS**		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED (*siltuximab*)	3	PA; LD; SP
IRRIGATION SOLUTIONS - VITAMINS AND MINERALS**		
argyle sterile water irrigation solution	1 or 1b*	
lactated ringers irrigation solution	1 or 1b*	
physiolyte irrigation solution	1 or 1b*	
physiosol irrigation irrigation solution	1 or 1b*	
ringers irrigation irrigation solution	1 or 1b*	
sterile water for irrigation irrigation solution	1 or 1b*	
water for irrigation, sterile irrigation solution	1 or 1b*	
MACROLIDE IMMUNOSUPPRESSANTS - VITAMINS AND MINERALS**		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (*tacrolimus*)	3	LD
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR (*tacrolimus*)	3	LD
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1 or 1b*	LD
PROGRAF INTRAVENOUS SOLUTION (*tacrolimus*)	2	LD; SP
PROGRAF ORAL CAPSULE (*tacrolimus*)	3	LD
PROGRAF ORAL PACKET (*tacrolimus*)	3	LD
sirolimus oral solution	1 or 1b*	LD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sirolimus oral tablet	1 or 1b*	LD
tacrolimus oral capsule	1 or 1b*	LD
ZORTRESS ORAL TABLET (*everolimus*)	3	LD
MONOCLONAL ANTIBODIES - VITAMINS AND MINERALS**		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*satralizumab-mwge*)	3	PA; LD; QL (1 syringe per 28 days); SP
GAMIFANT INTRAVENOUS SOLUTION (*emapalumab-lzsg*)	3	PA; LD; SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED (*basiliximab*)	3	LD
UPLIZNA INTRAVENOUS SOLUTION (*inebilizumab-cdon*)	3	PA; LD; QL (30 mL per 180 days)
NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS - VITAMINS AND MINERALS**		
IMAAVY INTRAVENOUS SOLUTION (*nipocalimab-aahu*)	3	PA
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML (*rozanolixizumab-noli*)	3	PA; LD; QL (18 vials per 63 days); SP
RYSTIGGO SUBCUTANEOUS SOLUTION 420 MG/3ML, 560 MG/4ML, 840 MG/6ML (*rozanolixizumab-noli*)	3	PA; LD; QL (6 vials per 63 days); SP
VYVGART INTRAVENOUS SOLUTION (*efgartigimod alfa-fcab*)	3	PA; LD; QL (12 vials per 4 weeks); SP
PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB - VITAMINS AND MINERALS**		
VIJOICE ORAL PACKET (*alpelisib*)	3	PA; LD; QL (1 packet per 1 day); SP
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (*alpelisib*)	3	PA; LD; QL (1 tablet per 1 day); SP
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (*alpelisib*)	3	PA; LD; QL (2 tablets per 1 day); SP
POTASSIUM REMOVING AGENTS - VITAMINS AND MINERALS**		
LOKELMA ORAL PACKET 10 GM (*sodium zirconium cyclosilicate*)	3	QL (34 packets per 30 days)
LOKELMA ORAL PACKET 5 GM (*sodium zirconium cyclosilicate*)	3	QL (3 packets per 1 day)
sodium polystyrene sulfonate oral powder	1 or 1b*	
sps (sodium polystyrene sulf) rectal suspension	1 or 1b*	
VELTASSA ORAL PACKET 1 GM (*patiromer sorbitex calcium*)	3	QL (8 packets per 1 day)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM (*patiromer sorbitex calcium*)	3	QL (1 packet per 1 day)
VELTASSA ORAL PACKET 8.4 GM (*patiromer sorbitex calcium*)	3	QL (3 packets per 1 day)
PURINE ANALOGS - VITAMINS AND MINERALS**		
azasan oral tablet	1 or 1b*	LD
azathioprine oral tablet	1 or 1b*	LD
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED	3	LD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMURAN ORAL TABLET (*azathioprine*)	3	LD
ROCK INHIBITORS - VITAMINS AND MINERALS**		
REZUROCK ORAL TABLET (*belumosudil mesylate*)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
SCLEROSING AGENTS - VITAMINS AND MINERALS**		
ASCLERA INTRAVENOUS SOLUTION (*polidocanol*)	3	
ETHAMOLIN INTRAVENOUS SOLUTION (*ethanolamine oleate*)	3	
sodium tetradecyl sulfate intravenous solution	1 or 1b*	
SOTRADECOL INTRAVENOUS SOLUTION 1 % (*sodium tetradecyl sulfate*)	1 or 1b*	
sotradecol intravenous solution 3 %	1 or 1b*	
VARITHENA INTRAVENOUS FOAM (*polidocanol*)	3	
SELECTIVE T-CELL COSTIMULATION BLOCKERS - VITAMINS AND MINERALS**		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED (*belatacept*)	3	PA; LD
TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS - VITAMINS AND MINERALS**		
SAPHNELO INTRAVENOUS SOLUTION (*anifrolumab-fnia*)	3	PA; LD; QL (1 vial per 28 days); SP
UREMIC PRURITUS AGENTS - VITAMINS AND MINERALS**		
KORSUVA INTRAVENOUS SOLUTION (*difelikefalin acetate*)	3	PA
***MOUTH/THROAT/DENTAL AGENTS* - DRUGS FOR THE MOUTH AND THROAT**		
ANESTHETICS TOPICAL ORAL - DRUGS FOR THE MOUTH AND THROAT**		
lidocaine hcl mouth/throat solution	1 or 1a*	QL (10 mL per 1 day)
lidocaine viscous hcl mouth/throat solution	1 or 1a*	QL (10 mL per 1 day)
ANTI-INFECTIVES - THROAT - DRUGS FOR THE MOUTH AND THROAT**		
clotrimazole mouth/throat troche	1 or 1b*	QL (5 tablet per 1 day)
nystatin mouth/throat suspension	3	QL (24 mL per 1 day)
ORAVIG BUCCAL TABLET (*miconazole*)	3	
ANTISEPTICS - MOUTH/THROAT - DRUGS FOR THE MOUTH AND THROAT**		
chlorhexidine gluconate mouth/throat solution	1 or 1a*	QL (480 mL per 30 days)
PERIDEX MOUTH/THROAT SOLUTION (*chlorhexidine gluconate*)	3	QL (480 mL per 30 days)
periogard mouth/throat solution	1 or 1a*	QL (480 mL per 30 days)
DENTAL PRODUCTS - COMBINATIONS - DRUGS FOR THE MOUTH AND THROAT**		
denta 5000 plus sensitive dental gel	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL (*sod fluoride-potassium nitrate*)	3	

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FLUORIMAX 5000 SENSITIVE DENTAL GEL (*sod fluoride-potassium nitrate*)	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL (*sod fluoride-potassium nitrate*)	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL (*sod fluoride-potassium nitrate*)	3	
sodium fluoride 5000 enamel dental gel	1 or 1b*	
sodium fluoride 5000 sensitive dental gel	1 or 1b*	
FLUORIDE DENTAL PRODUCTS - DRUGS FOR THE MOUTH AND THROAT**		
clinpro 5000 dental paste	1 or 1b*	QL (3.77 grams per 1 day)
denta 5000 plus dental cream	1 or 1b*	QL (3.4 grams per 1 day)
dentagel dental gel	1 or 1a*	QL (100 grams per 30 days)
easygel dental gel	1 or 1b*	
fluoridex daily renewal mouth/throat concentrate	1 or 1b*	
fluoridex dental paste	1 or 1b*	QL (3.77 grams per 1 day)
fluoridex enhanced whitening dental paste	1 or 1b*	QL (3.77 grams per 1 day)
fluorimax 5000 dental paste	1 or 1b*	
fraiche 5000 dental dental gel	1 or 1b*	QL (100 grams per 30 days)
just right 5000 dental paste	1 or 1b*	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE (*sodium fluoride*)	3	QL (3.77 grams per 1 day)
PREVIDENT 5000 DRY MOUTH DENTAL GEL (*sodium fluoride*)	3	QL (100 grams per 30 days)
PREVIDENT 5000 KIDS DENTAL PASTE (*sodium fluoride*)	3	QL (3.7 grams per 1 day)
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE (*sodium fluoride*)	3	QL (3.77 grams per 1 day)
PREVIDENT 5000 PLUS DENTAL CREAM (*sodium fluoride*)	3	QL (3.4 grams per 1 day)
PREVIDENT DENTAL GEL (*sodium fluoride*)	3	QL (100 grams per 30 days)
PREVIDENT MOUTH/THROAT SOLUTION (*sodium fluoride*)	3	
sf 5000 plus dental cream	1 or 1b*	QL (3.4 grams per 1 day)
sf dental gel	1 or 1a*	QL (100 grams per 30 days)
sodium fluoride 5000 plus dental cream	1 or 1b*	QL (3.4 grams per 1 day)
sodium fluoride 5000 ppm dental cream	1 or 1b*	QL (3.4 grams per 1 day)
sodium fluoride 5000 ppm dental gel	1 or 1b*	QL (100 grams per 30 days)
sodium fluoride 5000 ppm dental paste	1 or 1b*	QL (3.77 grams per 1 day)
sodium fluoride dental cream	1 or 1b*	QL (3.4 grams per 1 day)
sodium fluoride mouth/throat solution	1 or 1a*	
SALIVA STIMULANTS - DRUGS FOR THE MOUTH AND THROAT**		
cevimeline hcl oral capsule	1 or 1b*	

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EVOXAC ORAL CAPSULE (*cevimeline hcl*)	3	
pilocarpine hcl oral tablet	1 or 1b*	QL (4 tablets per 1 day)
SALAGEN ORAL TABLET (*pilocarpine hcl*)	3	QL (4 tablets per 1 day)
STEROIDS - MOUTH/THROAT/DENTAL - DRUGS FOR THE MOUTH AND THROAT**		
triamcinolone acetonide (Kourzeq Mouth/Throat Paste)	1 or 1b*	
oralone mouth/throat paste	1 or 1b*	
triamcinolone acetonide mouth/throat paste	1 or 1b*	
***MULTIVITAMINS* - DRUGS FOR NUTRITION**		
B-COMPLEX VITAMINS - DRUGS FOR NUTRITION**		
b complex-b12 oral tablet	1 or 1b*; $0	
b-complex plus b-12 oral tablet	1 or 1b*; $0	
b-complex/b-12 oral tablet	1 or 1b*; $0	
ra b-complex oral tablet	1 or 1b*; $0	
ra b-complex with b-12 oral tablet	1 or 1b*; $0	
vitamin b complex oral tablet	1 or 1b*; $0	
vitamin b complex w/b-12 oral tablet	1 or 1b*; $0	
vitamin-b complex oral tablet	1 or 1b*; $0	
B-COMPLEX W/ C & CALCIUM - DRUGS FOR NUTRITION**		
gnp b-complex plus vitamin c oral tablet	1 or 1b*; $0	
qc b-complex/vitamin c oral tablet	1 or 1b*; $0	
B-COMPLEX W/ C & FOLIC ACID - DRUGS FOR NUTRITION**		
b complex-c-folic acid oral tablet	1 or 1b*; $0	
b-complex balanced oral tablet	1 or 1b*; $0	
b-complex/vitamin c oral tablet	1 or 1b*; $0	
b-complex-c (w/folic acid) oral tablet	1 or 1b*; $0	
b-plex oral tablet	1 or 1b*; $0	
dialyvite 800 oral tablet	1 or 1b*; $0	
eql super b complex/vitamin c oral tablet	1 or 1b*; $0	
FULL SPECTRUM B/VITAMIN C ORAL TABLET	1 or 1b*; $0	
kp b complex-c oral tablet	1 or 1b*; $0	
nephro vitamins oral tablet	1 or 1b*; $0	
NEPHRO-VITE ORAL TABLET (*b complex-c-folic acid*)	1 or 1b*; $0	
renal vitamin oral tablet	1 or 1b*; $0	
rena-vite oral tablet	1 or 1b*; $0	
stress formula (folic acid) oral tablet	1 or 1b*; $0	
super b complex/fa/vit c oral tablet	1 or 1b*; $0	
super b-complex/vit c/fa oral tablet	1 or 1b*; $0	

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B-COMPLEX W/ C - DRUGS FOR NUTRITION**		
allbee/c oral tablet	1 or 1b*; $0	
b complex-c oral tablet	1 or 1b*; $0	
b-complex-c oral tablet	1 or 1b*; $0	
better b complex oral tablet	1 or 1b*; $0	
cvs b complex plus c oral tablet	1 or 1b*; $0	
cvs super b complex/c oral tablet	1 or 1b*; $0	
ft b-complex plus vitamin c oral tablet	1 or 1b*; $0	
super b complex/vitamin c oral tablet	1 or 1b*; $0	
super b-complex + vitamin c oral tablet	1 or 1b*; $0	
B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID - DRUGS FOR NUTRITION**		
B COMPLEX-C-BIOTIN-E-FA ORAL TABLET	2; $0	
B-COMPLEX W/ C-D-E & FOLIC ACID - DRUGS FOR NUTRITION**		
cobalefol oral capsule	3	
B-COMPLEX W/ FOLIC ACID - DRUGS FOR NUTRITION**		
b complex formula 1 (w/ fa) oral tablet	1 or 1b*; $0	
b-complex (folic acid) oral tablet	1 or 1b*; $0	
b-complex/electrolytes oral tablet	1 or 1b*; $0	
big 100 oral tablet	1 or 1b*; $0	
kobee oral tablet	1 or 1b*; $0	
B-COMPLEX W/BIOTIN & FOLIC ACID - DRUGS FOR NUTRITION**		
b complex 100 tr oral tablet extended release	1 or 1b*; $0	
b-100 b-complex oral tablet	1 or 1b*; $0	
b-100 complex cr oral tablet extended release	1 or 1b*; $0	
b-100 tr oral tablet extended release	1 or 1b*; $0	
b-50 complex oral tablet	1 or 1b*; $0	
balance b-50 oral tablet	1 or 1b*; $0	
balanced b complex oral tablet	1 or 1b*; $0	
balanced b-100 oral tablet	1 or 1b*; $0	
balanced b-100 oral tablet extended release	1 or 1b*; $0	
balanced b-50/fa oral tablet	1 or 1b*; $0	
b-compleet-100 oral tablet	1 or 1b*; $0	
b-compleet-50 oral tablet	1 or 1b*; $0	
b-complex oral tablet	1 or 1b*; $0	
big 100 (biotin) oral tablet	1 or 1b*; $0	
complex b-100 oral tablet extended release	1 or 1b*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
complex b-50 prolonged release oral tablet extended release	1 or 1b*; $0	
endur-b oral tablet extended release	1 or 1b*; $0	
eql b complex 50 oral tablet	1 or 1b*; $0	
eql b-100 complex oral tablet extended release	1 or 1b*; $0	
ft b-100 complex pr oral tablet extended release	1 or 1b*; $0	
gnp b-100 complex oral tablet extended release	1 or 1b*; $0	
gnp b-50 complex oral tablet extended release	1 or 1b*; $0	
qc b50 prolonged release oral tablet extended release	1 or 1b*; $0	
quin b strong b-25 oral tablet	1 or 1b*; $0	
ra balanced b-100 cr oral tablet extended release	1 or 1b*; $0	
ra balanced b-100 oral tablet	1 or 1b*; $0	
ra balanced b-50 oral tablet	1 or 1b*; $0	
ra balanced b-50 tr oral tablet extended release	1 or 1b*; $0	
super b-complex oral tablet	1 or 1b*; $0	
super dec b-100 oral tablet	1 or 1b*; $0	
super quints b-50 oral tablet	1 or 1b*; $0	
yl balanced b-100 oral tablet	1 or 1b*; $0	
MULTIPLE VITAMINS W/ IRON - DRUGS FOR NUTRITION**		
daily vite multivitamin/iron oral tablet	1 or 1b*; $0	
destress-iron oral tablet	2; $0	
multiple vitamins/iron oral tablet	1 or 1b*; $0	
multivitamin plus iron adult oral tablet	1 or 1b*; $0	
multi-vitamin/iron oral tablet	1 or 1b*; $0	
nat-rul daily-vite+iron oral tablet	1 or 1b*; $0	
one daily multivitamin/iron oral tablet	1 or 1b*; $0	
one-daily multi-vitamin/iron oral tablet	1 or 1b*; $0	
one-daily/iron oral tablet	1 or 1b*; $0	
qc daily multivitamins/iron oral tablet	1 or 1b*; $0	
stress b complex/iron oral tablet	1 or 1b*; $0	
stress formula/iron oral tablet	1 or 1b*; $0	
tab-a-vite/iron oral tablet	1 or 1b*; $0	
TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET (*multiple vitamins-iron*)	2; $0	
MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID - DRUGS FOR NUTRITION**		
FOLGARD OS ORAL TABLET (*multiple vit-min-calcium-fa*)	3	
MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID - DRUGS FOR NUTRITION**		
QUFLORA FE ORAL TABLET CHEWABLE (*multi vit-min-fluoride-fe-fa*)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTIPLE VITAMINS W/ MINERALS - DRUGS FOR NUTRITION**		
FLORRAXYL ORAL TABLET (*multiple vitamins-minerals*)	3	
prev-rx oral tablet	3	
MULTIVITAMINS - DRUGS FOR NUTRITION**		
anti-oxidant oral tablet	1 or 1b*; $0	
daily multiple vitamins oral tablet	1 or 1b*; $0	
daily value multivitamin oral tablet	1 or 1b*; $0	
daily vitamins oral tablet	1 or 1b*; $0	
daily vite oral tablet	1 or 1b*; $0	
daily vites oral tablet	1 or 1b*; $0	
daily-vite multivitamin oral tablet	1 or 1b*; $0	
daily-vite oral tablet	1 or 1b*; $0	
ESTROFACTORS ORAL TABLET (*multiple vitamin*)	2; $0	
gnp essential one daily oral tablet	1 or 1b*; $0	
healthy hair/skin/nails oral tablet	1 or 1b*; $0	
INFUVITE ADULT INTRAVENOUS SOLUTION (*multiple vitamin*)	3	
mincora oral tablet	3	
multi vitamin oral tablet	2; $0	
MULTI VITAMIN W/D-3 ORAL TABLET	2; $0	
multiple vitamin-folic acid oral tablet	1 or 1b*; $0	
multiple vitamins essential oral tablet	1 or 1b*; $0	
multiple vitamins oral tablet	1 or 1b*; $0	
multivitamin adult oral tablet	2; $0	
multivitamin iron-free oral tablet	1 or 1b*; $0	
