Commercial Health Plans 2021 Drug Formulary for HMOs and PPOs

USE THIS DRUG LIST – ALSO KNOWN AS A FORMULARY – TO LEARN ABOUT THE PRESCRIPTION DRUGS WE COVER FOR ALL COMMERCIAL HEALTH PLANS.

Commercial health plans are a type of private (non-government) health insurance. Typically, these are health plans that businesses offer to their employees as health benefits.

This list is current as of March 1, 2021. When it refers to “we,” “us” or “our,” it means HAP. When it refers to “plan” it means commercial health plans.

If you have questions about your health plan, please call Customer Service at the number on your ID card or log in at **hap.org** and send us a message.

Please note: A drug's coverage status may change prior to it being updated in this document. The listing of a drug does not imply coverage for all benefits. Some dosage forms or strengths of an existing drug may not be covered. Please contact Customer Service for more details.

Q&A

Q. What is the drug list?

A. The drug list, also known as a **formulary**, is a list of covered prescription drugs. Prescription drugs are medications you can obtain from pharmacies and administer to yourself. Our drug list is developed with a team of health care providers, including doctors and pharmacists. It contains the prescription drugs believed to be a necessary part of a quality treatment program. The prescription is then filled at an in-network pharmacy.

The status of covered drugs can change over time. For example:

- We may add new drugs to the list as they are approved by the Food and Drug Administration.
- We may remove drugs as we learn more about how safe they are and how well they work.
- We may change the tier levels of drugs on the list. Tier levels determine your copay and other out-of-pocket costs for drugs.

From time to time, we may add or remove quantity limits, the need for prior authorization or other criteria for coverage.

Q. Where can I find the drug list?

A. You can search for covered drugs on our interactive Drug Search tool or download a drug list. The Drug Search tool and the Drug list are available at **hap.org/prescription-drug**

Q. How do I use the interactive Drug Search tool?

A: If you are using a computer, click on the Search QHP button. Drug Search tool will display. You only need the first three letters of the drug name to search. Type the drug name in the search box, press enter. .You will get a list of drugs that match your search request. Select the drug you are looking for, press enter. The display will show the full drug name, therapeutic class, drug tier status and any criteria for coverage such as quantity limits or prior authorization

Q. How do I use the drug list ?

A. The drug list is a list of covered generic and brand name drugs and is organized by categories. Each category represents the type of medical conditions that the drugs are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular Agents." If you know what a drug is used for, look for the category name in the list. Then look under the category name for the drug.

You can also look for your drug in the Index that is at the end of the document. The Index provides an alphabetical list of all drugs included in this document.

If you are using a computer, you can search for a specific drug within the formulary, just select Ctrl-F and enter the name of the drug in the search box. The cursor will highlight the drug you are looking for.

Q. What is included in the formulary drug list?

A. The drug list includes the following information

- The name of the covered drug**.** Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case (e.g., metformin*).* **When a generic drug is listed on the formulary, only the generic is covered.**

- The covered drug cost-sharing level or *Tier.* Every drug on the formulary is in one of six cost-sharing Tiers. **Refer to your Summary of Benefits and Coverage for your cost-sharing information**. Tier classes:
    - **Tier 1: Preferred Generic** – Non-brand name drugs with the lowest copay.
    - **Tier 1A**: **Non-preferred generic** – Non-brand name drugs with a higher copay.
    - **Tier 2: Preferred brand** – Brand name drugs with the lowest copay.
    - **Tier 3: Non-preferred brand** – Brand name drugs with a higher copay.
    - **Tier 4: Preferred specialty** – Biologics or prescription drugs, including biosimilar and generic drugs designated by us to be a specialty drug with the lowest specialty copay.
    - **Tier 4A: Non-preferred specialty** – Specialty drugs with higher out-of-pocket costs.
    - **ACA Preventive**: Generic preventive prescription drugs — used to prevent illnesses, diseases or other health problems — that the Affordable Care Act requires us to cover without charging you a copay or other out-of-pocket costs.
    - **Medical drugs**: Drugs infused or administered in a doctor's office or facility that are covered under your medical benefit. Some medical drugs are classified as specialty drugs, and we may require you to get them from a specialty pharmacy.

- Drug Coverage rules and limits as follows:

  PA (Prior Authorization) – You or your doctor is required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

  QL (Quantity Limit) – We limit the amount of these drugs that are covered for each prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day.

ST (Step Therapy) – Before we will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

SP (Specialty Pharmacy) –This specialty drug can only be obtained from Pharmacy Advantage by calling them at (800) 456 2112.

HCR (Health Care Reform) – You must meet the Health Care Reform requirements for preventive use to obtain the drug at zero cost sharing

Tiers at a glance:

The following table will translate how the six Tiers shown on the formulary are applicable to your health plan's prescription drug benefit.

<table>
<tr><th>Description of Tier</th><th>Six-Tier Plan</th><th>Five-Tier Plan</th><th>Four-Tier Plan</th><th>Three-Tier Plan</th></tr>
<tr><td>Preferred generic-</td><td>Tier 1</td><td rowspan="2">Tier 1</td><td rowspan="2">Tier 1</td><td rowspan="2">Tier 1</td></tr>
<tr><td>Non-preferred generic</td><td>Tier 1A</td></tr>
<tr><td>Preferred brand</td><td>Tier 2</td><td>Tier 2</td><td>Tier 2</td><td>Tier 2</td></tr>
<tr><td>Non-preferred brand</td><td>Tier 3</td><td>Tier 3</td><td>Tier 3</td><td rowspan="3">Tier 3</td></tr>
<tr><td>Preferred specialty</td><td>Tier 4</td><td>Tier 4</td><td rowspan="2">Tier 4</td></tr>
<tr><td>Non-preferred specialty</td><td>Tier 4A</td><td>Tier 4A</td></tr>
<tr><td>ACA Preventive</td><td>No copay or other out-of-pocket costs</td><td>No copay or other out-of-pocket costs</td><td>No copay or other out-of-pocket costs</td><td>No copay or other out-of-pocket costs</td></tr>
<tr><td>Medical drugs</td><td>Covered under your plan's medical benefit</td><td>Covered under your plan's medical benefit</td><td>Covered under your plan's medical benefit</td><td>Covered under your plan's medical benefit</td></tr>
</table>

Note: The out-of-pocket costs for each tier class depends on your prescription drug benefit. Refer to your Summary of Benefits and Coverage for more details about your drug costs.