MULTIVITAMIN ORAL TABLET	2; $0	
multi-vitamin oral tablet	1 or 1b*; $0	
NEOMULTIVITE ORAL TABLET (*multiple vitamin*)	2; $0	
novite oral capsule	1 or 1b*	
OMNICAP ORAL TABLET	2; $0	
once daily oral tablet	1 or 1b*; $0	
one daily essential oral tablet	2; $0	
one daily essentials oral tablet	2; $0	
one daily multivitamin adult oral tablet	1 or 1b*; $0	
one daily oral tablet	1 or 1b*; $0	
ONE VITE DAILY MULTIVITAMIN ORAL TABLET (*multiple vitamin*)	2; $0	
one-daily multi vitamins oral tablet	1 or 1b*; $0	
one-daily multi-vitamin oral tablet	1 or 1b*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
qc essentials oral tablet	1 or 1b*; $0	
QUINTABS ORAL TABLET	2; $0	
stress formula oral tablet	1 or 1b*; $0	
stress formula/zinc/energy oral tablet	2; $0	
stresstabs energy oral tablet	1 or 1b*; $0	
tab-a-vite oral tablet	1 or 1b*; $0	
tab-a-vite/beta carotene oral tablet	1 or 1b*; $0	
THERA ORAL TABLET (*multiple vitamin*)	2; $0	
thera-tabs oral tablet	1 or 1b*; $0	
THEREMS ORAL TABLET (*multiple vitamin*)	2; $0	
tm-daily vite oral tablet	2; $0	
true daily vite oral tablet	1 or 1b*; $0	
true multivitamin oral tablet	2; $0	
vit e-vit c-beta carotene oral tablet	1 or 1b*; $0	
vitalee oral tablet	1 or 1b*; $0	
VITLIPID N ADULT INTRAVENOUS EMULSION (*multiple vitamin*)	3	
PED MULTI VITAMINS W/FL & FE - DRUGS FOR NUTRITION**		
multi-vitamin/fluoride/iron oral solution	1 or 1b*	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE (*ped multivitamins-fl-iron*)	3	ST
QUFLORA FE PEDIATRIC ORAL LIQUID (*ped multivitamins-fl-iron*)	3	ST
PED MV W/ FLUORIDE - DRUGS FOR NUTRITION**		
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE (*pediatric multivitamins-fl*)	3	ST
FLORIVA PLUS ORAL SOLUTION (*pediatric multivitamins-fl*)	3	ST
FLOTREX ORAL TABLET CHEWABLE (*pediatric multivitamins-fl*)	3	ST
multivitamin w/fluoride oral tablet chewable	1 or 1b*; $0	
multi-vitamin/fluoride oral solution	1 or 1b*; $0	
multivitamin/fluoride oral solution 0.25 mg/ml	3	
multivitamin/fluoride oral solution 0.5 mg/ml	2	ST
multivitamin/fluoride oral tablet chewable	2; $0	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE (*pediatric multivitamins-fl*)	3	ST
POLY-VI-FLOR ORAL SUSPENSION (*pediatric multivitamins-fl*)	3	ST
POLY-VI-FLOR ORAL TABLET CHEWABLE (*pediatric multivitamins-fl*)	3	ST
QUFLORA PEDIATRIC ORAL SOLUTION (*pediatric multivitamins-fl*)	3	ST
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE (*pediatric multivitamins-fl*)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tri-vitamin with fluoride oral solution	3	ST
PED VITAMINS ACD & FA W/ FLUORIDE - DRUGS FOR NUTRITION**		
TRI-VI-FLOR ORAL SUSPENSION (*ped vit a-c-d-methylfolate-fl*)	3	ST
TRI-VI-FLORO ORAL SUSPENSION	3	ST
PED VITAMINS ACD W/ FLUORIDE - DRUGS FOR NUTRITION**		
tri-vite/fluoride oral solution	1 or 1b*; $0	
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE - DRUGS FOR NUTRITION**		
FLORIVA ORAL TABLET CHEWABLE (*ped multiple vit-minerals-fl*)	3	ST
PEDIATRIC MULTIPLE VITAMINS - DRUGS FOR NUTRITION**		
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (*pediatric multiple vitamins*)	3	
VITALIPID N INFANT INTRAVENOUS EMULSION (*pediatric multiple vitamins*)	3	
VITLIPID N INFANT INTRAVENOUS EMULSION (*pediatric multiple vitamins*)	3	
PRENATAL MV & MIN W/FE-FA - DRUGS FOR NUTRITION**		
ATABEX EC ORAL TABLET DELAYED RELEASE (*prenatal vit-dss-fe cbn-fa*)	2	QL (1 tablet per 1 day)
ATABEX OB ORAL TABLET (*prenatal vit w/ fe bisg-fa*)	2	QL (1 tablet per 1 day)
AZESCO ORAL TABLET	3	ST; QL (2 tablets per 1 day)
CLASSIC PRENATAL ORAL TABLET	2; $0	QL (1 tablet per 1 day)
C-NATE DHA ORAL CAPSULE	2	QL (1 capsule per 1 day)
COMPLETENATE ORAL TABLET CHEWABLE	2	QL (1 tablet per 1 day)
CO-NATAL FA ORAL TABLET (*prenatal vit-fe fumarate-fa*)	2	QL (1 tablet per 1 day)
CONCEPT DHA ORAL CAPSULE (*prenat-fefum-fepo-fa-omega 3*)	2	QL (1 capsule per 1 day)
CONCEPT OB ORAL CAPSULE (*prenat w/o a vit-fefum-fepo-fa*)	2	QL (1 capsule per 1 day)
CVS PRENATAL ORAL TABLET	2; $0	ST; QL (1 tablet per 1 day)
DERMACINRX PRETRATE ORAL TABLET (*prenatal multivit-min-fe-fa*)	3	
elite-ob oral tablet	1 or 1b*	QL (1 tablet per 1 day)
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	3	ST; QL (1 capsule per 1 day)
EQL PRENATAL FORMULA ORAL TABLET	2; $0	QL (1 tablet per 1 day)
FOLIVANE-OB ORAL CAPSULE (*prenat w/o a vit-fefum-fepo-fa*)	2	QL (1 capsule per 1 day)
ft prenatal oral tablet	2; $0	QL (1 tablet per 1 day)
GNP PRENATAL ORAL TABLET	2; $0	QL (1 tablet per 1 day)
gnp prenatal/folic acid oral tablet	2; $0	QL (1 tablet per 1 day)
inatal gt oral tablet	1 or 1b*	QL (1 tablet per 1 day)
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	ST; QL (1 tablet per 1 day)
KP PRENATAL MULTIVITAMINS ORAL TABLET	2; $0	QL (1 tablet per 1 day)
KPN PRENATAL ORAL TABLET	2; $0	QL (1 tablet per 1 day)
MASONATAL ORAL TABLET	2; $0	QL (1 tablet per 1 day)
MATERNACEL ORAL TABLET (*prenatal vit w/ fe bisg-fa*)	3	ST; QL (1 tablet per 1 day)
M-NATAL PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
MULTI PRENATAL ORAL TABLET	2; $0	ST; QL (1 tablet per 1 day)
natal pnv oral tablet	3	ST; QL (2 tablets per 1 day)
NEEVO DHA ORAL CAPSULE (*prenat w/oa-fefum-methf-omegas*)	3	ST; QL (1 capsule per 1 day)
neomaterna oral tablet	3	ST; QL (1 tablet per 1 day)
NEONATAL COMPLETE ORAL TABLET	3	ST; QL (1 tablet per 1 day)
NEONATAL PLUS ORAL TABLET (*prenatal vit-fe fumarate-fa*)	3	QL (1 tablet per 1 day)
neonatal prenatal oral tablet	2; $0	QL (1 tablet per 1 day)
NEONATAL VITAMIN ORAL TABLET (*prenatal vit-fe fumarate-fa*)	2; $0	ST; QL (1 tablet per 1 day)
NESTABS DHA ORAL (*prenat-w/oa-fe bisgly-fa-omega*)	3	ST; QL (2 tablets per 1 day)
NESTABS ORAL TABLET (*prenat-fe bisgly-fa-w/o vit a*)	3	ST; QL (2 tablets per 1 day)
NIVA-PLUS ORAL TABLET (*prenatal vit-fe fumarate-fa*)	2	QL (1 tablet per 1 day)
OB COMPLETE ONE ORAL CAPSULE (*prenat-fecbn-feaspgl-fa-fish*)	3	ST; QL (1 capsule per 1 day)
OB COMPLETE ORAL TABLET (*prenatal vit-iron carbonyl-fa*)	3	ST; QL (1 tablet per 1 day)
OB COMPLETE PETITE ORAL CAPSULE (*prenat-fecbn-feaspgl-fa-omega*)	3	ST; QL (1 capsule per 1 day)
OB COMPLETE PREMIER ORAL TABLET (*prenatal-fe cbn-fe asp gly-fa*)	3	ST; QL (1 tablet per 1 day)
OB COMPLETE/DHA ORAL CAPSULE (*prenat-fecbn-feaspgl-fa-omega*)	3	ST; QL (1 capsule per 1 day)
ONE VITE WOMENS ORAL TABLET	2; $0	ST; QL (1 tablet per 1 day)
ONE VITE WOMENS PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
pnv 27-ca/fe/fa oral tablet	2	ST; QL (1 tablet per 1 day)
pnv prenatal plus multivit+dha oral	2	QL (2 units per 1 day)
PNV TABS 20-1 ORAL TABLET	3	ST; QL (1 tablet per 1 day)
PNV-OMEGA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
pnv-select oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
PREGENNA ORAL TABLET	3	ST; QL (1 tablet per 1 day)
PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE	3	ST; QL (1 capsule per 1 day)
PRENATAL (W/IRON & FA) ORAL TABLET	2; $0	ST; QL (1 tablet per 1 day)
PRENATAL 19 ORAL TABLET 29-1 MG	2	QL (1 tablet per 1 day)
prenatal 19 oral tablet chewable	1 or 1a*	QL (1 tablet per 1 day)
PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG	2	QL (1 tablet per 1 day)
PRENATAL COMPLETE ORAL TABLET	2; $0	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL FORTE ORAL TABLET	2; $0	ST; QL (1 tablet per 1 day)
PRENATAL ONE DAILY ORAL TABLET	2; $0	ST; QL (1 tablet per 1 day)
PRENATAL ORAL TABLET 27-0.8 MG	2; $0	ST; QL (1 tablet per 1 day)
PRENATAL ORAL TABLET 27-1 MG	2	QL (1 tablet per 1 day)
PRENATAL ORAL TABLET 28-0.8 MG	2; $0	QL (1 tablet per 1 day)
PRENATAL PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET	2	QL (1 tablet per 1 day)
PRENATAL VITAMIN AND MINERAL ORAL TABLET	2; $0	QL (1 tablet per 1 day)
prenatal vitamins oral tablet 27-0.8 mg	2; $0	QL (1 tablet per 1 day)
PRENATAL VITAMINS ORAL TABLET 28-0.8 MG	2; $0	QL (1 tablet per 1 day)
PRENATAL/IRON ORAL TABLET	2; $0	ST; QL (1 tablet per 1 day)
PRENATAL/IRON ORAL TABLET 28-0.8 MG	2; $0	QL (1 tablet per 1 day)
PRENATAL-U ORAL CAPSULE (*prenatal w/o a vit-fe fum-fa*)	2	QL (1 capsule per 1 day)
PRENATE ELITE ORAL TABLET (*prenatal-feaspgly-methylfol-fa*)	3	ST; QL (1 tablet per 1 day)
PRENATRIX ORAL TABLET (*prenatal vit-fe fumarate-fa*)	3	ST; QL (1 tablet per 1 day)
PRENATRYL ORAL TABLET (*prenatal vit-fe fumarate-fa*)	3	ST; QL (1 tablet per 1 day)
PROVIDA OB ORAL CAPSULE (*prenat w/o a vit-fefum-fepo-fa*)	2	QL (1 capsule per 1 day)
QC PRENATAL ORAL TABLET	2; $0	QL (1 tablet per 1 day)
RA PRENATAL FORMULA ORAL TABLET	2; $0	QL (1 tablet per 1 day)
RA PRENATAL ORAL TABLET	2; $0	QL (1 tablet per 1 day)
RELNATE DHA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (*prenat vit-fepoly-methylfol-fa*)	3	ST; QL (1 tablet per 1 day)
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	2	QL (1 tablet per 1 day)
SE-NATAL 19 ORAL TABLET	2	QL (1 tablet per 1 day)
SE-NATAL 19 ORAL TABLET CHEWABLE	2	QL (1 tablet per 1 day)
TARON-C DHA ORAL CAPSULE (*prenat-fefum-fepo-fa-omega 3*)	2	QL (1 capsule per 1 day)
THRIVITE RX ORAL TABLET	2	ST; QL (1 tablet per 1 day)
TRINATAL RX 1 ORAL TABLET	2	QL (1 tablet per 1 day)
trinate oral tablet	1 or 1a*	QL (1 tablet per 1 day)
VINATE DHA RF ORAL CAPSULE (*prenat w/oa-fefum-methf-omegas*)	3	ST; QL (1 capsule per 1 day)
VITAFOL GUMMIES ORAL TABLET CHEWABLE (*prenatal vit-fe phos-fa-omega*)	2	QL (3 gummies per 1 day)
VITAFOL-OB ORAL TABLET (*prenatal vit-fe fumarate-fa*)	3	ST; QL (1 tablet per 1 day)
vitalara oral tablet	3	ST; QL (1 tablet per 1 day)
VITAPEARL ORAL CAPSULE EXTENDED RELEASE (*prenat-fefum-fered-fa-dha w/oa*)	3	ST; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITATHELY WITH GINGER ORAL TABLET (*prenatal vit-fe fumarate-fa*)	3	ST; QL (1 tablet per 1 day)
VIVA DHA ORAL CAPSULE (*prenatal vit-fe fum-fa-omega*)	3	ST; QL (1 capsule per 1 day)
WESTAB PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
ZALVIT ORAL TABLET	3	ST; QL (2 tablets per 1 day)
ZIPHEX ORAL TABLET	3	ST; QL (2 tablets per 1 day)
PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL - DRUGS FOR NUTRITION**		
COMPLETE NATAL DHA ORAL	2	QL (2 units per 1 day)
wesnatal dha complete oral	2	QL (2 units per 1 day)
PRENATAL MV & MIN W/FE-FA-DHA - DRUGS FOR NUTRITION**		
CITRANATAL 90 DHA ORAL (*prenat w/o a-fecbgl-dss-fa-dha*)	3	ST; QL (2 tablets per 1 day)
CITRANATAL ASSURE ORAL (*prenat w/o a-fecbgl-dss-fa-dha*)	3	ST; QL (2 units per 1 day)
CITRANATAL HARMONY ORAL CAPSULE (*prenat-fefmcb-dss-fa-dha w/o a*)	3	ST; QL (1 capsule per 1 day)
CITRANATAL MEDLEY ORAL CAPSULE (*prenat-fecb-fefum-fa-dha w/o a*)	3	ST; QL (1 capsule per 1 day)
ENFAMIL EXPECTA ORAL (*prenatal mv-min-fe fum-fa-dha*)	2; $0	QL (2 tablets per 1 day)
NESTABS ONE ORAL CAPSULE (*prenat-fe-methylfol-dha w/o a*)	3	ST; QL (1 capsule per 1 day)
pnv-dha oral capsule	1 or 1b*	QL (1 capsule per 1 day)
PNV-DHA+DOCUSATE ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
PREGEN DHA ORAL CAPSULE	3	ST; QL (1 tablet per 1 day)
prena 1 true oral	2	
PRENATAL MULTIVITAMIN + DHA ORAL (*prenatal mv-min-fe fum-fa-dha*)	2; $0	QL (2 tablets per 1 day)
PRENATE DHA ORAL CAPSULE (*prenat-feasp-meth-fa-dha w/o a*)	3	ST; QL (1 capsule per 1 day)
PRENATE ENHANCE ORAL CAPSULE (*prenat w/o a-fe-methfol-fa-dha*)	3	ST; QL (1 capsule per 1 day)
PRENATE ESSENTIAL ORAL CAPSULE (*prenat-feasp-meth-fa-dha w/o a*)	3	ST; QL (1 capsule per 1 day)
PRENATE MINI ORAL CAPSULE (*prenat-fecbn-feasp-meth-fa-dha*)	3	ST; QL (1 capsule per 1 day)
PRENATE PIXIE ORAL CAPSULE (*prenat-feasp-meth-fa-dha w/o a*)	3	ST; QL (1 capsule per 1 day)
PRENATE RESTORE ORAL CAPSULE (*prenat w/o a-fe-methfol-fa-dha*)	3	ST; QL (1 capsule per 1 day)
SELECT-OB+DHA ORAL (*prenatal vit-fepoly-fa-dha*)	3	ST; QL (2 units per 1 day)
TRISTART DHA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
VITAFOL FE+ ORAL CAPSULE (*prenat-fe poly-methfol-fa-dha*)	3	ST; QL (2 capsules per 1 day)
VITAFOL ULTRA ORAL CAPSULE (*prenat-fe poly-methfol-fa-dha*)	3	ST; QL (1 capsule per 1 day)
VITAFOL-OB+DHA ORAL (*prenatal mv-min-fe fum-fa-dha*)	3	ST; QL (2 units per 1 day)
VITAFOL-ONE ORAL CAPSULE (*prenatal vit-fepoly-fa-dha*)	3	ST; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE (*prenat w/o a-fe-methfol-fa-dha*)	3	ST; QL (1 capsule per 1 day)
WESTGEL DHA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
PRENATAL MV & MINERALS W/FA WITHOUT IRON - DRUGS FOR NUTRITION**		
PRENATE ORAL TABLET CHEWABLE (*prenat mv-min-methylfolate-fa*)	3	ST; QL (1 tablet per 1 day)
PRENATAL VITAMINS - DRUGS FOR NUTRITION**		
PREMESISRX ORAL TABLET (*prenatal ca-b6-b12-fa-ginger*)	3	ST; QL (1 tablet per 1 day)
prena1 oral tablet chewable	3	
PRENATE AM ORAL TABLET (*prenatal ca-b6-b12-fa-ginger*)	3	ST; QL (1 tablet per 1 day)
SPECIALTY VITAMINS PRODUCTS - DRUGS FOR NUTRITION**		
glp-dlax oral tablet	3	
VITAMINS W/ LIPOTROPICS - DRUGS FOR NUTRITION**		
ACTIFLOVIT EAR HEALTH ORAL TABLET (*vitamins-lipotropics*)	2; $0	
b complex (lipotropics) oral tablet	1 or 1b*; $0	
b complex formula 1 (lipotrop) oral tablet	1 or 1b*; $0	
balance b-100 oral tablet	1 or 1b*; $0	
balanced b-50 complex oral tablet	1 or 1b*; $0	
COMPLEX B-100-INOSITOL ORAL TABLET EXTENDED RELEASE	2; $0	
cvs balanced b50 oral tablet	1 or 1b*; $0	
cvs inner ear plus oral tablet	1 or 1b*; $0	
ear health formula oral tablet	1 or 1b*; $0	
ear health plus oral tablet	1 or 1b*; $0	
FLAVOVIT EAR HEALTH ORAL TABLET (*vitamins-lipotropics*)	1 or 1b*; $0	
lipo flavonoid plus oral tablet	1 or 1b*; $0	
LIPOTRIAD ORAL TABLET (*vitamins-lipotropics*)	2; $0	
mega multiple/chelated mineral oral tablet	1 or 1b*; $0	
nat-rul b-50 oral tablet	1 or 1b*; $0	
risanoid plus oral tablet	1 or 1b*; $0	
ultra b-100 complex oral tablet	1 or 1b*; $0	
***MUSCULOSKELETAL THERAPY AGENTS* - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
CENTRAL MUSCLE RELAXANTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR (*cyclobenzaprine hcl*)	3	ST; QL (1 capsule per 1 day)
baclofen oral solution 10 mg/5ml	3	PA; QL (40 mL per 1 day)
baclofen oral solution 5 mg/5ml	3	PA; QL (80 mL per 1 day)
baclofen oral suspension	3	PA; QL (16 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
baclofen oral tablet 10 mg, 5 mg	1 or 1b*	QL (3 tablets per 1 day)