Q. Are there any restrictions on my coverage?

A. Some covered drugs have extra requirements or limits on coverage, including:

- **Prior authorization (PA)**. Some drugs on our drug list have criteria you must meet before we cover them. You or your doctor need to get approval from us before you fill your prescriptions for these drugs. Without prior approval, we may not cover these drugs.

- **Quantity limit (QL).** Some drugs have limits on the amount that can be dispensed on each fill, or on the number of fills allowed for treatment of certain conditions. Specialty and injectable drugs (except insulin) and select oral drugs (e.g. opioid analgesics) are limited up to a 30-day supply per fill. Some specialty drugs require a 15-day supply for the first fill.

- **Step therapy (ST)**. In some case we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if drug A and drug B both treat your medical condition, we may not cover drug B unless you have tried drug A first and it did not work for you.

- **Specialty pharmacy (SP).** This specialty drug can only be obtained from Pharmacy Advantage. You can contact them at (800) 456-2112.

Q. What is a generic substitution?

A. When an FDA-approved generic drug is available, your prescription will be filled with the generic version instead of the brand name version. Generic drugs contain the same active ingredients as brand name drugs. They also are equal in strength and dosage and cost less for you and your health plan.

Q. What are specialty drugs?

A. Specialty drugs are biologics or prescription drugs that require special handling, provider coordination and patient education for safe and effective use. Specialty drugs are available from Pharmacy Advantage, a specialty pharmacy service that provides home delivery. Specialty drugs require prior authorization. For more information, you or your doctor can contact Pharmacy Advantage at (800) 456-2112.

Q. Are there any limits to my benefits?

A. Our drug list applies to drugs used in an outpatient setting. It does not include drugs administered in a doctor's office or hospital, which are known as **medical drugs**. The only medical drugs we list on the drug list are specialty medical drugs that have to be obtained from our specialty pharmacy, Pharmacy Advantage. For more information, you or your doctor can contact Pharmacy Advantage at (800) 456-2112.

Here are some types of drugs we **do not** cover in any of our plans:

- Over-the-counter medications and their equivalents, unless specified in the drug list
- Drug products used for cosmetic purposes
- Experimental drugs or any drug products used in an experimental manner
- Replacement of lost or stolen medication

Note: Your tier levels, out-of-pocket costs and drug benefit exclusions may vary based on your prescription drug benefit plan. Check your Summary of Benefits and Coverage and Subscriber Contract for more details.

Q. What if my drug is not on the drug list?

A. If your drug is not on the list, it is considered **non-formulary**. You, your doctor or your authorized representative can ask us to make an exception and cover your drug. You or the prescribing doctor must provide a supporting statement that the requested drug is medically necessary to treat your condition. It must state that all of the covered drugs available for treatment of your condition on the drug list would either not be as effective for you as the non-formulary drug or would harm you.

A HAP clinical specialist will review your request to decide if the medication will be approved for coverage. The review is based on medical necessity and benefit determination.

It is best to first talk to your doctor or pharmacist about whether another drug on the covered drug list will work for you.

Q. How do I submit a request for a non-formulary drug exception or prior authorization?

A. To request a drug exception for a non-formulary drug* or coverage for a drug that requires prior authorization, fill out the appropriate form at **hap.org/mrf**, and mail or fax it to us at:

Mail: HAP
Attn: Pharmacy Care
Management 2850 W. Grand
Blvd.
Detroit, MI 48202
Fax: (313) 664-8045

You also can call Customer Service at the number on your ID card or log in to **hap.org** if you need assistance with this process.

If you or your doctor requests coverage for a drug that requires prior authorization, we must make a decision within 15 calendar days. If you or your doctor thinks that waiting for a standard decision could seriously harm your health or your ability to function, you can request an urgent decision. We must respond to your request for an urgent prior authorization decision within 72 hours.

If you or your doctor requests a non-formulary drug exception, we must make a decision within 72 hours. If the request is urgent, we must make a decision within 24 hours.

If we approve your exception request for a non-formulary generic or a brand drug, it will be billed at the highest copay for brand name drugs. If we approve your exception request for a non-formulary specialty drug, it will be billed at the highest copay for specialty drugs, and we may require it to be dispensed by Pharmacy Advantage. Non-formulary drugs when approved by the plan are limited for up to a 30-day supply at a time.

HAP Commercial Formulary

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ANTIHISTAMINE DRUGS		
Ethanolamine Derivatives		
carbinoxamine maleate oral liquid 4 mg/5 ml	1A	
carbinoxamine maleate oral tablet 4 mg	1A	
clemastine oral tablet 2.68 mg	1A	
diphenhydramine hcl injection solution 50 mg/ml	6	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1A	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	1	
First Gen. Antihist. Derivatives, Misc.		
cyproheptadine oral syrup 2 mg/5 ml	1A	
cyproheptadine oral tablet 4 mg	1A	MDL
First Generation Antihistamines		
carbinoxamine maleate oral liquid 4 mg/5 ml	1A	
carbinoxamine maleate oral tablet 4 mg	1A	
clemastine oral tablet 2.68 mg	1A	
cyproheptadine oral syrup 2 mg/5 ml	1A	
cyproheptadine oral tablet 4 mg	1A	MDL
diphenhydramine hcl injection solution 50 mg/ml	6	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1A	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	1	
Phenothiazine Derivatives		
promethazine oral syrup 6.25 mg/5 ml	1A	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1A	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	1A	
promethazine-dm oral syrup 6.25-15 mg/5 ml	1A	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	1A	

Tier 1= Preferred Generic, **Tier 1A**= Non-Preferred Generic, **Tier 2**= Preferred Brand,
Tier 3= Non-Preferred Brand, **Tier 4**= Preferred Specialty, **Tier 4A**= Non-Preferred Specialty,
Tier 6= Medical
PA= Prior Authorization
QL= Quantity Limits Apply
SP= This drug can only be obtained at Pharmacy Advantage:(800) 456-2112; up to a 30 day supply at a time
ST= Step Therapy Required
HCR= Health Care Reform rules apply
MDL= Maintenance Drug- can be obtained for 90 day supply at Retail Pharmacy
TF= FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.