baclofen oral tablet 15 mg	3	QL (3 tablets per 1 day)
baclofen oral tablet 20 mg	1 or 1b*	QL (4 tablets per 1 day)
carisoprodol oral tablet	1 or 1b*	QL (4 tablets per 1 day)
chlorzoxazone oral tablet 250 mg	3	ST; QL (4 tablets per 1 day)
chlorzoxazone oral tablet 375 mg, 750 mg	1 or 1b*	ST; QL (4 tablets per 1 day)
chlorzoxazone oral tablet 500 mg	1 or 1b*	QL (4 tablets per 1 day)
cyclobenzaprine hcl er oral capsule extended release 24 hour	3	ST; QL (1 capsule per 1 day)
cyclobenzaprine hcl oral tablet 10 mg	1 or 1b*	QL (3 tablets per 1 day)
cyclobenzaprine hcl oral tablet 5 mg	1 or 1b*	QL (6 tablets per 1 day)
cyclobenzaprine hcl oral tablet 7.5 mg	3	ST; QL (3 tablets per 1 day)
fexmid oral tablet	3	ST; QL (3 tablets per 1 day)
FLEQSUVY ORAL SUSPENSION (*baclofen*)	3	PA; QL (16 mL per 1 day)
LYVISPAH ORAL PACKET 10 MG, 5 MG (*baclofen*)	3	PA; QL (3 packets per 1 day)
LYVISPAH ORAL PACKET 20 MG (*baclofen*)	3	PA; QL (4 packets per 1 day)
metaxalone oral tablet	3	ST; QL (4 tablets per 1 day)
methocarbamol injection solution	1 or 1b*	
methocarbamol oral tablet 1000 mg	3	ST; QL (4 tablets per 1 day)
methocarbamol oral tablet 500 mg	1 or 1b*	QL (8 tablets per 1 day)
methocarbamol oral tablet 750 mg	1 or 1b*	QL (6 tablets per 1 day)
orphenadrine citrate er oral tablet extended release 12 hour	1 or 1b*	QL (2 tablets per 1 day)
orphenadrine citrate injection solution	1 or 1b*	
OZOBAX DS ORAL SOLUTION (*baclofen*)	3	PA; QL (40 mL per 1 day)
ROBAXIN INJECTION SOLUTION (*methocarbamol*)	3	
SOMA ORAL TABLET (*carisoprodol*)	3	ST; QL (4 tablets per 1 day)
methocarbamol (Tanlor Oral Tablet)	3	ST; QL (4 tablets per 1 day)
tizanidine hcl oral capsule 2 mg	3	ST; QL (4 capsules per 1 day)
tizanidine hcl oral capsule 4 mg	3	ST; QL (9 capsules per 1 day)
tizanidine hcl oral capsule 6 mg	1 or 1b*	QL (6 capsules per 1 day)
tizanidine hcl oral tablet 2 mg	1 or 1b*	QL (4 tablets per 1 day)
tizanidine hcl oral tablet 4 mg	1 or 1b*	QL (9 tablets per 1 day)
ZANAFLEX ORAL TABLET (*tizanidine hcl*)	3	ST; QL (9 tablets per 1 day)
DIRECT MUSCLE RELAXANTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED (*dantrolene sodium*)	3	
DANTRIUM ORAL CAPSULE (*dantrolene sodium*)	3	
dantrolene sodium intravenous solution reconstituted	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dantrolene sodium oral capsule	1 or 1b*	
revonto intravenous solution reconstituted	1 or 1b*	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED (*dantrolene sodium*)	3	
MUSCLE RELAXANT COMBINATIONS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
NORGESIC FORTE ORAL TABLET	1 or 1b*	ST; QL (4 tablets per 1 day)
norgesic oral tablet	1 or 1b*	ST; QL (8 tablets per 1 day)
ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET	1 or 1b*	ST; QL (8 tablets per 1 day)
orphengesic forte oral tablet	1 or 1b*	ST; QL (4 tablets per 1 day)
RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
SOHONOS ORAL CAPSULE 1 MG (*palovarotene*)	3	PA; LD; QL (4 capsules per 1 day); SP
SOHONOS ORAL CAPSULE 1.5 MG (*palovarotene*)	3	PA; LD; QL (2 capsules per 1 day); SP
SOHONOS ORAL CAPSULE 10 MG (*palovarotene*)	3	PA; LD; QL (14 capsules per 365 days); SP
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG (*palovarotene*)	3	PA; LD; QL (1 capsule per 1 day); SP
VISCOSUPPLEMENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE (*sodium hyaluronate (viscosup)*)	3	PA; LD
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (*sodium hyaluronate (viscosup)*)	3	PA; LD
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE (*cross-linked hyaluronate*)	3	PA; LD
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (*sodium hyaluronate (viscosup)*)	3	PA; LD
HYALGAN INTRA-ARTICULAR SOLUTION (*sodium hyaluronate (viscosup)*)	3	PA; LD
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (*sodium hyaluronate (viscosup)*)	3	PA; LD
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (*hyaluronan*)	3	PA; LD
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (*hyaluronan*)	3	PA; LD
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (*hyaluronan*)	3	PA; LD
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (*sodium hyaluronate (viscosup)*)	3	PA; LD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (*sodium hyaluronate (viscosup)*)	3	PA; LD
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (*hylan g-f 20*)	3	PA; LD
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (*hylan g-f 20*)	3	PA; LD
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (*sodium hyaluronate (viscosup)*)	3	PA; LD
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (*sodium hyaluronate (viscosup)*)	3	PA; LD
***NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE**		
ANTIHISTAMINE-STEROID - ALLERGY**		
azelastine-fluticasone nasal suspension	3	QL (1 bottle per 30 days)
DYMISTA NASAL SUSPENSION (*azelastine-fluticasone*)	3	QL (1 bottle per 30 days)
RYALTRIS NASAL SUSPENSION (*olopatadine-mometasone*)	3	QL (1 inhaler per 30 days)
NASAL ANESTHETICS - ALLERGY**		
COCAINE HCL NASAL SOLUTION	3	
NUMBRINO NASAL SOLUTION (*cocaine hcl (nasal anesthetic)*)	3	
NASAL ANTICHOLINERGICS - ALLERGY**		
ipratropium bromide nasal solution 0.03 %	1 or 1b*	QL (2 bottles per 30 days)
ipratropium bromide nasal solution 0.06 %	1 or 1b*	QL (1 mL per 1 day)
NASAL ANTIHISTAMINES - ALLERGY**		
azelastine hcl nasal solution	1 or 1b*	QL (1 package per 25 days)
olopatadine hcl nasal solution	1 or 1b*	QL (1 bottle per 30 days)
NASAL STEROIDS - ALLERGY**		
flunisolide nasal solution	3	ST; QL (3 inhalers per 30 days)
fluticasone propionate nasal suspension	1 or 1a*	BE; QL (1 bottle per 30 days)
mometasone furoate nasal suspension	3	ST; BE; QL (1 bottle per 30 days)
OMNARIS NASAL SUSPENSION (*ciclesonide*)	3	ST; QL (1 bottle per 30 days)
PROPEL CONTOUR NASAL IMPLANT (*mometasone furoate*)	3	
PROPEL MINI NASAL IMPLANT (*mometasone furoate*)	3	
PROPEL MINI SDS NASAL IMPLANT (*mometasone furoate*)	3	
PROPEL NASAL IMPLANT (*mometasone furoate*)	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION (*beclomethasone diprop (nasal)*)	3	ST; QL (1 bottle per 30 days)
QNASL NASAL AEROSOL SOLUTION (*beclomethasone diprop (nasal)*)	3	ST; QL (1 bottle per 30 days)
XHANCE NASAL EXHALER SUSPENSION (*fluticasone propionate*)	3	PA; QL (2 inhalers per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***NEUROMUSCULAR AGENTS* - DRUGS FOR NERVES AND MUSCLES**		
ALS AGENTS - MISCELLANEOUS - DRUGS FOR NERVES AND MUSCLES**		
edaravone intravenous solution 30 mg/100ml	3	PA; LD; SP
edaravone intravenous solution 60 mg/100ml	3	PA; SP
RADICAVA ORS ORAL SUSPENSION (*edaravone*)	3	PA; LD; QL (1 kit per 28 days); SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION (*edaravone*)	3	PA; LD; QL (1 starter kit per 1 lifetime); SP
BENZATHIAZOLES - DRUGS FOR NERVES AND MUSCLES**		
riluzole oral tablet	1 or 1b*	PA; LD; QL (4 tablets per 1 day); SP
TEGLUTIK ORAL SUSPENSION (*riluzole*)	3	PA; LD; QL (40 mL per 1 day)
TIGLUTIK ORAL SUSPENSION (*riluzole*)	3	PA; LD; QL (40 mL per 1 day)
DEPOLARIZING MUSCLE RELAXANTS - DRUGS FOR NERVES AND MUSCLES**		
ANECTINE INJECTION SOLUTION (*succinylcholine chloride*)	3	
QUELICIN INJECTION SOLUTION (*succinylcholine chloride*)	3	
FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS - DRUGS FOR NERVES AND MUSCLES**		
SKYCLARYS ORAL CAPSULE (*omaveloxolone*)	3	PA; LD; QL (3 capsules per 1 day)
MUSCULAR DYSTROPHY - GENE THERAPY AGENTS - DRUGS FOR NERVES AND MUSCLES**		
AMONDYS 45 INTRAVENOUS SOLUTION	3	PA; LD
EXONDYS 51 INTRAVENOUS SOLUTION (*eteplirsen*)	3	PA; LD
VILTEPSO INTRAVENOUS SOLUTION (*viltolarsen*)	3	PA; LD
VYONDYS 53 INTRAVENOUS SOLUTION (*golodirsen*)	3	PA; LD
***MUSCULAR DYSTROPHY - HISTONE DEACETYLASE INHIBITORS** - DRUGS FOR NERVES AND MUSCLES**		
DUVYZAT ORAL SUSPENSION (*givinostat hcl*)	3	PA; LD; QL (12 mL per 1 day)
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS - DRUGS FOR NERVES AND MUSCLES**		
BOTOX INJECTION SOLUTION RECONSTITUTED (*onabotulinumtoxina*)	3	PA; LD
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED (*abobotulinumtoxina*)	3	PA; LD; SP
MYOBLOC INTRAMUSCULAR SOLUTION (*rimabotulinumtoxinb*)	3	PA; LD; SP
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED (*incobotulinumtoxina*)	3	PA; LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NONDEPOLARIZING MUSCLE RELAXANTS - DRUGS FOR NERVES AND MUSCLES**		
atracurium besylate intravenous solution	1 or 1b*	
cisatracurium besylate (pf) intravenous solution	1 or 1b*	
cisatracurium besylate intravenous solution	1 or 1b*	
rocuronium bromide intravenous solution	1 or 1b*	
vecuronium bromide intravenous solution reconstituted	1 or 1b*	
RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS - DRUGS FOR NERVES AND MUSCLES**		
DAYBUE ORAL SOLUTION (*trofinetide*)	3	PA; LD; QL (120 mL per 1 day)
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS - DRUGS FOR NERVES AND MUSCLES**		
EVRYSDI ORAL SOLUTION RECONSTITUTED (*risdiplam*)	3	PA; LD; QL (5 mg per 1 day)
EVRYSDI ORAL TABLET (*risdiplam*)	3	PA; QL (1 tablet per 1 day)
***NUTRIENTS* - DRUGS FOR NUTRITION**		
AMINO ACID MIXTURES - DRUGS FOR NUTRITION**		
AMINOSYN II INTRAVENOUS SOLUTION 10 % (*amino acid infusion*)	3	
aminosyn ii intravenous solution 15 %	1 or 1b*	
AMINOSYN-PF 7% INTRAVENOUS SOLUTION (*amino acid infusion*)	3	
AMINOSYN-PF INTRAVENOUS SOLUTION (*amino acid infusion*)	3	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION (*amino ac elect-calc in d5w*)	3	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION (*amino ac elect-calc in d10w*)	3	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION (*amino ac elect-calc in d5w*)	3	
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION (*amino ac elect-calc in d15w*)	3	
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION (*amino ac elect-calc in d20w*)	3	
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION (*amino acid infusion in d10w*)	3	
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION (*amino acid infusion in d5w*)	3	
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION (*amino acid infusion in d15w*)	3	
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION (*amino acid infusion in d20w*)	3	
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	
clinisol sf intravenous solution	1 or 1b*	
plenamine intravenous solution	1 or 1b*	
PREMASOL INTRAVENOUS SOLUTION (*amino acid infusion*)	3	
PROSOL INTRAVENOUS SOLUTION (*amino acid infusion*)	3	
REFRESH AA 15 PKU ORAL LIQUID (*amino acids*)	2	
REFRESH AA 15 TYR ORAL LIQUID (*amino acids*)	2	
TRAVASOL INTRAVENOUS SOLUTION (*amino acid infusion*)	3	
TROPHAMINE INTRAVENOUS SOLUTION (*amino acid infusion*)	3	
AMINO ACIDS-SINGLE - DRUGS FOR NUTRITION**		
ELCYS INTRAVENOUS SOLUTION (*cysteine hcl*)	3	
CARBOHYDRATES - DRUGS FOR NUTRITION**		
dextrose intravenous solution 10 %	1 or 1b*	
DEXTROSE INTRAVENOUS SOLUTION 20 %, 30 %, 40 %	3	
dextrose intravenous solution 5 %	3	
glucose (dextrose) intravenous solution	3	
LIPIDS - DRUGS FOR NUTRITION**		
CLINOLIPID INTRAVENOUS EMULSION (*fat emuls plant base(soy/oliv)*)	3	
DOJOLVI ORAL LIQUID (*triheptanoin*)	3	PA; LD; QL (2 bottles per 30 days); SP
INTRALIPID INTRAVENOUS EMULSION (*fat emulsion plant based (soy)*)	3	
NUTRILIPID INTRAVENOUS EMULSION (*fat emulsion plant based (soy)*)	3	
OMEGAVEN INTRAVENOUS EMULSION (*fish oil triglyceride based*)	3	
SMOFLIPID INTRAVENOUS EMULSION (*fat emul fish oil/plant based*)	3	
PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS - DRUGS FOR NUTRITION**		
KABIVEN INTRAVENOUS EMULSION (*amino ac-dext-lipid-electrolyt*)	3	
PERIKABIVEN INTRAVENOUS EMULSION (*amino ac-dext-lipid-electrolyt*)	3	
***OPHTHALMIC AGENTS* - DRUGS FOR THE EYE**		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB - DRUGS FOR GLAUCOMA**		
SIMBRINZA OPHTHALMIC SUSPENSION (*brinzolamide-brimonidine*)	2	QL (8 mL per 30 days)
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS - DRUGS FOR GLAUCOMA**		
brimonidine tartrate-timolol ophthalmic solution	1 or 1b*	QL (15 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIGAN OPHTHALMIC SOLUTION (*brimonidine tartrate-timolol*)	3	QL (15 mL per 30 days)
COSOPT OPHTHALMIC SOLUTION (*dorzolamide hcl-timolol mal*)	3	QL (10 mL per 30 days)
COSOPT PF OPHTHALMIC SOLUTION (*dorzolamide hcl-timolol mal*)	3	QL (60 units per 30 days)
dorzolamide hcl-timolol mal ophthalmic solution	1 or 1b*	QL (10 mL per 30 days)
dorzolamide hcl-timolol mal pf ophthalmic solution	1 or 1b*	QL (60 units per 30 days)
BETA-BLOCKERS - OPHTHALMIC - DRUGS FOR GLAUCOMA**		
betaxolol hcl ophthalmic solution	1 or 1b*	QL (0.5 mL per 1 day)
BETIMOL OPHTHALMIC SOLUTION (*timolol hemihydrate*)	3	QL (15 mL per 30 days)
BETOPTIC-S OPHTHALMIC SUSPENSION (*betaxolol hcl*)	2	QL (15 mL per 30 days)
carteolol hcl ophthalmic solution	1 or 1a*	
ISTALOL OPHTHALMIC SOLUTION (*timolol maleate*)	3	QL (5 mL per 30 days)
levobunolol hcl ophthalmic solution	1 or 1b*	
timolol hemihydrate ophthalmic solution	1 or 1b*	QL (15 mL per 30 days)
timolol maleate (once-daily) ophthalmic solution	1 or 1b*	QL (5 mL per 30 days)
timolol maleate ocudose ophthalmic solution	1 or 1b*	QL (20 mL per 30 days)
timolol maleate ophthalmic gel forming solution	1 or 1b*	QL (5 mL per 30 days)
timolol maleate ophthalmic solution	1 or 1b*	QL (20 mL per 30 days)
timolol maleate pf ophthalmic solution 0.25 %	1 or 1b*	QL (18 mL per 30 days)
timolol maleate pf ophthalmic solution 0.5 %	1 or 1b*	QL (20 mL per 30 days)
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % (*timolol maleate*)	3	QL (18 mL per 30 days)
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	3	QL (20 mL per 30 days)
CHOLINERGIC AGONISTS - DRUGS FOR THE EYE**		
TYRVAYA NASAL SOLUTION (*varenicline tartrate*)	3	PA; QL (0.28 mL per 1 day)
CYCLOPLEGIC MYDRIATIC COMBINATIONS - DRUGS FOR THE EYE**		
CYCLOMYDRIL OPHTHALMIC SOLUTION (*cyclopentolate-phenylephrine*)	3	
MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE (*tropicamide-phenylephrine*)	3	
CYCLOPLEGIC MYDRIATICS - DRUGS FOR THE EYE**		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	3	QL (20 mL per 30 days)
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % (*cyclopentolate hcl*)	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 % (*cyclopentolate hcl*)	3	QL (15 mL per 30 days)
cyclopentolate hcl ophthalmic solution	1 or 1b*	QL (15 mL per 30 days)
MYDRIACYL OPHTHALMIC SOLUTION (*tropicamide*)	3	
phenylephrine hcl ophthalmic solution 10 %	1 or 1b*	
phenylephrine hcl ophthalmic solution 2.5 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tropicamide ophthalmic solution	1 or 1b*	
LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
XIIDRA OPHTHALMIC SOLUTION (*lifitegrast*)	2	PA; QL (2 vial per 1 day)
MIOTICS - CHOLINESTERASE INHIBITORS - DRUGS FOR GLAUCOMA**		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED (*echothiophate iodide*)	3	QL (5 mL per 30 days)
MIOTICS - DIRECT ACTING - DRUGS FOR GLAUCOMA**		
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED (*acetylcholine chloride*)	3	
MIOSTAT INTRAOCULAR SOLUTION (*carbachol*)	3	
pilocarpine hcl ophthalmic solution	1 or 1b*	
QLOSI OPHTHALMIC SOLUTION (*pilocarpine hcl*)	3	PA; QL (2 vials per 1 day)
VUITY OPHTHALMIC SOLUTION (*pilocarpine hcl*)	3	PA; QL (5 mL per 30 days)
OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS - DRUGS FOR THE EYE**		
VABYSMO INTRAVITREAL SOLUTION (*faricimab-svoa*)	3	PA; LD; SP
VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE (*faricimab-svoa*)	3	PA; LD; SP
OPHTHALMIC ANTIALLERGIC - DRUGS FOR ITCHY EYE**		
ALOCRIL OPHTHALMIC SOLUTION (*nedocromil sodium*)	3	ST; QL (1 bottle per 30 days)
azelastine hcl ophthalmic solution	1 or 1b*	QL (1 bottle per 24 days)
bepotastine besilate ophthalmic solution	3	ST; QL (10 mL per 30 days)
BEPREVE OPHTHALMIC SOLUTION (*bepotastine besilate*)	3	ST; QL (10 mL per 30 days)
cromolyn sodium ophthalmic solution	1 or 1a*	QL (2 bottles per 30 days)
epinastine hcl ophthalmic solution	1 or 1b*	QL (1 bottle per 30 days)
olopatadine hcl ophthalmic solution 0.1 %	1 or 1b*	ST; QL (1 bottle per 30 days)
olopatadine hcl ophthalmic solution 0.2 %	3	ST; BE; QL (0.1 mL per 1 day)
ZERVIATE OPHTHALMIC SOLUTION (*cetirizine hcl*)	3	ST; QL (2 boxes per 30 days)
OPHTHALMIC ANTIBIOTICS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
AZASITE OPHTHALMIC SOLUTION (*azithromycin*)	3	QL (2.5 mL per 30 days)
bacitracin ophthalmic ointment	1 or 1b*	QL (7 grams per 30 days)
BESIVANCE OPHTHALMIC SUSPENSION (*besifloxacin hcl*)	3	QL (5 mL per 30 days)
CILOXAN OPHTHALMIC OINTMENT (*ciprofloxacin hcl*)	3	QL (3.5 grams per 30 days)
ciprofloxacin hcl ophthalmic solution	1 or 1a*	QL (10 mL per 30 days)
erythromycin ophthalmic ointment	3	QL (3.5 grams per 30 days)
gatifloxacin ophthalmic solution	1 or 1b*	QL (2.5 mL per 30 days)
gentamicin sulfate ophthalmic solution	1 or 1a*	QL (10 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levofloxacin ophthalmic solution	1 or 1b*	QL (5 mL per 30 days)
mitomycin intraocular solution prefilled syringe	3	
MITOSOL OPHTHALMIC KIT (*mitomycin*)	3	
moxifloxacin hcl (2x day) ophthalmic solution	1 or 1b*	QL (3 mL per 30 days)
moxifloxacin hcl ophthalmic solution	1 or 1b*	QL (3 mL per 30 days)
OCUFLOX OPHTHALMIC SOLUTION (*ofloxacin*)	3	QL (10 mL per 30 days)
ofloxacin ophthalmic solution	1 or 1a*	QL (10 mL per 30 days)
tobramycin ophthalmic solution	1 or 1a*	QL (20 mL per 30 days)
TOBREX OPHTHALMIC OINTMENT (*tobramycin*)	3	QL (3.5 grams per 30 days)
VIGAMOX OPHTHALMIC SOLUTION (*moxifloxacin hcl*)	3	QL (3 mL per 30 days)
OPHTHALMIC ANTIFUNGAL - DRUGS FOR THE EYE**		
NATACYN OPHTHALMIC SUSPENSION (*natamycin*)	3	QL (15 mL per 30 days)
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
bacitracin-polymyxin b ophthalmic ointment	1 or 1a*	QL (3.5 grams per 30 days)
neomycin-bacitracin zn-polymyx ophthalmic ointment	1 or 1b*	QL (3.5 grams per 30 days)
neomycin-polymyxin-gramicidin ophthalmic solution	1 or 1b*	QL (10 mL per 30 days)
neo-polycin ophthalmic ointment	1 or 1b*	QL (3.5 grams per 30 days)
polycin ophthalmic ointment	1 or 1a*	QL (3.5 grams per 30 days)
polymyxin b-trimethoprim ophthalmic solution	1 or 1a*	QL (10 mL per 30 days)
OPHTHALMIC ANTISEPTICS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION (*povidone-iodine*)	3	
OPHTHALMIC ANTIVIRALS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
trifluridine ophthalmic solution	1 or 1b*	QL (7.5 mL per 30 days)
ZIRGAN OPHTHALMIC GEL (*ganciclovir*)	3	QL (5 gram per 7 days)
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS - DRUGS FOR GLAUCOMA**		
AZOPT OPHTHALMIC SUSPENSION (*brinzolamide*)	3	QL (15 ML per 30 days)
brinzolamide ophthalmic suspension	1 or 1b*	QL (15 mL per 30 days)
dorzolamide hcl ophthalmic solution	1 or 1b*	QL (10 mL per 30 days)
OPHTHALMIC COMPLEMENT C3 INHIBITORS - DRUGS FOR THE EYE**		
SYFOVRE INTRAVITREAL SOLUTION (*pegcetacoplan (ophthalmic)*)	3	PA; LD
OPHTHALMIC COMPLEMENT C5 INHIBITORS - DRUGS FOR THE EYE**		
IZERVAY INTRAVITREAL SOLUTION (*avacincaptad pegol*)	3	PA; LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPHTHALMIC DIAGNOSTIC PRODUCTS - DRUGS FOR THE EYE**		
ak-fluor intravenous solution	1 or 1b*	
altafluor benox ophthalmic solution	1 or 1b*	
fluorescein intravenous solution	1 or 1b*	
fluorescein sodium intravenous solution	1 or 1b*	
FLUORESCEIN SODIUM/BENOXINATE OPHTHALMIC SOLUTION	3	
fluorescein-benoxinate ophthalmic solution	1 or 1b*	
FLUORESCITE INTRAVENOUS SOLUTION (*fluorescein sodium*)	3	
FLURA-SAFE OPHTHALMIC SOLUTION (*fluorexon-benoxinate*)	3	
***OPHTHALMIC ECTOPARASITICIDE** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
XDEMVY OPHTHALMIC SOLUTION (*lotilaner*)	3	PA; QL (1 bottle per 1 fill)
OPHTHALMIC IMMUNOMODULATORS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
CEQUA OPHTHALMIC SOLUTION (*cyclosporine*)	3	PA; QL (2 vials per 1 day)
cyclosporine ophthalmic emulsion	1 or 1b*	PA; QL (2 vials per 1 day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION (*cyclosporine*)	2	PA; QL (1 bottle per 28 days)
RESTASIS OPHTHALMIC EMULSION (*cyclosporine*)	2	PA; QL (2 vials per 1 day)
VERKAZIA OPHTHALMIC EMULSION (*cyclosporine*)	3	PA; QL (120 vials per 30 days)
VEVYE OPHTHALMIC SOLUTION (*cyclosporine*)	3	PA; QL (1 bottle per 30 days)
OPHTHALMIC IRRIGATION SOLUTIONS - DRUGS FOR THE EYE**		
BSS INTRAOCULAR SOLUTION (*ophth irr soln-intraocular*)	3	
BSS PLUS INTRAOCULAR SOLUTION (*ophth irr soln-intraocular*)	3	
OPHTHALMIC KINASE INHIBITORS - COMBINATIONS - DRUGS FOR GLAUCOMA**		
ROCKLATAN OPHTHALMIC SOLUTION (*netarsudil-latanoprost*)	3	QL (2.5 mL per 30 days)
OPHTHALMIC LOCAL ANESTHETICS - DRUGS FOR THE EYE**		
AKTEN OPHTHALMIC GEL (*lidocaine hcl*)	3	
ALCAINE OPHTHALMIC SOLUTION (*proparacaine hcl*)	3	
IHEEZO OPHTHALMIC GEL (*chloroprocaine hcl*)	3	
proparacaine hcl ophthalmic solution	1 or 1b*	
tetracaine hcl ophthalmic solution	1 or 1b*	
OPHTHALMIC NERVE GROWTH FACTORS - DRUGS FOR THE EYE**		
OXERVATE OPHTHALMIC SOLUTION (*cenegermin-bkbj*)	3	PA; LD; QL (2 vials per 1 day)
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
ACULAR LS OPHTHALMIC SOLUTION (*ketorolac tromethamine*)	3	QL (5 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACULAR OPHTHALMIC SOLUTION (*ketorolac tromethamine*)	3	QL (10 mL per 30 days)
ACUVAIL OPHTHALMIC SOLUTION (*ketorolac tromethamine*)	3	QL (1 box per 30 days)
bromfenac sodium (once-daily) ophthalmic solution	1 or 1b*	QL (1.7 mL per 30 days)
bromfenac sodium ophthalmic solution 0.07 %	1 or 1b*	QL (3 mL per 30 days)
bromfenac sodium ophthalmic solution 0.075 %	1 or 1b*	QL (5 mL per 30 days)
BROMSITE OPHTHALMIC SOLUTION (*bromfenac sodium*)	3	QL (5 mL per 30 days)
diclofenac sodium ophthalmic solution	1 or 1b*	QL (5 mL per 30 days)
flurbiprofen sodium ophthalmic solution	1 or 1b*	QL (2.5 mL per 30 days)
ILEVRO OPHTHALMIC SUSPENSION (*nepafenac*)	2	QL (3 mL per 30 days)
ketorolac tromethamine ophthalmic solution 0.4 %	1 or 1b*	QL (5 mL per 30 days)
ketorolac tromethamine ophthalmic solution 0.5 %	1 or 1b*	QL (10 mL per 30 days)
NEVANAC OPHTHALMIC SUSPENSION (*nepafenac*)	3	QL (3 mL per 30 days)
PROLENSA OPHTHALMIC SOLUTION (*bromfenac sodium*)	3	QL (3 mL per 30 days)
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS - DRUGS FOR THE EYE**		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED (*verteporfin*)	3	LD; QL (1 fill per 30 days); SP
OPHTHALMIC PHOTOENHANCER COMBINATIONS - DRUGS FOR THE EYE**		
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE (*riboflav5 & riboflav5-dextran*)	3	
OPHTHALMIC RHO KINASE INHIBITORS - DRUGS FOR GLAUCOMA**		
RHOPRESSA OPHTHALMIC SOLUTION (*netarsudil dimesylate*)	3	QL (2.5 mL per 30 days)
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS - DRUGS FOR GLAUCOMA**		
ALPHAGAN P OPHTHALMIC SOLUTION (*brimonidine tartrate*)	3	QL (30 mL per 30 days)
apraclonidine hcl ophthalmic solution	1 or 1b*	
brimonidine tartrate ophthalmic solution	1 or 1b*	QL (30 mL per 30 days)
IOPIDINE OPHTHALMIC SOLUTION (*apraclonidine hcl*)	3	
OPHTHALMIC STEROID COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1 or 1b*	QL (7 mL per 30 days)
MAXITROL OPHTHALMIC OINTMENT (*neomycin-polymyxin-dexameth*)	3	QL (7 mL per 30 days)
MAXITROL OPHTHALMIC SUSPENSION (*neomycin-polymyxin-dexameth*)	3	QL (20 mL per 30 days)
neomycin-polymyxin-dexameth ophthalmic ointment	1 or 1a*	QL (7 mL per 30 days)
neomycin-polymyxin-dexameth ophthalmic suspension	1 or 1a*	QL (20 mL per 30 days)
neomycin-polymyxin-hc ophthalmic suspension	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neo-polycin hc ophthalmic ointment	1 or 1b*	QL (7 mL per 30 days)
sulfacetamide-prednisolone ophthalmic solution	1 or 1a*	QL (15 mL per 30 days)
TOBRADEX OPHTHALMIC OINTMENT (*tobramycin-dexamethasone*)	2	
TOBRADEX ST OPHTHALMIC SUSPENSION (*tobramycin-dexamethasone*)	3	QL (10 mL per 30 days)
tobramycin-dexamethasone ophthalmic suspension	1 or 1b*	QL (10 mL per 30 days)
ZYLET OPHTHALMIC SUSPENSION (*loteprednol-tobramycin*)	2	QL (20 mL per 30 days)
OPHTHALMIC STEROIDS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
ALREX OPHTHALMIC SUSPENSION (*loteprednol etabonate*)	3	
clobetasol propionate ophthalmic suspension	3	QL (3.5 mL per 30 days)
dexamethasone sodium phosphate ophthalmic solution	1 or 1b*	
DEXTENZA OPHTHALMIC INSERT (*dexamethasone*)	3	
DEXYCU INTRAOCULAR SUSPENSION (*dexamethasone*)	3	
difluprednate ophthalmic emulsion	1 or 1b*	QL (10 mL per 30 days)
DUREZOL OPHTHALMIC EMULSION (*difluprednate*)	3	QL (10 mL per 30 days)
EYSUVIS OPHTHALMIC SUSPENSION (*loteprednol etabonate*)	3	PA; QL (20 mL per 30 days)
FLAREX OPHTHALMIC SUSPENSION (*fluorometholone acetate*)	3	
fluorometholone ophthalmic suspension	1 or 1b*	
FML FORTE OPHTHALMIC SUSPENSION (*fluorometholone*)	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION (*fluorometholone*)	3	
ILUVIEN INTRAVITREAL IMPLANT (*fluocinolone acetonide*)	3	PA; LD; SP
INVELTYS OPHTHALMIC SUSPENSION (*loteprednol etabonate*)	3	QL (5.6 mL per 30 days)
LOTEMAX OPHTHALMIC GEL (*loteprednol etabonate*)	3	QL (10 grams per 30 days)
LOTEMAX OPHTHALMIC OINTMENT (*loteprednol etabonate*)	3	QL (7 grams per 30 days)
LOTEMAX OPHTHALMIC SUSPENSION (*loteprednol etabonate*)	3	QL (30 mL per 30 days)
LOTEMAX SM OPHTHALMIC GEL (*loteprednol etabonate*)	3	QL (10 grams per 30 days)
loteprednol etabonate ophthalmic gel	1 or 1b*	QL (10 grams per 30 days)
loteprednol etabonate ophthalmic suspension 0.2 %	3	
loteprednol etabonate ophthalmic suspension 0.5 %	1 or 1b*	QL (30 mL per 30 days)
MAXIDEX OPHTHALMIC SUSPENSION (*dexamethasone*)	3	
OZURDEX INTRAVITREAL IMPLANT (*dexamethasone*)	3	PA; LD; SP
PRED FORTE OPHTHALMIC SUSPENSION (*prednisolone acetate*)	3	QL (20 mL per 30 days)
PRED MILD OPHTHALMIC SUSPENSION (*prednisolone acetate*)	3	
prednisolone acetate ophthalmic suspension	1 or 1b*	QL (20 mL per 30 days)
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	3	QL (20 mL per 30 days)
RETISERT INTRAVITREAL IMPLANT (*fluocinolone acetonide*)	3	PA; LD; SP
TRIESENCE INTRAOCULAR SUSPENSION (*triamcinolone acetonide*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIPERE INTRAOCULAR SUSPENSION (*triamcinolone acetonide*)	3	PA; LD
YUTIQ INTRAVITREAL IMPLANT (*fluocinolone acetonide*)	3	PA; LD; SP
OPHTHALMIC SULFONAMIDES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
sulfacetamide sodium ophthalmic ointment	1 or 1b*	QL (3.5 grams per 30 days)
sulfacetamide sodium ophthalmic solution	1 or 1b*	QL (15 mL per 30 days)
OPHTHALMIC SURGICAL AIDS - COMBINATIONS - DRUGS FOR THE EYE**		
DISCOVISC INTRAOCULAR SOLUTION (*na chondroit sulf-na hyaluron*)	3	
DUOVISC INTRAOCULAR KIT 0.4-0.35 ML, 0.55-0.5 ML (*na hyalur & na chond-na hyalur*)	3	
OMIDRIA INTRAOCULAR SOLUTION (*phenylephrine-ketorolac*)	3	
VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE (*na chondroit sulf-na hyaluron*)	3	
OPHTHALMIC SURGICAL AIDS - DRUGS FOR THE EYE**		
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE (*sodium hyaluronate*)	3	LD
AMVISC PLUS INTRAOCULAR SOLUTION PREFILLED SYRINGE (*sodium hyaluronate*)	3	LD
CELLUGEL INTRAOCULAR SOLUTION (*hypromellose*)	3	
HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (*sodium hyaluronate*)	3	LD
HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (*sodium hyaluronate*)	3	LD
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (*sodium hyaluronate*)	3	LD
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (*sodium hyaluronate*)	3	LD
PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE (*sodium hyaluronate*)	3	LD
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE (*brilliant blue g*)	3	
TOTALVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE (*sodium hyaluronate*)	3	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE (*trypan blue*)	3	
***OPHTHALMICS - BLEPHAROPTOSIS AGENTS** - DRUGS FOR THE EYE**		
UPNEEQ OPHTHALMIC SOLUTION (*oxymetazoline hcl*)	3	PA; QL (30 containers per 30 days)
***OPHTHALMICS - CYSTINOSIS AGENTS** - DRUGS FOR THE EYE**		
CYSTADROPS OPHTHALMIC SOLUTION (*cysteamine hcl*)	3	PA; QL (4 bottles per 28 days)
CYSTARAN OPHTHALMIC SOLUTION (*cysteamine hcl*)	3	PA; LD; QL (60 mL per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPHTHALMICS MISC. - OTHER - DRUGS FOR THE EYE**		
MIEBO OPHTHALMIC SOLUTION (*perfluorohexyloctane*)	3	PA; QL (1 bottle per 30 days)
PROSTAGLANDINS - OPHTHALMIC - DRUGS FOR GLAUCOMA**		