DRUG NAME	DRUG TIER	NOTES
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	1A	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1A	
Piperazine Derivatives		
hydroxyzine hcl oral solution 10 mg/5 ml	1A	
hydroxyzine hcl oral tablet 10 mg, 50 mg	1A	QL (Quantity Limits Apply); MDL
hydroxyzine hcl oral tablet 25 mg	1A	MDL; QL (4 tablets per 1 day)
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1A	MDL
meclizine oral tablet 12.5 mg, 25 mg	1A	MDL
Propylamine Derivatives		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	1A	
NEOTUSS PLUS ORAL SOLUTION 4-7.5-30 MG/5 ML	2	
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	3	QL (20 capsules per 5 days)
Second Generation Antihistamines		
alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg	1A	QL (2 tablets per 1 day)
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	
ALLERGY RELIEF D12 ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	QL (2 tablets per 1 day)
ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
ALLERGY RELIEF-D (LORATADINE) ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	QL (2 tablets per 1 day)

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cetirizine oral solution 1 mg/ml, 5 mg/5 ml	1A	MDL
cetirizine oral tablet 10 mg, 5 mg	1A	MDL; QL (30 tablets per 30 days)
desloratadine oral tablet 5 mg	1A	MDL
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	1A	
levocetirizine oral solution 2.5 mg/5 ml	1A	
levocetirizine oral tablet 5 mg	1A	MDL
LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
loratadine oral solution 5 mg/5 ml	1A	QL (300 ML per 30 days)
loratadine oral tablet 10 mg	1A	MDL
loratadine-d oral tablet extended release 12 hr 5-120 mg	1A	QL (2 tablets per 1 day)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
WAL-ITIN D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	QL (2 tablets per 1 day)
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
ANTI-INFECTIVE AGENTS		
1St Generation Cephalosporin Antibiotics		
cefadroxil oral capsule 500 mg	1A	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1A	
cefadroxil oral tablet 1 gram	1A	
cefazolin injection recon soln 1 gram, 10 gram	6	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1A	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1A	
cephalexin oral tablet 250 mg, 500 mg	1A	

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2Nd Generation Cephalosporin Antibiotics		
cefaclor oral capsule 250 mg	1	
cefaclor oral capsule 500 mg	1A	
cefaclor oral tablet extended release 12 hr 500 mg	1A	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefprozil oral tablet 250 mg, 500 mg	1A	
cefuroxime axetil oral tablet 250 mg, 500 mg	1A	
3Rd Generation Cephalosporin Antibiotics		
cefdinir oral capsule 300 mg	1A	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1A	
cefditoren pivoxil oral tablet 200 mg, 400 mg	1A	
cefixime oral capsule 400 mg	1A	QL (2 capsules per 1 day)
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1A	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1A	
cefpodoxime oral tablet 100 mg, 200 mg	1A	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	6	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	6	
SPECTRACEF ORAL TABLET 400 MG	2	
SUPRAX ORAL CAPSULE 400 MG	3	QL (2 capsules per 1 day)
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	3	QL (2 tablets per 1 day)
4Th Generation Cephalosporin Antibiotics		
cefepime injection recon soln 1 gram, 2 gram	6	

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5Th Generation Cephalosporin Antibiotics		
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	6	
Adamantane Antivirals		
amantadine hcl oral capsule 100 mg	1A	MDL
amantadine hcl oral solution 50 mg/5 ml	1A	MDL
amantadine hcl oral tablet 100 mg	1A	MDL
rimantadine oral tablet 100 mg	1A	
Allylamine Antifungals		
terbinafine hcl oral tablet 250 mg	1A	MDL
Amebicides		
metronidazole oral tablet 250 mg	1	
metronidazole oral tablet 500 mg	1A	
paromomycin oral capsule 250 mg	1A	
PYLERA ORAL CAPSULE 140-125-125 MG	3	QL (24 capsules per 1 day)
Aminoglycoside Antibiotics		
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	6	
gentamicin injection solution 40 mg/ml	6	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	6	
neomycin oral tablet 500 mg	1A	
paromomycin oral capsule 250 mg	1A	
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	4	PA; SP; QL (280 ampules per 30 days)
tobramycin sulfate injection solution 40 mg/ml	6	
Aminopenicillin Antibiotics		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1A	
amoxicillin oral capsule 250 mg, 500 mg	1	

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amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	1A	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1A	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1A	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	1A	
ampicillin oral capsule 250 mg, 500 mg	1	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	6	
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	6	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
Anthelmintics		
albendazole oral tablet 200 mg	1A	PA; QL (120 tablets per 30 days)
BILTRICIDE ORAL TABLET 600 MG	2	
EMVERM ORAL TABLET,CHEWABLE 100 MG	3	PA; QL (6 tablets per 30 days)
ivermectin oral tablet 3 mg	1A	
praziquantel oral tablet 600 mg	1A	
Antifungals, Miscellaneous		
griseofulvin microsize oral suspension 125 mg/5 ml	1A	
griseofulvin microsize oral tablet 500 mg	1A	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1A	
STRONG IODINE ORAL SOLUTION 5 %	1	

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Antimalarials		
atovaquone-proguanil oral tablet 250-100 mg	1A	QL (12 tablets per 30 days, 1 fill in 180 days); Covered for Malaria Treatment, not prophylaxis.
atovaquone-proguanil oral tablet 62.5-25 mg	1A	QL (9 tablets per 30 days, 1 fill in 180 days); Covered for Malaria Treatment, not prophylaxis.
chloroquine phosphate oral tablet 250 mg, 500 mg	1A	Covered for Malaria Treatment, not prophylaxis.; QL (8 tablets per 28 days)
COARTEM ORAL TABLET 20-120 MG	3	QL (24 tablets per 30 days, 1 fill in 180 days); Covered for Malaria Treatment, not prophylaxis.
hydroxychloroquine oral tablet 200 mg	1A	Covered for Malaria Treatment, not prophylaxis.; MDL; QL (6 tablets per 1 day)
mefloquine oral tablet 250 mg	1A	QL (5 tablets per 30 days, 1 fill in 180 days); Covered for Malaria Treatment, not prophylaxis.
primaquine oral tablet 26.3 mg	1A	Covered for Malaria Treatment, not prophylaxis.
PYLERA ORAL CAPSULE 140-125-125 MG	3	QL (24 capsules per 1 day)
quinidine gluconate oral tablet extended release 324 mg	1A	Covered for Malaria Treatment, not prophylaxis.; MDL
quinidine sulfate oral tablet 200 mg, 300 mg	1A	Covered for Malaria Treatment, not prophylaxis.; MDL
quinine sulfate oral capsule 324 mg	1A	PA; Covered for Malaria Treatment, not prophylaxis.; QL (42 capsules per 30 days)
Antimycobacterials, Miscellaneous		
dapsone oral tablet 100 mg, 25 mg	1A	
Antiprotozoals, Miscellaneous		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	PA; QL (60 ML per 3 days)
ALINIA ORAL TABLET 500 MG	3	PA; QL (6 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
atovaquone oral suspension 750 mg/5 ml	1A	PA; QL (10 ML per 1 day)
dapsone oral tablet 100 mg, 25 mg	1A	
metronidazole oral tablet 250 mg	1	
metronidazole oral tablet 500 mg	1A	
PYLERA ORAL CAPSULE 140-125-125 MG	3	QL (24 capsules per 1 day)
tinidazole oral tablet 250 mg, 500 mg	1A	QL (20 tablets per 5 days)
Antituberculosis Agents		
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	6	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1A	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	1A	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1A	
clarithromycin oral tablet 250 mg, 500 mg	1A	
clarithromycin oral tablet extended release 24 hr 500 mg	1A	
cycloserine oral capsule 250 mg	1A	
ethambutol oral tablet 100 mg, 400 mg	1A	
isoniazid oral solution 50 mg/5 ml	1A	MDL
isoniazid oral tablet 100 mg	1A	MDL
isoniazid oral tablet 300 mg	1	MDL
levofloxacin oral solution 250 mg/10 ml	1A	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1A	
moxifloxacin oral tablet 400 mg	1A	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	2	
PRIFTIN ORAL TABLET 150 MG	2	
pyrazinamide oral tablet 500 mg	1A	
rifabutin oral capsule 150 mg	1A	
rifampin oral capsule 150 mg, 300 mg	1A	MDL

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SIRTURO ORAL TABLET 100 MG	4	PA; SP; QL (4 tablets per 1 day)
SIRTURO ORAL TABLET 20 MG	4	PA; SP; QL (10 tablets per 1 day)
TRECATOR ORAL TABLET 250 MG	2	
Antivirals, Miscellaneous		
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	QL (2 tablets per fill, 2 fills per 365 days)
Azole Antifungals		
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	6	PA; SP; QL (0.01 EA per 1 day)
CRESEMBA ORAL CAPSULE 186 MG	3	70 capsules per 30 days, 3 fills per 365 days
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	6	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1A	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1A	
itraconazole oral capsule 100 mg	1A	
itraconazole oral solution 10 mg/ml	1A	QL (300 ML per 16 days)
ketoconazole oral tablet 200 mg	1A	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1A	PA; QL (10 ml per 1 day)
voriconazole oral tablet 200 mg, 50 mg	1A	QL (60 tablets per 30 days)
Carbapenem Antibiotics		
ertapenem injection recon soln 1 gram	6	
imipenem-cilastatin intravenous recon soln 500 mg	6	
INVANZ INJECTION RECON SOLN 1 GRAM	6	
meropenem intravenous recon soln 1 gram	6	
Cyclic Lipopeptide Antibiotics		
daptomycin intravenous recon soln 500 mg	6	QL (10 ML per 7 days)
Echinocandin Antifungals		
caspofungin intravenous recon soln 70 mg	6	QL (0.01 EA per 1 day)

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ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	6	PA; Short term approvals; QL (1 EA per 1 day)
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	6	PA; Short term approvals
micafungin intravenous recon soln 100 mg, 50 mg	6	QL (1 vial per 1 day)
Erythromycin Antibiotics		
E.E.S. 400 ORAL TABLET 400 MG	1A	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG	1A	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	1A	QL (100 ML per 1 fill)
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	1A	
erythromycin ethylsuccinate oral tablet 400 mg	1A	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	1A	
erythromycin oral tablet 250 mg, 500 mg	1A	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	1A	
Extended-Spectrum Penicillins		
piperacillin-tazobactam intravenous recon soln 2.25 gram, 4.5 gram	6	
Glycopeptide Antibiotics		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	2	QL (400mL per fill, 3 fills per year)
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg	6	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	6	QL (0.01 EA per 1 day)
Glycylcycline Antibiotics		
tigecycline intravenous recon soln 50 mg	6	QL (0.01 EA per 1 day)