bimatoprost ophthalmic solution	1 or 1b*	
DURYSTA INTRAOCULAR IMPLANT (*bimatoprost*)	3	PA; LD; QL (2 applicators per 1 lifetime); SP
IDOSE TR INTRAOCULAR IMPLANT (*travoprost*)	3	PA; LD; QL (2 units per 1 lifetime)
IYUZEH OPHTHALMIC SOLUTION (*latanoprost*)	3	QL (30 units per 30 days)
latanoprost ophthalmic solution	1 or 1b*	QL (5 mL per 30 days)
LUMIGAN OPHTHALMIC SOLUTION (*bimatoprost*)	2	QL (7.5 mL per 30 days)
tafluprost (pf) ophthalmic solution	1 or 1b*	QL (9 mL per 30 days)
TRAVATAN Z OPHTHALMIC SOLUTION (*travoprost*)	3	QL (10 mL per 30 days)
travoprost (bak free) ophthalmic solution	1 or 1b*	QL (10 mL per 30 days)
VYZULTA OPHTHALMIC SOLUTION (*latanoprostene bunod*)	3	QL (5 mL per 30 days)
XALATAN OPHTHALMIC SOLUTION (*latanoprost*)	3	QL (5 mL per 30 days)
XELPROS OPHTHALMIC EMULSION (*latanoprost*)	3	QL (5 mL per 30 days)
ZIOPTAN OPHTHALMIC SOLUTION (*tafluprost*)	3	QL (9 mL per 30 days)
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS - DRUGS FOR THE EYE**		
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE (*brolucizumab-dbll*)	3	PA; LD; SP
BYOOVIZ INTRAVITREAL SOLUTION (*ranibizumab-nuna*)	3	PA; LD; SP
CIMERLI INTRAVITREAL SOLUTION (*ranibizumab-eqrn*)	3	PA; LD; SP
EYLEA HD INTRAVITREAL SOLUTION (*aflibercept*)	3	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION (*aflibercept*)	3	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE (*aflibercept*)	3	PA; LD; SP
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE (*ranibizumab*)	3	PA; LD; SP
PAVBLU INTRAVITREAL SOLUTION (*aflibercept-ayyh*)	3	PA
PAVBLU INTRAVITREAL SOLUTION PREFILLED SYRINGE (*aflibercept-ayyh*)	3	PA
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION (*ranibizumab*)	3	LD; SP
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION (*ranibizumab*)	3	LD; SP
***OTIC AGENTS* - DRUGS FOR THE EAR**		
OTIC AGENTS - MISCELLANEOUS - WAX REMOVAL**		
acetic acid otic solution	1 or 1b*	

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OTIC ANALGESIC COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
PRAMOTIC OTIC LIQUID (*pramoxine-chloroxylenol*)	3	
OTIC ANTI-INFECTIVES - ANTIBIOTICS**		
CETRAXAL OTIC SOLUTION (*ciprofloxacin hcl*)	3	QL (28 containers per 1 fill)
ciprofloxacin hcl otic solution	1 or 1b*	QL (28 containers per 1 fill)
ofloxacin otic solution	1 or 1b*	QL (10 mL per 1 fill)
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
CIPRO HC OTIC SUSPENSION (*ciprofloxacin-hydrocortisone*)	3	QL (10 mL per 1 fill)
ciprofloxacin-dexamethasone otic suspension	1 or 1b*	QL (7.5 mL per 1 fill)
ciprofloxacin-fluocinolone pf otic solution	1 or 1b*	QL (28 vials per 1 fill)
CORTISPORIN-TC OTIC SUSPENSION (*neomycin-colist-hc-thonzonium*)	3	
neomycin-polymyxin-hc otic solution	1 or 1b*	
neomycin-polymyxin-hc otic suspension	1 or 1b*	QL (15 mL per 30 days)
OTOVEL OTIC SOLUTION (*ciprofloxacin-fluocinolone*)	3	QL (28 vials per 1 fill)
OTIC STEROIDS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
DERMOTIC OTIC OIL (*fluocinolone acetonide*)	3	
fluocinolone acetonide otic oil	1 or 1b*	
hydrocortisone-acetic acid otic solution	1 or 1b*	QL (10 mL per 1 fill)
***OXYTOCICS* - HORMONES**		
ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS - DRUGS FOR WOMEN**		
carboprost tromethamine intramuscular solution	1 or 1b*	
carboprost tromethamine intramuscular solution prefilled syringe	3	
CERVIDIL VAGINAL INSERT (*dinoprostone*)	3	
HEMABATE INTRAMUSCULAR SOLUTION (*carboprost tromethamine*)	3	
PREPIDIL VAGINAL GEL (*dinoprostone*)	3	
OXYTOCICS - DRUGS FOR WOMEN**		
methergine oral tablet	1 or 1b*	
methylergonovine maleate injection solution	1 or 1b*	
methylergonovine maleate oral tablet	1 or 1b*	
oxytocin injection solution	1 or 1b*	
PITOCIN INJECTION SOLUTION (*oxytocin*)	3	
***PASSIVE IMMUNIZING AND TREATMENT AGENTS* - BIOLOGICAL AGENTS**		
ANTITOXINS-ANTIVENINS - BIOLOGICAL AGENTS**		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (*centruroides (scorpion) im fab*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED (*crotalidae immune fab (equine)*)	3	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	3	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (*crotalidae polyval immune fab*)	3	
ANTIVIRAL MONOCLONAL ANTIBODIES - BIOLOGICAL AGENTS**		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML (*nirsevimab-alip*)	3; $0	PA; LD; QL (2 syringe per 180 days)
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (*nirsevimab-alip*)	3; $0	PA; LD; QL (1 syringe per 1 lifetime)
PEMGARDA INTRAVENOUS SOLUTION (*pemivibart*)	3	
SYNAGIS INTRAMUSCULAR SOLUTION (*palivizumab*)	3	PA; LD; SP
BACTERIAL MONOCLONAL ANTIBODIES - BIOLOGICAL AGENTS**		
ZINPLAVA INTRAVENOUS SOLUTION (*bezlotoxumab*)	3	PA
IMMUNE SERUMS - BIOLOGICAL AGENTS**		
ALYGLO INTRAVENOUS SOLUTION (*immune globulin (human)-stwk*)	3	PA; LD
ASCENIV INTRAVENOUS SOLUTION (*immune globulin (human)-slra*)	3	PA; LD; SP
BABYBIG INTRAVENOUS SOLUTION RECONSTITUTED (*botulism immune globulin human*)	3	
BIVIGAM INTRAVENOUS SOLUTION (*immune globulin (human)*)	3	PA; LD; SP
CNJ-016 INTRAVENOUS SOLUTION (*vaccinia immune globulin human*)	3	
CUTAQUIG SUBCUTANEOUS SOLUTION (*immune globulin (human)-hipp*)	3	PA; LD; SP
CUVITRU SUBCUTANEOUS SOLUTION (*immune globulin (human)*)	3	PA; LD; SP
CYTOGAM INTRAVENOUS SOLUTION (*cytomegalovirus immune glob*)	3	LD; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION (*immune globulin (human)*)	3	PA; LD; SP
GAMASTAN INTRAMUSCULAR INJECTABLE (*immune globulin (human)*)	3	PA; LD; SP
GAMMAGARD INJECTION SOLUTION (*immune globulin (human)*)	3	PA; LD; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED (*immune globulin (human)*)	3	PA; LD; SP
GAMMAKED INJECTION SOLUTION (*immune globulin (human)*)	3	PA; LD; SP
GAMMAPLEX INTRAVENOUS SOLUTION (*immune globulin (human)*)	3	PA; LD; SP
GAMUNEX-C INJECTION SOLUTION (*immune globulin (human)*)	3	PA; LD; SP
HEPAGAM B INJECTION SOLUTION (*hepatitis b immune globulin*)	3	LD; SP
HIZENTRA SUBCUTANEOUS SOLUTION (*immune globulin (human)*)	3	PA; LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*immune globulin (human)*)	3	PA; LD; SP
HYPERHEP B INTRAMUSCULAR SOLUTION (*hepatitis b immune globulin*)	3	LD; SP
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (*hepatitis b immune globulin*)	3	LD; SP
HYPERRAB INJECTION SOLUTION (*rabies immune globulin*)	3	LD; SP
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (*rho d immune globulin*)	3	LD; QL (2 fills per 365 days); SP
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (*tetanus immune globulin*)	3	
IMOGAM RABIES-HT INJECTION SOLUTION (*rabies immune globulin*)	3	LD; SP
KEDRAB INJECTION SOLUTION	3	LD; SP
NABI-HB INTRAMUSCULAR SOLUTION (*hepatitis b immune globulin*)	3	LD; SP
OCTAGAM INTRAVENOUS SOLUTION (*immune globulin (human)*)	3	PA; LD; SP
PANZYGA INTRAVENOUS SOLUTION (*immune globulin (human)-ifas*)	3	PA; LD; SP
PRIVIGEN INTRAVENOUS SOLUTION (*immune globulin (human)*)	3	PA; LD; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (*rho d immune globulin*)	3	LD; QL (2 fills per 365 days); SP
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE (*rho d immune globulin*)	3	LD; QL (2 fills per 365 days); SP
VARIZIG INTRAMUSCULAR SOLUTION (*varicella-zoster immune glob*)	3	LD
WINRHO SDF INJECTION SOLUTION (*rho d immune globulin*)	3	LD; QL (2 fills per 365 days); SP
XEMBIFY SUBCUTANEOUS SOLUTION (*immune globulin (human)-klhw*)	3	PA; LD; SP
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - BIOLOGICAL AGENTS**		
HYQVIA SUBCUTANEOUS KIT (*immune globulin-hyaluronidase*)	3	PA; LD; SP
***PENICILLINS* - DRUGS FOR INFECTIONS**		
AMINOPENICILLINS - ANTIBIOTICS**		
amoxicillin oral capsule	1 or 1a*	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml	1 or 1a*	
amoxicillin oral suspension reconstituted 400 mg/5ml	3	
amoxicillin oral tablet	1 or 1a*	
amoxicillin oral tablet chewable	1 or 1a*	
ampicillin oral capsule	1 or 1a*	
ampicillin sodium injection solution reconstituted	1 or 1b*	
ampicillin sodium intravenous solution reconstituted	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATURAL PENICILLINS - ANTIBIOTICS**		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*penicillin g benzathine*)	3	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED (*penicillin g benzathine*)	3	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED (*penicillin g benzathine*)	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION	3	
penicillin g potassium injection solution reconstituted	1 or 1b*	
penicillin g sodium injection solution reconstituted	1 or 1b*	
penicillin v potassium oral solution reconstituted	1 or 1b*	
penicillin v potassium oral tablet	1 or 1b*	
pfizerpen injection solution reconstituted	1 or 1b*	
PENICILLIN COMBINATIONS - ANTIBIOTICS**		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	1 or 1b*	
amoxicillin-pot clavulanate oral suspension reconstituted	1 or 1b*	
amoxicillin-pot clavulanate oral tablet	1 or 1b*	
ampicillin-sulbactam sodium injection solution reconstituted	1 or 1b*	
ampicillin-sulbactam sodium intravenous solution reconstituted	1 or 1b*	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED (*amoxicillin-pot clavulanate*)	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED (*amoxicillin-pot clavulanate*)	2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION (*penicillin g benzathine & proc*)	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION (*penicillin g benzathine & proc*)	3	
piperacillin sod-tazobactam so intravenous solution reconstituted	1 or 1b*	
UNASYN INJECTION SOLUTION RECONSTITUTED (*ampicillin-sulbactam sodium*)	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED (*ampicillin-sulbactam sodium*)	3	
ZOSYN INTRAVENOUS SOLUTION (*piperacillin-tazobactam in dex*)	3	
PENICILLINASE-RESISTANT PENICILLINS - ANTIBIOTICS**		
dicloxacillin sodium oral capsule	1 or 1b*	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	
nafcillin sodium injection solution reconstituted	1 or 1b*	
nafcillin sodium intravenous solution reconstituted	1 or 1b*	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	
oxacillin sodium injection solution reconstituted	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxacillin sodium intravenous solution reconstituted	1 or 1b*	
***PROGESTINS* - HORMONES**		
PROGESTINS - DRUGS FOR WOMEN**		
norethindrone acetate (Gallifrey Oral Tablet)	1 or 1b*	
medroxyprogesterone acetate oral tablet	1 or 1a*	QL (1 tablet per 1 day)
megestrol acetate oral suspension 625 mg/5ml	1 or 1b*	
norethindrone acetate oral tablet	1 or 1b*	
progesterone intramuscular oil	1 or 1b*	
progesterone oral capsule 100 mg	1 or 1b*	QL (2 capsules per 1 day)
progesterone oral capsule 200 mg	1 or 1b*	QL (2 capsule per 1 day)
PROMETRIUM ORAL CAPSULE 100 MG (*progesterone*)	3	QL (2 capsules per 1 day)
PROMETRIUM ORAL CAPSULE 200 MG (*progesterone*)	3	QL (2 capsule per 1 day)
PROVERA ORAL TABLET (*medroxyprogesterone acetate*)	3	QL (1 tablet per 1 day)
***PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* - DRUGS FOR THE NERVOUS SYSTEM**		
AGENTS FOR OPIOID WITHDRAWAL - DRUGS FOR THE NERVOUS SYSTEM**		
lofexidine hcl oral tablet	1 or 1b*	QL (16 tablets per 1 day)
LUCEMYRA ORAL TABLET (*lofexidine hcl*)	3	QL (16 tablets per 1 day)
ALCOHOL DETERRENTS - DRUGS FOR THE NERVOUS SYSTEM**		
acamprosate calcium oral tablet delayed release	1 or 1b*	QL (6 tablet per 1 day)
disulfiram oral tablet	1 or 1b*	
ANTI-CATAPLECTIC AGENTS - DRUGS FOR SLEEP DISORDER**		
LUMRYZ ORAL PACKET (*sodium oxybate*)	3	PA; LD; QL (1 packet per 1 day); SP
LUMRYZ STARTER PACK ORAL THERAPY PACK (*sodium oxybate*)	3	PA; LD; QL (1 pack per 6 months); SP
sodium oxybate oral solution	3	PA; LD; QL (18 mL per 1 day)
XYREM ORAL SOLUTION (*sodium oxybate*)	3	PA; LD; QL (18 mL per 1 day)
ANTI-CATAPLECTIC COMBINATIONS - DRUGS FOR SLEEP DISORDER**		
XYWAV ORAL SOLUTION (*ca, mg, k, and na oxybates*)	3	PA; LD; QL (18 mL per 1 day)
ANTIDEMENTIA AGENT COMBINATIONS - DRUGS FOR ALZHEIMER'S DISEASE**		
memantine hcl-donepezil hcl oral capsule extended release 24 hour	1 or 1b*	QL (1 capsule per 1 day)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG (*memantine hcl-donepezil hcl*)	3	QL (1 capsule per 1 day)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG (*memantine hcl-donepezil hcl*)	2	QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS - DRUGS FOR THE NERVOUS SYSTEM**		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*eplontersen sodium*)	3	PA; LD; QL (1 autoinjector per 28 days)
BENZODIAZEPINES & TRICYCLIC AGENTS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
chlordiazepoxide-amitriptyline oral tablet	1 or 1b*	
CHOLINOMIMETICS - ACHE INHIBITORS - DRUGS FOR ALZHEIMER'S DISEASE**		
ADLARITY TRANSDERMAL PATCH WEEKLY (*donepezil hcl*)	3	ST; QL (1 patch per 1 week)
ARICEPT ORAL TABLET 10 MG, 23 MG (*donepezil hcl*)	3	QL (1 tablet per 1 day)
ARICEPT ORAL TABLET 5 MG (*donepezil hcl*)	3	DO
donepezil hcl oral tablet 10 mg, 23 mg	1 or 1b*	QL (1 tablet per 1 day)
donepezil hcl oral tablet 5 mg	1 or 1b*	DO
donepezil hcl oral tablet dispersible	1 or 1b*	QL (1 tablet per 1 day)
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 9.5 MG/24HR (*rivastigmine*)	3	ST; QL (1 patch per 1 day)
EXELON TRANSDERMAL PATCH 24 HOUR 4.6 MG/24HR (*rivastigmine*)	3	ST; QL (1 gram per 1 day)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg	1 or 1b*	QL (1 capsule per 1 day)
galantamine hydrobromide er oral capsule extended release 24 hour 8 mg	1 or 1b*	DO
galantamine hydrobromide oral solution	1 or 1b*	QL (6 mL per 1 day)
galantamine hydrobromide oral tablet 12 mg, 8 mg	1 or 1b*	QL (2 tablets per 1 day)
galantamine hydrobromide oral tablet 4 mg	1 or 1b*	DO
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	1 or 1b*	DO
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	1 or 1b*	QL (2 capsules per 1 day)
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 9.5 mg/24hr	1 or 1b*	QL (1 patch per 1 day)
rivastigmine transdermal patch 24 hour 4.6 mg/24hr	1 or 1b*	QL (1 gram per 1 day)
ZUNVEYL ORAL TABLET DELAYED RELEASE (*benzgalantamine gluconate*)	3	QL (2 tablets per 1 day)
FIBROMYALGIA AGENT - SNRIS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