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DRUG NAME	DRUG TIER	NOTES
Hcv Protease Inhibitor Antivirals		
MAVYRET ORAL TABLET 100-40 MG	4	PA; QL (84 tablets per fill, 168 tablets per 365 days); SP
ZEPATIER ORAL TABLET 50-100 MG	4	PA; QL (28 tablets per fill, 84 tablets per 365 days); SP
Hcv Replication Complex Inhibitors		
MAVYRET ORAL TABLET 100-40 MG	4	PA; QL (84 tablets per fill, 168 tablets per 365 days); SP
ZEPATIER ORAL TABLET 50-100 MG	4	PA; SP
Hiv Entry And Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4A	PA; QL (Quantity Limits Apply); QL (0.01 EA per 1 day)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	4A	PA; SP; Covered Alternatives: Fuzion; QL (2 tablets per 1 day)
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	QL (2 tablets per 1 day)
Hiv Integrase Inhibitor Antiretrovirals		
BIKTARVY ORAL TABLET 50-200-25 MG	4	QL (1 tablet per 1 day)
DOVATO ORAL TABLET 50-300 MG	4	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	4	QL (1 tablet per 1 day)
ISENTRESS HD ORAL TABLET 600 MG	4	QL (2 tablets per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	QL (2 tablets per 1 day)
ISENTRESS ORAL TABLET 400 MG	4	QL (2 tablets per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	4	QL (2 tablets per 1 day)
JULUCA ORAL TABLET 50-25 MG	4A	QL (1 tablet per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	4A	QL (1 tablet per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	4	QL (2 tablets per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	4A	QL (1 tablet per 1 day)
Hiv Nonnucleoside Rev.Transcrip. Inhib.		
COMPLERA ORAL TABLET 200-25-300 MG	4A	QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
EDURANT ORAL TABLET 25 MG	4	QL (2 tablets per 1 day)
efavirenz oral capsule 200 mg, 50 mg	1A	QL (1 capsule per 1 day)
efavirenz oral tablet 600 mg	1A	QL (1 tablet per 1 day)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	4	QL (1 tablet per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	4	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	4	QL (4 tablets per 1 day)
JULUCA ORAL TABLET 50-25 MG	4A	QL (1 tablet per 1 day)
nevirapine oral suspension 50 mg/5 ml	1A	QL (2 ML per 1 day)
nevirapine oral tablet 200 mg	1A	QL (2 tablets per 1 day)
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	1A	QL (30 tablets per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	4	QL (1 tablet per 1 day)
PIFELTRO ORAL TABLET 100 MG	4	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	4	QL (1 capsule per 1 day)
SUSTIVA ORAL TABLET 600 MG	4	QL (1 tablet per 1 day)
Hiv Nucleoside, Nucleotide Rt Inhibitors		
abacavir oral solution 20 mg/ml	1A	QL (16 ML per 1 day)
abacavir oral tablet 300 mg	1A	QL (2 tablets per 1 day)
abacavir-lamivudine oral tablet 600-300 mg	1A	QL (1 tablet per 1 day)
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	1A	QL (Quantity Limits Apply)
BIKTARVY ORAL TABLET 50-200-25 MG	4	QL (1 tablet per 1 day)
CIMDUO ORAL TABLET 300-300 MG	4	
COMPLERA ORAL TABLET 200-25-300 MG	4A	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG	4	PA; QL (1 tablet per 1 day)
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	1A	QL (2 capsules per 1 day)
DOVATO ORAL TABLET 50-300 MG	4	QL (1 tablet per 1 day)

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efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	4	QL (1 tablet per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	4	
emtricitabine oral capsule 200 mg	4	QL (2 capsules per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	4	ST; HCR (Prior approval required for preventive use at zero cost.); QL (1 tablet per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (22.67 ML per 1 day)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	PA; QL (2 ML per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	4	QL (1 tablet per 1 day)
lamivudine oral solution 10 mg/ml	1A	SP; QL (2 ML per 1 day)
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1A	SP; QL (2 tablets per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg	1A	QL (60 tablets per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	4	QL (1 tablet per 1 day)
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1A	QL (2 capsules per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	4A	QL (1 tablet per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
tenofovir disoproxil fumarate oral tablet 300 mg	1A	QL (1 tabelt per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	4A	QL (1 tablet per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	QL (Quantity Limits Apply)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (1 tablet per 1 day)
zidovudine oral capsule 100 mg	1A	QL (3 capsules per 1 day)
zidovudine oral syrup 10 mg/ml	1A	QL (16 ML per 1 day)
zidovudine oral tablet 300 mg	1A	QL (2 tablets per 1 day)
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	4	QL (14 ML per 1 day)
APTIVUS ORAL CAPSULE 250 MG	4	QL (4 capsules per 1 day)

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atazanavir oral capsule 150 mg, 200 mg, 300 mg	1A	QL (2 capsules per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG	4	QL (6 capsules per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	4A	QL (1 tablet per 1 day)
fosamprenavir oral tablet 700 mg	1A	QL (4 tablets per 1 day)
INVIRASE ORAL TABLET 500 MG	4	QL (4 tablets per 1 day)
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	4	QL (6 tablets per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (60 ML per 1 day)
lopinavir-ritonavir oral solution 400-100 mg/5 ml	1A	QL (320 ML per 30 days)
NORVIR ORAL CAPSULE 100 MG	4	QL (2 capsules per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML	4	QL (2 ML per 1 day)
NORVIR ORAL TABLET 100 MG	4A	QL (2 tablets per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	4A	QL (2 tablets per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	4	QL (2 ML per 1 day)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	4	QL (2 tablets per 1 day)
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	4	QL (2 capsules per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	4	
ritonavir oral tablet 100 mg	1A	QL (2 tablets per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	QL (4 tablets per 1 day)
Interferon Antivirals		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	PA; SP
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML)	4	PA; SP; QL (0.01 EA per 1 day)
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; SP; QL (4 ML per 30 days)