SAVELLA ORAL TABLET (*milnacipran hcl*)	2	QL (2 tablets per 1 day)
SAVELLA TITRATION PACK ORAL (*milnacipran hcl*)	2	QL (1 pack per 365 days)
MELANOCORTIN RECEPTOR AGONISTS - DRUGS FOR THE NERVOUS SYSTEM**		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*bremelanotide acetate*)	3	PA; QL (4 autoinjectors per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOVEMENT DISORDER DRUG THERAPY - DRUGS FOR THE NERVOUS SYSTEM**		
AUSTEDO ORAL TABLET (*deutetrabenazine*)	3	PA; LD; QL (4 tablets per 1 day); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG (*deutetrabenazine*)	3	PA; LD; QL (2 tablets per 1 day); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG (*deutetrabenazine*)	3	PA; LD; QL (1 tablet per 1 day); SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK (*deutetrabenazine*)	3	PA; LD; QL (2 kits per 1 year); SP
INGREZZA ORAL CAPSULE 40 MG (*valbenazine tosylate*)	3	PA; LD; DO; SP
INGREZZA ORAL CAPSULE 60 MG, 80 MG (*valbenazine tosylate*)	3	PA; LD; QL (1 capsule per 1 day); SP
INGREZZA ORAL CAPSULE SPRINKLE 40 MG (*valbenazine tosylate*)	3	PA; LD; DO; SP
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG (*valbenazine tosylate*)	3	PA; LD; QL (1 capsule per 1 day); SP
INGREZZA ORAL CAPSULE THERAPY PACK (*valbenazine tosylate*)	3	PA; LD; QL (1 pack per 1 one-time fill); SP
tetrabenazine oral tablet 12.5 mg	1 or 1b*	PA; LD; QL (8 tablets per 1 day); SP
tetrabenazine oral tablet 25 mg	1 or 1b*	PA; LD; QL (4 tablets per 1 day); SP
XENAZINE ORAL TABLET 12.5 MG (*tetrabenazine*)	3	PA; LD; QL (8 tablets per 1 day); SP
XENAZINE ORAL TABLET 25 MG (*tetrabenazine*)	3	PA; LD; QL (4 tablets per 1 day); SP
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS - DRUGS FOR MULTIPLE SCLEROSIS**		
AUBAGIO ORAL TABLET (*teriflunomide*)	3	PA; LD; QL (1 tablet per 1 day); SP
teriflunomide oral tablet	1 or 1b*	PA; LD; QL (1 tablet per 1 day); SP
MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES - DRUGS FOR MULTIPLE SCLEROSIS**		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK (*cladribine*)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK (*cladribine*)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK (*cladribine*)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK (*cladribine*)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK (*cladribine*)	3	PA; LD; QL (2 packs per 46 weekss); SP

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MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK (*cladribine*)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK (*cladribine*)	3	PA; LD; QL (2 packs per 46 weekss); SP
MULTIPLE SCLEROSIS AGENTS - COMBINATIONS - DRUGS FOR MULTIPLE SCLEROSIS**		
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION (*ocrelizumab-hyaluronidase-ocsq*)	3	PA; LD; QL (1 vial per 6 months); SP
MULTIPLE SCLEROSIS AGENTS - INTERFERONS - DRUGS FOR MULTIPLE SCLEROSIS**		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (*interferon beta-1a*)	3	PA; LD; QL (4 kits per 28 days); SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (*interferon beta-1a*)	3	PA; LD; QL (4 kits per 28 days); SP
BETASERON SUBCUTANEOUS KIT (*interferon beta-1b*)	2	PA; LD; QL (15 kits per 30 days); SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (*peginterferon beta-1a*)	3	PA; LD; QL (2 syringes per 28 days); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*peginterferon beta-1a*)	3	PA; LD; QL (1 ML per 28 days); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*peginterferon beta-1a*)	3	PA; LD; QL (1 ML per 28 days); SP
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*peginterferon beta-1a*)	3	PA; LD; QL (1 ML per 28 days); SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*peginterferon beta-1a*)	3	PA; LD; QL (1 ML per 28 days); SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*interferon beta-1a*)	3	PA; LD; QL (12 ML per 28 days); SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*interferon beta-1a*)	3	PA; LD; QL (4.2 ML per 28 days); SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*interferon beta-1a*)	3	PA; LD; QL (12 syringes per 28 days); SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*interferon beta-1a*)	3	PA; LD; QL (1 pack per 1 fill); SP
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES - DRUGS FOR MULTIPLE SCLEROSIS**		
BRIUMVI INTRAVENOUS SOLUTION (*ublituximab-xiiy*)	3	PA; LD; QL (3 vials per 24 weeks); SP
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*ofatumumab*)	3	PA; LD; QL (1 syringe per 28 days); SP
LEMTRADA INTRAVENOUS SOLUTION (*alemtuzumab*)	3	PA; LD; QL (3 vials per 365 days); SP
OCREVUS INTRAVENOUS SOLUTION (*ocrelizumab*)	3	PA; LD; QL (2 vials per 180 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYSABRI INTRAVENOUS CONCENTRATE (*natalizumab*)	3	PA; LD; QL (1 vial per 28 days); SP
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS - DRUGS FOR MULTIPLE SCLEROSIS**		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE (*monomethyl fumarate*)	3	PA; LD; QL (4 capsules per 1 day); SP
dimethyl fumarate oral capsule delayed release 120 mg	1 or 1b*	PA; LD; QL (14 capsules per 365 days); SP
dimethyl fumarate oral capsule delayed release 240 mg	1 or 1b*	PA; LD; QL (2 capsules per 1 day); SP
dimethyl fumarate starter pack oral capsule delayed release therapy pack	1 or 1b*	PA; LD; QL (1 kit per 365 days); SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG (*dimethyl fumarate*)	2	PA; LD; QL (14 capsules per 365 days); SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG (*dimethyl fumarate*)	2	PA; LD; QL (2 capsules per 1 day); SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK (*dimethyl fumarate*)	2	PA; LD; QL (1 kit per 365 days); SP
VUMERITY ORAL CAPSULE DELAYED RELEASE (*diroximel fumarate*)	3	PA; LD; QL (4 capsules per 1 day); SP
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS - DRUGS FOR MULTIPLE SCLEROSIS**		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR (*dalfampridine*)	3	PA; LD; QL (2 tablets per 1 day); SP
dalfampridine er oral tablet extended release 12 hour	1 or 1b*	PA; LD; QL (2 tablets per 1 day); SP
MULTIPLE SCLEROSIS AGENTS - DRUGS FOR MULTIPLE SCLEROSIS**		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (*glatiramer acetate*)	3	PA; LD; QL (1 syringe per 1 day); SP
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (*glatiramer acetate*)	3	PA; LD; QL (12 syringe per 28 days); SP
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	2	PA; LD; QL (1 syringe per 1 day); SP
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	2	PA; LD; QL (12 syringe per 28 days); SP
glatopa subcutaneous solution prefilled syringe 20 mg/ml	2	PA; LD; QL (1 syringe per 1 day); SP
glatopa subcutaneous solution prefilled syringe 40 mg/ml	2	PA; LD; QL (12 syringe per 28 days); SP
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS - DRUGS FOR ALZHEIMER'S DISEASE**		
memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg	1 or 1b*	DO
memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg	1 or 1b*	QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
memantine hcl oral solution	1 or 1b*	QL (10 mL per 1 day)
memantine hcl oral tablet 10 mg	1 or 1b*	QL (2 tablets per 1 day)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	1 or 1b*	QL (1 tablet per 6 months)
memantine hcl oral tablet 5 mg	1 or 1b*	DO
NAMENDA TITRATION PAK ORAL TABLET (*memantine hcl*)	3	QL (1 tablet per 6 months)
PHENOTHIAZINES & TRICYCLIC AGENTS - DRUGS FOR DEPRESSION**		
perphenazine-amitriptyline oral tablet	1 or 1b*	AL
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
gabapentin (once-daily) oral tablet	1 or 1b*	PA; DO
GRALISE ORAL TABLET 300 MG (*gabapentin (once-daily)*)	3	PA; DO
GRALISE ORAL TABLET 450 MG (*gabapentin (once-daily)*)	2	PA; DO
GRALISE ORAL TABLET 600 MG (*gabapentin (once-daily)*)	3	PA; QL (3 tablets per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG (*gabapentin (once-daily)*)	2	PA; QL (2 tablets per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (*pregabalin*)	3	PA; DO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (*pregabalin*)	3	PA; QL (2 tablets per 1 day)
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	1 or 1b*	PA; DO
pregabalin er oral tablet extended release 24 hour 330 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS - DRUGS FOR DEPRESSION**		
fluoxetine hcl (pmdd) oral tablet 10 mg	1 or 1b*	DO
fluoxetine hcl (pmdd) oral tablet 20 mg	1 or 1b*	QL (4 tablets per 1 day)
PSEUDOBULBAR AFFECT AGENT COMBINATIONS - DRUGS FOR SEVERE MENTAL DISORDERS**		
NUEDEXTA ORAL CAPSULE (*dextromethorphan-quinidine*)	3	PA; QL (2 capsules per 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR SEVERE MENTAL DISORDERS**		
AQNEURSA ORAL PACKET (*levacetylleucine*)	3	PA; LD; QL (4 packets per 1 day)
MIPLYFFA ORAL CAPSULE (*arimoclomol citrate*)	3	PA; LD; QL (3 capsules per 1 day)
pimozide oral tablet 1 mg	1 or 1b*	AL; QL (10 tablets per 1 day)
pimozide oral tablet 2 mg	1 or 1b*	AL; QL (5 tablets per 1 day)
RESTLESS LEG SYNDROME (RLS) AGENTS - DRUGS FOR THE NERVOUS SYSTEM**		
HORIZANT ORAL TABLET EXTENDED RELEASE (*gabapentin enacarbil*)	3	PA; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG - DRUGS FOR THE NERVOUS SYSTEM**		
ADDYI ORAL TABLET (*flibanserin*)	3	PA; QL (1 tablet per 1 day)
SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS - DRUGS FOR THE NERVOUS SYSTEM**		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*vutrisiran sodium*)	3	PA; LD; QL (1 syringe per 90 days); SP
ONPATTRO INTRAVENOUS SOLUTION (*patisiran sodium*)	3	PA; LD; QL (0.72 mL per 1 day); SP
SMOKING DETERRENTS - DRUGS FOR DEPRESSION**		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1 or 1b*; $0	QL (2 tablets per 1 day)
cvs nicotine mouth/throat gum	1 or 1b*; $0	
cvs nicotine mouth/throat lozenge	1 or 1b*; $0	
cvs nicotine polacrilex mouth/throat gum	1 or 1b*; $0	
cvs nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
cvs nicotine transdermal patch 24 hour	1 or 1b*; $0	
eq nicotine mouth/throat lozenge	1 or 1b*; $0	
eq nicotine polacrilex mouth/throat gum	1 or 1b*; $0	
eq nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
eq nicotine step 3 transdermal patch 24 hour	1 or 1b*; $0	
eq nicotine transdermal patch 24 hour	1 or 1b*; $0	
ft nicotine mini mouth/throat lozenge	1 or 1b*; $0	
ft nicotine mouth/throat gum	1 or 1b*; $0	
ft nicotine mouth/throat lozenge	1 or 1b*; $0	
ft nicotine transdermal patch 24 hour	1 or 1b*; $0	
gnp nicotine mini mouth/throat lozenge	1 or 1b*; $0	
gnp nicotine mouth/throat gum	1 or 1b*; $0	
gnp nicotine polacrilex mouth/throat gum	1 or 1b*; $0	
gnp nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
gnp nicotine transdermal patch 24 hour	1 or 1b*; $0	
goodsense nicotine mouth/throat gum	1 or 1b*; $0	
goodsense nicotine mouth/throat lozenge	1 or 1b*; $0	
habitrol transdermal patch 24 hour	1 or 1b*; $0	
kls quit2 mouth/throat gum	1 or 1b*; $0	
kls quit2 mouth/throat lozenge	1 or 1b*; $0	
kls quit4 mouth/throat gum	1 or 1b*; $0	
kls quit4 mouth/throat lozenge	1 or 1b*; $0	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR (*nicotine*)	2; $0	
NICORETTE MINI MOUTH/THROAT LOZENGE (*nicotine polacrilex*)	2; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NICORETTE MOUTH/THROAT GUM (*nicotine polacrilex*)	2; $0	
NICORETTE MOUTH/THROAT LOZENGE (*nicotine polacrilex*)	2; $0	
NICORETTE STARTER KIT MOUTH/THROAT GUM (*nicotine polacrilex*)	2; $0	
nicotine mini mouth/throat lozenge	1 or 1b*; $0	
nicotine polacrilex mini mouth/throat lozenge	1 or 1b*; $0	
nicotine polacrilex mouth/throat gum	1 or 1b*; $0	
nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
nicotine step 1 transdermal patch 24 hour	1 or 1b*; $0	
nicotine step 2 transdermal patch 24 hour	1 or 1b*; $0	
nicotine step 3 transdermal patch 24 hour	1 or 1b*; $0	
NICOTINE TRANSDERMAL KIT	2; $0	
nicotine transdermal patch 24 hour	1 or 1b*; $0	
NICOTROL INHALATION INHALER (*nicotine*)	3; $0	QL (16 cartridges per 1 day)
NICOTROL NS NASAL SOLUTION (*nicotine*)	3; $0	QL (4 mL per 1 day)
qc nicotine transdermal system transdermal patch 24 hour	1 or 1b*; $0	
ra mini nicotine mouth/throat lozenge	1 or 1b*; $0	
ra nicotine gum mouth/throat gum	1 or 1b*; $0	
ra nicotine mouth/throat gum	1 or 1b*; $0	
ra nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
ra nicotine transdermal patch 24 hour	1 or 1b*; $0	
sm nicotine mouth/throat gum	1 or 1b*; $0	
sm nicotine mouth/throat lozenge	1 or 1b*; $0	
sm nicotine polacrilex mouth/throat gum	1 or 1b*; $0	
sm nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
thrive mouth/throat gum	1 or 1b*; $0	
varenicline tartrate (starter) oral tablet therapy pack	1 or 1b*; $0	QL (53 dose pack per 365 days)
varenicline tartrate oral tablet 0.5 mg	1 or 1b*; $0	QL (2 tablets per 1 day)
varenicline tartrate oral tablet 1 mg	1 or 1b*; $0	QL (2 tablet per 1 day)
varenicline tartrate(continue) oral tablet	1 or 1b*; $0	QL (2 tablet per 1 day)
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS - DRUGS FOR MULTIPLE SCLEROSIS**		
fingolimod hcl oral capsule	2	PA; LD; QL (1 capsule per 1 day); SP
GILENYA ORAL CAPSULE (*fingolimod hcl*)	2	PA; LD; QL (1 capsule per 1 day); SP
MAYZENT ORAL TABLET 0.25 MG (*siponimod fumarate*)	3	PA; LD; QL (4 tablets per 1 day); SP
MAYZENT ORAL TABLET 1 MG, 2 MG (*siponimod fumarate*)	3	PA; LD; QL (1 tablet per 1 day); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (*siponimod fumarate*)	3	PA; LD; QL (1 pack per 1 one time fill); SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (*siponimod fumarate*)	3	PA; LD; QL (1 pack per 1 fill); SP
PONVORY ORAL TABLET (*ponesimod*)	3	PA; LD; QL (1 tablet per 1 day); SP
PONVORY STARTER PACK ORAL TABLET THERAPY PACK (*ponesimod*)	3	PA; LD; QL (1 pack per 1 one time fill); SP
TASCENSO ODT ORAL TABLET DISPERSIBLE (*fingolimod lauryl sulfate*)	3	PA; LD; QL (1 tablet per 1 day)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK (*ozanimod hcl*)	3	PA; LD; QL (1 pack per 1 fill); SP
ZEPOSIA ORAL CAPSULE (*ozanimod hcl*)	3	PA; LD; QL (1 capsule per 1 day); SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK (*ozanimod hcl*)	3	PA; LD; QL (1 pack per 1 fill); SP