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DRUG NAME	DRUG TIER	NOTES
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; SP; QL (2 ML per 30 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	4	PA; SP; QL (4 kits per 30 days)
Lincomycin Antibiotics		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1A	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	1A	
clindamycin phosphate injection solution 150 mg/ml	6	
Macrolide Antibiotics		
E.E.S. 400 ORAL TABLET 400 MG	1A	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG	1A	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	1A	QL (100 ML per 1 fill)
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	1A	
erythromycin ethylsuccinate oral tablet 400 mg	1A	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	1A	
erythromycin oral tablet 250 mg, 500 mg	1A	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	1A	
Monobactam Antibiotics		
aztreonam injection recon soln 2 gram	6	
Monoclonal Antibody Antivirals		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	6	PA; SP; QL (1 ML per 28 days)
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	6	PA; SP

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Natural Penicillin Antibiotics		
penicillin g potassium injection recon soln 20 million unit	6	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
PFIZERPEN-G INJECTION RECON SOLN 20 MILLION UNIT	6	
Neuraminidase Inhibitor Antivirals		
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	1A	QL (10 capsules per fill ; 2 fills per 365 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	1A	QL (120 ML per fill ; 2 fills per 365 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL (20 blisters per 1 fill)
Nucleoside And Nucleotide Antivirals		
acyclovir oral capsule 200 mg	1A	MDL
acyclovir oral suspension 200 mg/5 ml	1A	
acyclovir oral tablet 400 mg, 800 mg	1	MDL
acyclovir sodium intravenous solution 50 mg/ml	6	
adefovir oral tablet 10 mg	4	PA; SP; QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	4	PA; SP; QL (700 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	1A	PA; SP; QL (1 tablet per 1 day)
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1A	
ganciclovir sodium intravenous recon soln 500 mg	6	
ribavirin oral capsule 200 mg	1A	PA; SP; QL (2 capsules per 1 day)
ribavirin oral tablet 200 mg	1A	PA; SP; QL (2 tablets per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
valacyclovir oral tablet 1 gram, 500 mg	1A	MDL
valganciclovir oral tablet 450 mg	1A	PA; QL (2 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
Other Macrolide Antibiotics		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1A	
azithromycin oral packet 1 gram	1A	QL (2 packets per 30 days)
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1A	QL (120 ML per 1 fill)
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1A	QL (8 tablets per 1 fill)
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1A	
clarithromycin oral tablet 250 mg, 500 mg	1A	
clarithromycin oral tablet extended release 24 hr 500 mg	1A	
Other Misc. Antibacterial Agents		
PYLERA ORAL CAPSULE 140-125-125 MG	3	QL (24 capsules per 1 day)
Oxazolidinone Antibiotics		
linezolid oral suspension for reconstitution 100 mg/5 ml	1A	QL (840 ML per 14 days)
linezolid oral tablet 600 mg	1A	QL (28 tablets per 14 days)
Penicillinase-Resistant Penicillins		
dicloxacillin oral capsule 250 mg, 500 mg	1A	
nafcillin injection recon soln 2 gram	6	
Polyene Antifungals		
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	6	
nystatin oral suspension 100,000 unit/ml	1A	
nystatin oral tablet 500,000 unit	1A	
Pyrimidine Antifungals		
flucytosine oral capsule 250 mg, 500 mg	4A	PA; QL (1 capsule per 1 day)
Quinolone Antibiotics		
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1A	

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ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	1A	
levofloxacin oral solution 250 mg/10 ml	1A	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1A	
moxifloxacin oral tablet 400 mg	1A	
ofloxacin oral tablet 300 mg, 400 mg	1	
Rifamycin Antibiotics		
PRIFTIN ORAL TABLET 150 MG	2	
rifabutin oral capsule 150 mg	1A	
rifampin oral capsule 150 mg, 300 mg	1A	MDL
XIFAXAN ORAL TABLET 200 MG, 550 MG	3	PA; QL (9 tablets per 30 days)
Sulfonamide Antibiotics (Systemic)		
sulfadiazine oral tablet 500 mg	1A	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	6	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1A	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	MDL
sulfasalazine oral tablet 500 mg	1A	MDL
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1A	MDL
Tetracycline Antibiotics		
avidoxy oral tablet 100 mg	1A	QL (2 tablets per 1 day)
COREMINO ORAL TABLET EXTENDED RELEASE 24 HR 135 MG, 45 MG, 90 MG	1A	
demeclocycline oral tablet 150 mg, 300 mg	1A	
doxycycline hyclate oral capsule 100 mg	1A	MDL
doxycycline hyclate oral capsule 50 mg	1A	MDL; QL (90 capsules per 30 days)
doxycycline hyclate oral tablet 100 mg	1A	MDL; QL (3 tablets per 1 day)
doxycycline monohydrate oral capsule 100 mg	1A	QL (2 capsules per 1 day)
doxycycline monohydrate oral capsule 50 mg	1	

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doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1A	
doxycycline monohydrate oral tablet 100 mg	1A	QL (2 tablets per 1 day)
doxycycline monohydrate oral tablet 150 mg, 75 mg	1A	
doxycycline monohydrate oral tablet 50 mg	1A	QL (3 tablets per 1 day)
minocycline oral capsule 100 mg, 50 mg, 75 mg	1A	MDL
minocycline oral tablet 100 mg, 50 mg, 75 mg	1A	
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1A	
mondoxyne nl oral capsule 75 mg	1A	
morgidox oral capsule 100 mg	1A	MDL
morgidox oral capsule 50 mg	1A	MDL; QL (90 capsules per 30 days)
PYLERA ORAL CAPSULE 140-125-125 MG	3	QL (24 capsules per 1 day)
tetracycline oral capsule 250 mg, 500 mg	1A	
Urinary Anti-Infectives		
methenamine hippurate oral tablet 1 gram	1A	MDL
methenamine mandelate oral tablet 0.5 g, 1 gram	1A	
MONUROL ORAL PACKET 3 GRAM	2	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1A	
nitrofurantoin macrocrystal oral capsule 25 mg	1A	QL (Quantity Limits Apply)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1A	
nitrofurantoin oral suspension 25 mg/5 ml	1A	QL (10 ML per 1 day)
phosphasal oral tablet 81.6-10.8-40.8 mg	1A	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
trimethoprim oral tablet 100 mg	1A	MDL
uretron d-s oral tablet 81.6-10.8-40.8 mg	1A	
URIMAR-T ORAL TABLET 120-0.12-10.8 MG	1A	
urin ds oral tablet 81.6-10.8-40.8 mg	1A	
utira-c oral tablet 81.6-10.8-40.8 mg	1A	