THIENBENZODIAZEPINES & OPIOID ANTAGONISTS - DRUGS FOR SEVERE MENTAL DISORDERS**		
LYBALVI ORAL TABLET (*olanzapine-samidorphan*)	3	QL (1 tablet per 1 day)
THIENBENZODIAZEPINES & SSRIS - DRUGS FOR SEVERE MENTAL DISORDERS**		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1 or 1b*	AL; QL (1 capsule per 1 day)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1 or 1b*	DO; AL
SYMBYAX ORAL CAPSULE (*olanzapine-fluoxetine hcl*)	3	ST; DO
VASOMOTOR SYMPTOM AGENTS - SSRIS - DRUGS FOR THE NERVOUS SYSTEM**		
paroxetine mesylate oral capsule	1 or 1b*	
***RESPIRATORY AGENTS - MISC.* - DRUGS FOR THE LUNGS**		
ALPHA-PROTEINASE INHIBITOR (HUMAN) - DRUGS FOR ASTHMA/COPD**		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED (*alpha1-proteinase inhibitor*)	3	PA; LD; SP
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (*alpha1-proteinase inhibitor*)	3	PA; LD; SP
PROLASTIN-C INTRAVENOUS SOLUTION (*alpha1-proteinase inhibitor*)	3	PA; LD
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED (*alpha1-proteinase inhibitor*)	3	PA; LD; SP
CFTR POTENTIATORS - DRUGS FOR CYSTIC FIBROSIS**		
KALYDECO ORAL PACKET (*ivacaftor*)	3	PA; LD; QL (2 packets per 1 day); SP
KALYDECO ORAL TABLET (*ivacaftor*)	3	PA; LD; QL (2 tablets per 1 day); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYSTIC FIBROSIS AGENT - COMBINATIONS - DRUGS FOR CYSTIC FIBROSIS**		
ALYFTREK ORAL TABLET 10-50-125 MG (*vanzacaft-tezacaft-deutivacaft*)	3	PA; QL (2 tablets per 1 day)
ALYFTREK ORAL TABLET 4-20-50 MG (*vanzacaft-tezacaft-deutivacaft*)	3	PA; QL (3 tablets per 1 day)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (*lumacaftor-ivacaftor*)	3	PA; LD; QL (2 packets per 1 day); SP
ORKAMBI ORAL PACKET 75-94 MG (*lumacaftor-ivacaftor*)	3	PA; LD; QL (2 units per 1 day); SP
ORKAMBI ORAL TABLET (*lumacaftor-ivacaftor*)	3	PA; LD; QL (4 tablet per 1 day); SP
SYMDEKO ORAL TABLET THERAPY PACK (*tezacaftor-ivacaftor*)	3	PA; LD; QL (1 carton per 28 days); SP
TRIKAFTA ORAL TABLET THERAPY PACK (*elexacaftor-tezacaftor-ivacaft*)	2	PA; LD; QL (1 carton per 28 days); SP
TRIKAFTA ORAL THERAPY PACK (*elexacaftor-tezacaftor-ivacaft*)	2	PA; LD; QL (1 carton per 28 days); SP
CYSTIC FIBROSIS AGENTS - MISCELLANEOUS - DRUGS FOR CYSTIC FIBROSIS**		
BRONCHITOL INHALATION CAPSULE (*mannitol (cystic fibrosis)*)	3	PA; LD; QL (560 tablets per 28 days); SP
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE (*mannitol (cystic fibrosis)*)	3	PA; LD; QL (1 test per 1 fill); SP
HYDROLYTIC ENZYMES - DRUGS FOR THE LUNGS**		
PULMOZYME INHALATION SOLUTION (*dornase alfa*)	3	PA; LD; QL (150 mL per 30 days); SP
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS - DRUGS FOR THE LUNGS**		
OFEV ORAL CAPSULE (*nintedanib esylate*)	3	PA; LD; QL (2 capsules per 1 day); SP
PULMONARY FIBROSIS AGENTS - DRUGS FOR THE LUNGS**		
ESBRIET ORAL CAPSULE (*pirfenidone*)	3	PA; LD; QL (9 capsule per 1 day); SP
ESBRIET ORAL TABLET 267 MG (*pirfenidone*)	3	PA; LD; QL (9 tablets per 1 day); SP
ESBRIET ORAL TABLET 801 MG (*pirfenidone*)	3	PA; LD; QL (3 tablets per 1 day); SP
pirfenidone oral capsule	1 or 1b*	PA; LD; QL (9 capsule per 1 day); SP
pirfenidone oral tablet 267 mg	1 or 1b*	PA; LD; QL (9 tablets per 1 day); SP
pirfenidone oral tablet 534 mg	1 or 1b*	PA; LD; QL (3 tablets per 1 day)
pirfenidone oral tablet 801 mg	1 or 1b*	PA; LD; QL (3 tablets per 1 day); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***SULFONAMIDES* - DRUGS FOR INFECTIONS**		
SULFONAMIDES - ANTIBIOTICS**		
sulfadiazine oral tablet	1 or 1b*	
***TETRACYCLINES* - DRUGS FOR INFECTIONS**		
AMINOMETHYLCYCLINES - ANTIBIOTICS**		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED (*omadacycline tosylate*)	3	
NUZYRA ORAL TABLET (*omadacycline tosylate*)	3	PA; QL (30 tablets per 30 days)
FLUOROCYCLINES - ANTIBIOTICS**		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED (*eravacycline dihydrochloride*)	3	
GLYCYLCYCLINES - ANTIBIOTICS**		
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED (*tigecycline*)	3	
TETRACYCLINES - ANTIBIOTICS**		
demeclocycline hcl oral tablet	1 or 1b*	
DORYX MPC ORAL TABLET DELAYED RELEASE (*doxycycline hyclate*)	3	ST
doxy 100 intravenous solution reconstituted	1 or 1b*	QL (2 vials per 1 day)
doxycycline hyclate intravenous solution reconstituted	1 or 1b*	QL (2 vials per 1 day)
doxycycline hyclate oral capsule	1 or 1b*	QL (2 capsules per 1 day)
doxycycline hyclate oral tablet 100 mg, 20 mg	1 or 1b*	QL (2 tablets per 1 day)
doxycycline hyclate oral tablet 150 mg	3	ST; QL (1 tablet per 1 day)
doxycycline hyclate oral tablet 50 mg, 75 mg	3	ST; QL (2 tablets per 1 day)
doxycycline hyclate oral tablet delayed release	3	ST; QL (2 tablets per 1 day)
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1 or 1b*	QL (2 capsules per 1 day)
doxycycline monohydrate oral capsule 150 mg	3	ST; QL (1 capsule per 1 day)
doxycycline monohydrate oral suspension reconstituted	1 or 1b*	QL (600 mL per 30 days)
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1 or 1b*	QL (2 tablets per 1 day)
doxycycline monohydrate oral tablet 150 mg	1 or 1b*	QL (1 tablet per 1 day)
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED (*minocycline hcl*)	3	
minocycline hcl er oral tablet extended release 24 hour	3	ST; QL (1 tablet per 1 day)
minocycline hcl oral capsule 100 mg, 75 mg	1 or 1b*	QL (2 capsules per 1 day)
minocycline hcl oral capsule 50 mg	1 or 1b*	QL (4 capsules per 1 day)
minocycline hcl oral tablet 100 mg, 75 mg	1 or 1b*	QL (2 tablets per 1 day)
minocycline hcl oral tablet 50 mg	1 or 1b*	QL (4 tablets per 1 day)
mondoxyne nl oral capsule	1 or 1b*	QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEYSARA ORAL TABLET (*sarecycline hcl*)	3	ST; QL (1 tablet per 1 day)
targadox oral tablet	3	ST; QL (2 tablets per 1 day)
tetracycline hcl oral capsule	1 or 1b*	QL (4 capsules per 1 day)
tetracycline hcl oral tablet	3	ST; QL (4 tablets per 1 day)
***THYROID AGENTS* - HORMONES**		
ANTITHYROID AGENTS - RADIOPHARMACEUTICALS - DRUGS FOR THYROID**		
SODIUM IODIDE I-131 ORAL SOLUTION	3	
ANTITHYROID AGENTS - DRUGS FOR THYROID**		
methimazole oral tablet	1 or 1a*	
propylthiouracil oral tablet	1 or 1b*	
THYROID HORMONES - DRUGS FOR THYROID**		
ADTHYZA ORAL TABLET (*thyroid*)	3	
ARMOUR THYROID ORAL TABLET (*thyroid*)	3	
CYTOMEL ORAL TABLET (*liothyronine sodium*)	3	
ERMEZA ORAL SOLUTION (*levothyroxine sodium*)	3	
euthyrox oral tablet	1 or 1b*	
levo-t oral tablet	1 or 1b*	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION 100 MCG/5ML, 200 MCG/5ML, 500 MCG/5ML	3	
levothyroxine sodium intravenous solution 100 mcg/ml	3	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
levothyroxine sodium oral capsule	1 or 1b*	
levothyroxine sodium oral tablet	1 or 1a*	
levoxyl oral tablet	1 or 1a*	
liothyronine sodium intravenous solution	1 or 1b*	
liothyronine sodium oral tablet	1 or 1b*	
niva thyroid oral tablet	3	
np thyroid oral tablet	3	
RENTHYROID ORAL TABLET (*thyroid*)	3	
SYNTHROID ORAL TABLET (*levothyroxine sodium*)	3	
THYQUIDITY ORAL SOLUTION (*levothyroxine sodium*)	3	
thyroid oral tablet	3	
TIROSINT ORAL CAPSULE (*levothyroxine sodium*)	3	
TIROSINT-SOL ORAL SOLUTION (*levothyroxine sodium*)	3	
unithroid oral tablet	1 or 1a*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***TOXOIDS* - BIOLOGICAL AGENTS**		
TOXOID COMBINATIONS - VACCINES**		
ADACEL INTRAMUSCULAR SUSPENSION (*tetanus-diphth-acell pertussis*)	3; $0	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*tetanus-diphth-acell pertussis*)	3; $0	
DAPTACEL INTRAMUSCULAR SUSPENSION (*diphth-acell pertussis-tetanus*)	3; $0	
INFANRIX INTRAMUSCULAR SUSPENSION (*diphth-acell pertussis-tetanus*)	3; $0	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-ipv vaccine*)	3; $0	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-hepatitis b recomb-ipv*)	3; $0	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (*dtap-ipv-hib vaccine*)	3; $0	
QUADRACEL INTRAMUSCULAR SUSPENSION (*dtap-ipv vaccine*)	3; $0	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-ipv vaccine*)	3; $0	
TENIVAC INTRAMUSCULAR INJECTABLE (*tetanus-diphtheria toxoids td*)	3; $0	
VAXELIS INTRAMUSCULAR SUSPENSION (*dtap-ipv-hib-hepatitis b recmb*)	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-ipv-hib-hepatitis b recmb*)	3	
***ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS* - DRUGS FOR THE STOMACH**		
ANTICHOLINERGIC COMBINATIONS - DRUGS FOR STOMACH CRAMPS**		
chlordiazepoxide-clidinium oral capsule	1 or 1b*	
LIBRAX ORAL CAPSULE (*chlordiazepoxide-clidinium*)	3	
ANTISPASMODICS - DRUGS FOR STOMACH CRAMPS**		
BENTYL INTRAMUSCULAR SOLUTION (*dicyclomine hcl*)	3	
dicyclomine hcl intramuscular solution	1 or 1b*	
dicyclomine hcl oral capsule	1 or 1a*	
dicyclomine hcl oral solution 10 mg/5ml	1 or 1a*	
dicyclomine hcl oral tablet	1 or 1a*	
BELLADONNA ALKALOIDS - DRUGS FOR STOMACH CRAMPS**		
ATROPINE SULFATE INJECTION SOLUTION	3	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.25 MG/5ML, 0.5 MG/5ML, 1 MG/10ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATROPINE SULFATE INTRAVENOUS SOLUTION	3	
H-2 ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID**		
cimetidine hcl oral solution	1 or 1b*	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1 or 1b*	
famotidine (pf) intravenous solution	1 or 1b*	
famotidine intravenous solution	1 or 1b*	
famotidine oral suspension reconstituted	1 or 1b*	
famotidine oral tablet 40 mg	1 or 1b*	
famotidine premixed intravenous solution	1 or 1b*	
nizatidine oral capsule	1 or 1b*	
PEPCID ORAL TABLET (*famotidine*)	3	
MISC. ANTI-ULCER - DRUGS FOR ULCERS AND STOMACH ACID**		
CARAFATE ORAL SUSPENSION (*sucralfate*)	3	
CARAFATE ORAL TABLET (*sucralfate*)	3	
sucralfate oral suspension	1 or 1b*	
sucralfate oral tablet	1 or 1b*	
PPI - POTASSIUM-COMPETITIVE ACID BLOCKERS (P-CAB) - DRUGS FOR ULCERS AND STOMACH ACID**		
VOQUEZNA ORAL TABLET 10 MG (*vonoprazan fumarate*)	3	PA; QL (1 tablet per 1 day)
VOQUEZNA ORAL TABLET 20 MG (*vonoprazan fumarate*)	3	PA; QL (56 tablets per 8 months)
PROTON PUMP INHIBITOR-ANTACID COMBINATIONS - DRUGS FOR ULCERS AND STOMACH ACID**		
KONVOMEP ORAL SUSPENSION RECONSTITUTED (*omeprazole-sodium bicarbonate*)	3	ST; QL (20 mL per 1 day)
omeprazole-sodium bicarbonate oral capsule 40-1100 mg	3	ST; QL (1 capsule per 1 day)
omeprazole-sodium bicarbonate oral packet	3	ST; QL (1 packet per 1 day)
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID**		
ACIPHEX ORAL TABLET DELAYED RELEASE (*rabeprazole sodium*)	3	ST
DEXILANT ORAL CAPSULE DELAYED RELEASE (*dexlansoprazole*)	3	ST
dexlansoprazole oral capsule delayed release	3	ST
esomeprazole magnesium oral capsule delayed release	1 or 1b*	
esomeprazole magnesium oral packet	1 or 1b*	
esomeprazole sodium intravenous solution reconstituted	1 or 1b*	
lansoprazole oral capsule delayed release 15 mg	1 or 1b*	BE
lansoprazole oral capsule delayed release 30 mg	1 or 1b*	
lansoprazole oral tablet delayed release dispersible	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXIUM ORAL CAPSULE DELAYED RELEASE (*esomeprazole magnesium*)	3	ST
NEXIUM ORAL PACKET (*esomeprazole magnesium*)	3	ST
omeprazole oral capsule delayed release	1 or 1b*	
pantoprazole sodium intravenous solution reconstituted	1 or 1b*	
pantoprazole sodium oral packet	3	ST
pantoprazole sodium oral tablet delayed release	1 or 1b*	
pantoprazole sodium-nacl intravenous solution	3	
PREVACID ORAL CAPSULE DELAYED RELEASE (*lansoprazole*)	3	ST
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE (*lansoprazole*)	3	ST
PRILOSEC ORAL PACKET (*omeprazole magnesium*)	3	ST
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED (*pantoprazole sodium*)	3	
PROTONIX ORAL PACKET (*pantoprazole sodium*)	3	ST
PROTONIX ORAL TABLET DELAYED RELEASE (*pantoprazole sodium*)	3	ST
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	ST
rabeprazole sodium oral tablet delayed release	3	ST
QUATERNARY ANTICHOLINERGICS - DRUGS FOR STOMACH CRAMPS**		
CUVPOSA ORAL SOLUTION (*glycopyrrolate*)	3	
GLYCATE ORAL TABLET (*glycopyrrolate*)	3	PA
glycopyrrolate injection solution	1 or 1b*	
glycopyrrolate oral solution	1 or 1b*	
glycopyrrolate oral tablet 1 mg, 2 mg	1 or 1b*	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	PA
glycopyrrolate pf +rfid injection solution prefilled syringe	1 or 1b*	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML, 0.4 MG/2ML	1 or 1b*	
glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml	3	
GLYRX-PF INJECTION SOLUTION (*glycopyrrolate*)	3	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE (*glycopyrrolate*)	3	
methscopolamine bromide oral tablet	1 or 1b*	
ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS - DRUGS FOR ULCERS AND STOMACH ACID**		
bis subcit-metronid-tetracyc oral capsule	1 or 1b*	ST; QL (1 pack per 1 fill)
bismuth/metronidaz/tetracyclin oral capsule	1 or 1b*	ST; QL (1 pack per 1 fill)
HELIDAC THERAPY ORAL (*metronid-tetracyc-bis subsal*)	3	ST; QL (1 pack per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PYLERA ORAL CAPSULE (*bis subcit-metronid-tetracyc*)	3	ST; QL (1 pack per 1 fill)
ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID**		
amoxicill-clarithro-lansopraz oral therapy pack	1 or 1b*	ST; QL (1 pack per 1 fill)
OMECLAMOX-PAK ORAL (*amoxicill-clarithro-omeprazole*)	3	ST; QL (1 pack per 1 fill)
TALICIA ORAL CAPSULE DELAYED RELEASE (*amoxicill-rifabutin-omeprazole*)	3	ST; QL (1 pack per 1 fill)
ULCER ANTI-INFECTIVE-PCAB COMBINATIONS - DRUGS FOR THE STOMACH**		
VOQUEZNA DUAL PAK ORAL THERAPY PACK (*amoxicillin-vonoprazan*)	3	PA; QL (1 pack per 1 fill)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK (*amoxicill-clarithro-vonoprazan*)	3	PA; QL (1 pack per 1 fill)
ULCER DRUGS - PROSTAGLANDINS - DRUGS FOR ULCERS AND STOMACH ACID**		
CYTOTEC ORAL TABLET (*misoprostol*)	3; $0	
misoprostol oral tablet	1 or 1a*; $0	
***URINARY ANTISPASMODICS* - DRUGS FOR THE URINARY SYSTEM**		
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC) - DRUGS FOR THE BLADDER**		
darifenacin hydrobromide er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
DETROL ORAL TABLET (*tolterodine tartrate*)	3	ST; QL (2 tablets per 1 day)