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ANTINEOPLASTIC AGENTS		
Antineoplastic Agents		
abiraterone oral tablet 250 mg	1A	PA; SP; QL (120 tablets per 30 days)
AFINITOR ORAL TABLET 10 MG	4A	PA; SP
ALECENSA ORAL CAPSULE 150 MG	4	PA; SP; QL (240 capsules per 30 days)
ALUNBRIG ORAL TABLET 180 MG	4	PA; SP; QL (30 tablets per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; SP; QL (60 tablets per 30 days)
ALUNBRIG ORAL TABLET 90 MG	4	PA; SP; QL (90 tablets per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	4	PA; SP; QL (30 tablets per 30 days)
anastrozole oral tablet 1 mg	1A	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL; QL (1 tablet per 1 day)
BALVERSA ORAL TABLET 3 MG	4A	PA; SP; QL (3 tablets per 1 day)
BALVERSA ORAL TABLET 4 MG	4A	PA; SP; QL (2 tablets per 1 day)
BALVERSA ORAL TABLET 5 MG	4A	PA; SP; QL (1 tablet per 1 day)
bexarotene oral capsule 75 mg	4A	PA; SP; QL (1 capsule per 1 day)
bicalutamide oral tablet 50 mg	1A	
BOSULIF ORAL TABLET 100 MG	4A	PA; SP; QL (90 tablets per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4A	PA; SP; QL (30 tablets per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	4A	PA; SP; QL (1 pack per 28 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; SP; QL (1 tablet per 1 day)
CALQUENCE ORAL CAPSULE 100 MG	4	PA; SP; QL (60 capsules per 30 days)
capecitabine oral tablet 150 mg, 500 mg	1A	PA; SP; QL (140 tablets per 16 days)
CAPRELSA ORAL TABLET 100 MG	4	PA; QL (60 tablets per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; QL (30 tablets per 30 days)

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COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	4	PA; QL (1 capsule per 1 day)
COTELLIC ORAL TABLET 20 MG	4	PA; SP; QL (63 tablets per 30 days)
cyclophosphamide oral capsule 25 mg, 50 mg	1A	PA; QL (2 capsules per 1 day)
DAURISMO ORAL TABLET 100 MG	4A	PA; SP
DAURISMO ORAL TABLET 25 MG	4A	PA; SP; QL (0.01 EA per 1 day)
diclofenac sodium topical gel 3 %	1A	PA; QL (100 GM per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	PA; SP; QL (1 capsule per 1 day)
EMCYT ORAL CAPSULE 140 MG	2	PA; SP; QL (1 capsule per 1 day)
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	6	
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; SP; QL (30 capsules per 30 days)
ERLEADA ORAL TABLET 60 MG	4A	PA; SP; QL (4 tablets per 1 day)
erlotinib oral tablet 100 mg, 150 mg, 25 mg	1A	PA; SP; QL (30 tablets per 30 days)
etoposide oral capsule 50 mg	4	PA; SP; QL (1 capsule per 1 day)
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	4	PA; SP
exemestane oral tablet 25 mg	1A	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL; QL (1 tablet per 1 day)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	4	PA; SP; QL (6 capsules per 30 days)
FLUOROPLEX TOPICAL CREAM 1 %	2	
fluorouracil topical cream 5 %	1A	
fluorouracil topical solution 2 %, 5 %	1A	
flutamide oral capsule 125 mg	1A	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; SP; QL (30 tablets per 30 days)

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GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA; SP; QL (1 capsule per 1 day)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	PA; SP; QL (1 capsule per 1 day)
hydroxyurea oral capsule 500 mg	1A	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; SP; QL (21 capsules per 30 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; SP; QL (21 tablets per 30 days)
ICLUSIG ORAL TABLET 10 MG, 30 MG	4A	PA; SP
ICLUSIG ORAL TABLET 15 MG	4A	PA; SP; QL (60 tablets per 30 days)
ICLUSIG ORAL TABLET 45 MG	4A	PA; SP; QL (30 tablets per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	4A	PA; SP; QL (30 tablets per 30 days)
imatinib oral tablet 100 mg	1A	PA; SP; QL (180 tablets per 30 days)
imatinib oral tablet 400 mg	1A	PA; SP; QL (60 tablets per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; SP; QL (120 capsules per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; SP; QL (30 capsules per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	4	PA; SP; QL (30 tablets per 30 days)
INLYTA ORAL TABLET 1 MG, 5 MG	4A	PA; SP; QL (4 tablets per 1 day)
INREBIC ORAL CAPSULE 100 MG	4A	PA; SP; QL (4 tablets per 1 day)
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	PA; SP
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML)	4	PA; SP; QL (0.01 EA per 1 day)
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	4	PA; SP
IRESSA ORAL TABLET 250 MG	4	PA; SP; QL (30 tablets per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; SP; QL (60 tablets per 30 days)