fesoterodine fumarate er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	1 or 1b*	QL (2 tablets per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	1 or 1b*	QL (1 tablet per 1 day)
oxybutynin chloride oral solution	1 or 1b*	QL (20 mL per 1 day)
oxybutynin chloride oral tablet 2.5 mg	1 or 1b*	QL (3 tablets per 1 day)
oxybutynin chloride oral tablet 5 mg	1 or 1b*	QL (4 tablets per 1 day)
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY (*oxybutynin*)	3	ST; BE; QL (8 patch per 28 days)
solifenacin succinate oral tablet	1 or 1b*	QL (1 tablet per 1 day)
tolterodine tartrate er oral capsule extended release 24 hour	1 or 1b*	QL (1 capsule per 1 day)
tolterodine tartrate oral tablet	1 or 1b*	QL (2 tablets per 1 day)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR (*fesoterodine fumarate*)	3	ST; QL (1 tablet per 1 day)
trospium chloride er oral capsule extended release 24 hour	1 or 1b*	QL (1 capsule per 1 day)
trospium chloride oral tablet	1 or 1b*	QL (2 tablets per 1 day)
VESICARE LS ORAL SUSPENSION (*solifenacin succinate*)	3	PA; QL (10 mL per 1 day)
VESICARE ORAL TABLET (*solifenacin succinate*)	3	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - DRUGS FOR THE BLADDER**		
GEMTESA ORAL TABLET (*vibegron*)	3	ST; QL (1 tablet per 1 day)
mirabegron er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER (*mirabegron*)	3	PA; QL (3 bottles per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (*mirabegron*)	3	ST; QL (1 tablet per 1 day)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - DRUGS FOR THE BLADDER**		
bethanechol chloride oral tablet	1 or 1b*	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS - DRUGS FOR THE BLADDER**		
flavoxate hcl oral tablet	1 or 1b*	
***VACCINES* - BIOLOGICAL AGENTS**		
BACTERIAL VACCINES - VACCINES**		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (*haemophilus b polysac conj vac*)	3; $0	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	3; $0	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*meningococcal b recomb omv adj*)	3; $0	
BIOTHRAX INTRAMUSCULAR SUSPENSION (*anthrax vaccine adsorbed*)	3	
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (*pneumococcal 21-valent conjuga*)	3; $0	
HIBERIX INJECTION SOLUTION RECONSTITUTED (*haemophilus b polysac conj vac*)	3; $0	
MENQUADFI INTRAMUSCULAR SOLUTION (*mening acy&w-135 tetanus conj*)	3; $0	
MENVEO INTRAMUSCULAR SOLUTION (*meningococcal a c y&w-135 olig*)	3; $0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (*meningococcal a c y&w-135 olig*)	3; $0	
PEDVAX HIB INTRAMUSCULAR SUSPENSION (*haemophilus b polysac conj vac*)	3; $0	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (*mening acyw(tet conj)-b(rcmb)*)	3; $0	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE (*pneumococcal vac polyvalent*)	2; $0	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*pneumococcal 20-val conj vacc*)	2; $0	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*meningococcal b vac (recomb)*)	3; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYPHIM VI INTRAMUSCULAR SOLUTION (*typhoid vi polysaccharide vacc*)	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (*typhoid vi polysaccharide vacc*)	3	
VAXCHORA ORAL SUSPENSION RECONSTITUTED (*cholera vac live attenuated*)	3	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*pneumococcal 15-val conj vacc*)	2; $0	
VIVOTIF ORAL CAPSULE DELAYED RELEASE (*typhoid vaccine*)	2	
VIRAL VACCINE COMBINATIONS - VACCINES**		
M-M-R II INJECTION SOLUTION RECONSTITUTED (*measles, mumps & rubella vac*)	3; $0	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (*measles, mumps & rubella vac*)	3; $0	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (*measles-mumps-rubella-varicell*)	3; $0	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*hepatitis a-hep b recomb vac*)	3; $0	
VIRAL VACCINES - VACCINES**		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED (*rsv pre-fusion f a&b vac rcmb*)	3; $0	QL (1 injection per 1 lifetime)
ACAM2000 INJECTION SOLUTION RECONSTITUTED (*smallpox vaccine*)	3; $0	
AFLURIA INTRAMUSCULAR SUSPENSION (*influenza virus vaccine split*)	2; $0	QL (1 mL per 1 one-time fill)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*influenza virus vacc split pf*)	2; $0	QL (1 mL per 1 one-time fill)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED (*rsvpref3 vac recomb adjuvanted*)	3; $0	PA; AL; QL (1 injection per 1 lifetime)
AUDENZ INTRAMUSCULAR EMULSION (*influenza a (h5n1) subunit adj*)	2; $0	
AUDENZ INTRAMUSCULAR PREFILLED SYRINGE (*influenza a (h5n1) subunit adj*)	2; $0	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*covid-19 mrna virus vaccine*)	2; $0	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (*dengue virus vaccine live tetr*)	3	
ENGERIX-B INJECTION SUSPENSION (*hepatitis b vac recombinant*)	3; $0	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE (*hepatitis b vac recombinant*)	3; $0	
ERVEBO INTRAMUSCULAR SUSPENSION (*ebola zaire virus vaccine live*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*influenza vac a&b surf ant adj*)	2; $0	QL (1 mL per 1 one-time fill)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*influenza virus vacc split pf*)	2; $0	QL (1 mL per 1 one-time fill)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (*influenza vac recombinant ha*)	2; $0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION (*influenza vac tiss-cult subunt*)	2; $0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*influenza vac tiss-cult subunt*)	2; $0	QL (1 fill per 180 days)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*influenza virus vacc split pf*)	2; $0	QL (1 mL per 1 one-time fill)
FLUMIST NASAL LIQUID (*influenza virus vaccine live*)	2; $0	QL (1 fill per 180 days)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*influenza vac split high-dose*)	2; $0	QL (1 mL per 1 one-time fill)
FLUZONE INTRAMUSCULAR SUSPENSION (*influenza virus vaccine split*)	2; $0	QL (1 mL per 1 one-time fill)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*influenza virus vacc split pf*)	2; $0	QL (1 mL per 1 one-time fill)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (*hpv 9-valent recomb vaccine*)	2; $0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*hpv 9-valent recomb vaccine*)	2; $0	
HAVRIX INTRAMUSCULAR SUSPENSION (*hepatitis a vaccine*)	3; $0	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*hepatitis a vaccine*)	3; $0	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (*hepatitis b vac recomb adj*)	3; $0	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED (*rabies virus vaccine, hdc*)	3	
IPOL INJECTION INJECTABLE (*poliovirus vaccine inactivated*)	3; $0	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED (*chikungunya virus vaccine live*)	3	
IXIARO INTRAMUSCULAR SUSPENSION (*japanese encephalitis vac inac*)	3	
JYNNEOS SUBCUTANEOUS SUSPENSION (*smallpox & monkeypox vac, live*)	3; $0	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*covid-19 mrna virus vaccine*)	2; $0	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*rsv mrna pre-f virus vaccine*)	3; $0	AL; QL (1 syringe per 1 lifetime)
novavax covid-19 vaccine intramuscular suspension prefilled syringe	2; $0	

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PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION (*covid-19 mrna virus vaccine*)	2; $0	
pfizer covid-19 vac-tris 6m-4y intramuscular suspension	2; $0	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (*rabies vaccine, pcec*)	3	
RECOMBIVAX HB INJECTION SUSPENSION (*hepatitis b vac recombinant*)	3; $0	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE (*hepatitis b vac recombinant*)	3; $0	
ROTARIX ORAL SUSPENSION (*rotavirus vaccine live oral*)	3; $0	
ROTATEQ ORAL SOLUTION (*rotavirus vac live pentavalent*)	3; $0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED (*zoster vac recomb adjuvanted*)	3; $0	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*covid-19 mrna virus vaccine*)	2; $0	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*tick-borne encephalitis vacc*)	3	
VAQTA INTRAMUSCULAR SUSPENSION (*hepatitis a vaccine*)	3; $0	
VARIVAX INJECTION SUSPENSION RECONSTITUTED (*varicella virus vaccine live*)	3; $0	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*chikungunya virus vac rcmb vlp*)	3	
YF-VAX SUBCUTANEOUS INJECTABLE (*yellow fever vaccine*)	3	
***VAGINAL AND RELATED PRODUCTS* - DRUGS FOR WOMEN**		
IMIDAZOLE-RELATED ANTIFUNGALS - DRUGS FOR INFECTIONS**		
GYNAZOLE-1 VAGINAL CREAM (*butoconazole nitrate (1 dose)*)	3	
miconazole 3 vaginal suppository	1 or 1b*	
terconazole vaginal cream 0.4 %	1 or 1b*	QL (90 grams per 30 days)
terconazole vaginal cream 0.8 %	1 or 1b*	QL (40 grams per 30 days)
terconazole vaginal suppository	1 or 1b*	QL (6 suppositories per 30 days)
MISCELLANEOUS VAGINAL PRODUCTS - DRUGS FOR WOMEN**		
INTRAROSA VAGINAL INSERT (*prasterone*)	3	ST; QL (1 insert per 1 day)
SPERMICIDES - BIRTH CONTROL PILLS**		
ENCARE VAGINAL SUPPOSITORY (*nonoxynol-9*)	2; $0	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL (*nonoxynol-9*)	2; $0	
TODAY SPONGE VAGINAL (*nonoxynol-9*)	2; $0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM (*nonoxynol-9*)	2; $0	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL (*nonoxynol-9*)	2; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAGINAL ANTI-INFECTIVES - DRUGS FOR INFECTIONS**		
CLEOCIN VAGINAL CREAM (*clindamycin phosphate*)	3	
CLEOCIN VAGINAL SUPPOSITORY (*clindamycin phosphate*)	2	
clindamycin phosphate vaginal cream	1 or 1b*	
CLINDESSE VAGINAL CREAM (*clindamycin phosphate (1 dose)*)	3	
metronidazole vaginal gel	1 or 1b*	
NUVESSA VAGINAL GEL (*metronidazole*)	3	
VANDAZOLE VAGINAL GEL (*metronidazole*)	1 or 1b*	
XACIATO VAGINAL GEL (*clindamycin phosphate*)	3	PA; QL (1 applicator per 1 fill)
VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS - DRUGS FOR WOMEN**		
PHEXXI VAGINAL GEL (*lactic ac-citric ac-pot bitart*)	3; $0	
VAGINAL ESTROGENS - DRUGS FOR WOMEN**		
ESTRACE VAGINAL CREAM (*estradiol*)	3	QL (42.5 grams per 30 days)
estradiol vaginal cream	1 or 1b*	QL (42.5 grams per 30 days)
estradiol vaginal tablet	1 or 1b*	QL (18 tablet per 28 days)
ESTRING VAGINAL RING (*estradiol*)	3	QL (1 ring per 90 days)
FEMRING VAGINAL RING (*estradiol acetate*)	3	QL (1 ring per 90 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG (*estradiol*)	3	QL (18 inserts per 28 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG (*estradiol*)	3	QL (18 packs per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG (*estradiol*)	3	QL (18 inserts per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 4 MCG (*estradiol*)	3	QL (18 packs per 28 days)
PREMARIN VAGINAL CREAM (*estrogens, conjugated*)	2	QL (1 gm per 1 day)
VAGIFEM VAGINAL TABLET (*estradiol*)	3	QL (18 tablet per 28 days)
yuvafem vaginal tablet	1 or 1b*	QL (18 tablet per 28 days)
VAGINAL PROGESTINS - DRUGS FOR WOMEN**		
CRINONE VAGINAL GEL 4 % (*progesterone*)	3	LD; SP
CRINONE VAGINAL GEL 8 % (*progesterone*)	3	PA; LD; QL (1 applicator per 1 day); SP
ENDOMETRIN VAGINAL INSERT (*progesterone*)	3	PA
***VASOPRESSORS* - DRUGS FOR THE HEART**		
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR SERIOUS ALLERGIC REACTION**		
ADRENALIN INJECTION SOLUTION (*epinephrine*)	3	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR (*epinephrine*)	3	ST; QL (2 pens per 1 fill)
epinephrine (anaphylaxis) injection solution	1 or 1b*	
epinephrine injection solution auto-injector	1 or 1b*	QL (2 pens per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPINEPHRINESNAP INJECTION KIT (*epinephrine*)	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR (*epinephrine*)	3	ST; QL (2 pens per 1 fill)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR (*epinephrine*)	3	ST; QL (2 pens per 1 fill)
NEFFY NASAL SOLUTION (*epinephrine*)	3	ST; QL (1 carton per 1 fill)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS - DRUGS FOR SERIOUS ALLERGIC REACTION**		
droxidopa oral capsule 100 mg	1 or 1b*	PA; LD; QL (3 capsules per 1 day); SP
droxidopa oral capsule 200 mg, 300 mg	1 or 1b*	PA; LD; QL (6 capsules per 1 day); SP
NORTHERA ORAL CAPSULE 100 MG (*droxidopa*)	3	PA; LD; QL (3 capsules per 1 day); SP
NORTHERA ORAL CAPSULE 200 MG, 300 MG (*droxidopa*)	3	PA; LD; QL (6 capsules per 1 day); SP
VASOPRESSORS - DRUGS FOR SERIOUS ALLERGIC REACTION**		
ADRENALIN INTRAVENOUS SOLUTION (*epinephrine-nacl*)	3	
ADRENALIN-NACL INTRAVENOUS SOLUTION (*epinephrine-nacl*)	3	
AKOVAZ INTRAVENOUS SOLUTION (*ephedrine sulfate (pressors)*)	3	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE (*ephedrine sulfate (pressors)*)	3	
BIORPHEN INTRAVENOUS SOLUTION (*phenylephrine hcl (pressors)*)	3	
EMERPHED INTRAVENOUS SOLUTION (*ephedrine sulfate (pressors)*)	3	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE (*ephedrine sulfate (pressors)*)	3	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION	3	
epinephrine bitartrate-nacl intravenous solution	3	
epinephrine injection solution 10 mg/10ml	3	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML	3	
EPINEPHRINE PF INJECTION SOLUTION	3	
GIAPREZA INTRAVENOUS SOLUTION (*angiotensin ii acetate*)	3	
IMMPHENTIV INTRAVENOUS SOLUTION (*phenylephrine hcl (pressors)*)	3	
LEVOPHED INTRAVENOUS SOLUTION (*norepinephrine bitartrate*)	3	
midodrine hcl oral tablet	1 or 1b*	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 10 MG/ML	3	
REZIPRES INTRAVENOUS SOLUTION (*ephedrine hcl*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAZCULEP INTRAVENOUS SOLUTION (*phenylephrine hcl (pressors)*)	3	
***VITAMINS* - DRUGS FOR NUTRITION**		
VITAMIN A - DRUGS FOR NUTRITION**		
AQUASOL A INTRAMUSCULAR SOLUTION (*vitamin a*)	3	
VITAMIN B-1 - DRUGS FOR NUTRITION**		
thiamine hcl injection solution	1 or 1b*	
VITAMIN C - DRUGS FOR NUTRITION**		
ASCOR INTRAVENOUS SOLUTION (*ascorbic acid*)	3	
VITAMIN D - DRUGS FOR NUTRITION**		
DRISDOL ORAL CAPSULE (*ergocalciferol*)	3	
ergocalciferol oral capsule	1 or 1a*	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1 or 1a*	
VITAMIN K - DRUGS FOR NUTRITION**		
phytonadione injection solution	1 or 1b*	
phytonadione oral tablet	1 or 1b*	
vitamin k1 injection solution	1 or 1b*	

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