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KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; SP; QL (21 tablets per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; SP; QL (42 tablets per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; SP; QL (63 tablets per 30 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4A	PA; SP; QL (2 tablets per 1 day)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	6	PA; QL (0.01 ML per 1 day)
lapatinib oral tablet 250 mg	4	PA; SP; QL (180 tablets per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	4A	PA; SP; QL (1 capsule per 1 day)
letrozole oral tablet 2.5 mg	1A	MDL; QL (1 tablet per 1 day)
LEUKERAN ORAL TABLET 2 MG	4	
leuprolide subcutaneous kit 1 mg/0.2 ml	1A	QL (1 Kit per 1 Fill)
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; SP; QL (1 tablet per 1 day)
LORBRENA ORAL TABLET 100 MG, 25 MG	4	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA; SP; QL (1 kit per 1 fill)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; SP; QL (1 Unit per 1 Fill)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; SP; QL (1 kit per 1 fill)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; SP; QL (1 kit per 1 fill)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	4	PA; SP; QL (1 kit per 1 fill)

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LYNPARZA ORAL TABLET 100 MG, 150 MG	4A	PA; SP; QL (120 tablets per 30 days)
LYSODREN ORAL TABLET 500 MG	2	PA; SP; QL (1 tablet per 1 day)
MATULANE ORAL CAPSULE 50 MG	2	PA; SP; QL (1 capsule per 1 day)
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	1A	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	1A	QL (175 ML per 30 days)
megestrol oral tablet 20 mg, 40 mg	1A	
MEKINIST ORAL TABLET 0.5 MG	4	PA; SP; QL (90 tablets per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; SP; QL (30 tablets per 30 days)
mercaptopurine oral tablet 50 mg	1A	MDL
methotrexate sodium (pf) injection solution 25 mg/ml	6	
methotrexate sodium injection solution 25 mg/ml	6	
methotrexate sodium oral tablet 2.5 mg	1A	MDL
MYLERAN ORAL TABLET 2 MG	2	PA; SP; QL (1 tablet per 1 day)
NEXAVAR ORAL TABLET 200 MG	4	PA; SP; QL (120 tablets per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; SP; QL (3 casules per 30 days)
NUBEQA ORAL TABLET 300 MG	4A	PA; SP; QL (4 tablets per 1 day)
ODOMZO ORAL CAPSULE 200 MG	4	PA; SP; QL (30 capsules per 30 days)
PANRETIN TOPICAL GEL 0.1 %	3	
PICATO TOPICAL GEL 0.015 %, 0.05 %	3	PA; QL (1 box per 30 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; SP; QL (1 tablet per 1 day)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA; SP; QL (2 tablets per 1 day)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4A	PA; SP; QL (1 capsule per 1 day)
QINLOCK ORAL TABLET 50 MG	4A	PA; SP; QL (3 tablets per 1 day)

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REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; SP; QL (1 capsule per 1 day)
ROZLYTREK ORAL CAPSULE 100 MG	4A	PA; SP; QL (1 tablet per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	4A	PA; SP; QL (3 tablets per 1 day)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4A	PA; SP; QL (120 tablets per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	6	PA; SP; QL (200 ML per 1 fill)
RYDAPT ORAL CAPSULE 25 MG	4A	PA; SP; QL (2 capsules per 1 day)
SOLARAZE TOPICAL GEL 3 %	3	PA; QL (100 GM per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4A	PA; SP; QL (30 tablets per 30 days)
SPRYCEL ORAL TABLET 20 MG	4A	PA; SP; QL (90 tablets per 30 days)
SPRYCEL ORAL TABLET 70 MG	4A	PA; SP; QL (60 tablets per 30 days)
STIVARGA ORAL TABLET 40 MG	4	PA; SP; QL (84 tablets per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	4A	PA; SP; QL (90 capsules per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	4A	PA; SP; QL (30 capsules per 30 days)
TABLOID ORAL TABLET 40 MG	2	PA; SP; QL (2 tablets per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; SP; QL (120 capsules per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; SP; QL (30 tablets per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	4	PA; SP
tamoxifen oral tablet 10 mg	1A	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL
tamoxifen oral tablet 20 mg	1A	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL; QL (1 tablet per 1 day)
TARGRETIN TOPICAL GEL 1 %	4A	PA; SP; QL (2 GM per 1 day)

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TASIGNA ORAL CAPSULE 150 MG, 200 MG	4A	PA; SP; QL (112 capsules per 30 days)
TASIGNA ORAL CAPSULE 50 MG	4A	PA; SP; QL (4 capsules per 1 day)
TAZVERIK ORAL TABLET 200 MG	4A	PA; SP; QL (8 tablets per 1 day)
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	1A	PA; SP; QL (1 capsule per 1 day)
toremifene oral tablet 60 mg	1A	PA; SP; QL (1 tablet per 1 day)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	6	MDL
tretinoin (antineoplastic) oral capsule 10 mg	1A	PA; QL (1 capsule per 1 day)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	6	PA; SP; QL (200 ML per 1 fill)
TURALIO ORAL CAPSULE 200 MG	4A	PA; SP; QL (4 tablets per 1 day)
TYKERB ORAL TABLET 250 MG	4	PA; SP; QL (180 tablets per 1 fill)
VALCHLOR TOPICAL GEL 0.016 %	4	PA; SP; QL (60 GM per 1 fill)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; SP; QL (1 tablet per 1 day)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; SP; QL (42 tablets per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4A	PA; SP; QL (60 tablets per 30 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	4	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4A	PA; SP
VOTRIENT ORAL TABLET 200 MG	4	PA; SP; QL (4 tablets per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; SP; QL (60 capsules per 30 days)
XOSPATA ORAL TABLET 40 MG	4A	PA; SP

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XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60 MG/WEEK (20 MG X 3), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK)	4A	PA; SP; QL (4 tablets per 1 day)
XTANDI ORAL CAPSULE 40 MG	4	PA; SP; QL (120 capsules per 30 days)
ZEJULA ORAL CAPSULE 100 MG	4A	PA; SP; QL (90 capsules per 30 days)
ZELBORAF ORAL TABLET 240 MG	4	PA; SP; QL (240 tablets per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	4	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; SP; QL (60 tablets per 30 days)
ZYTIGA ORAL TABLET 500 MG	4A	PA; SP; QL (60 capsules per 30 days)
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
Antitoxins And Immune Globulins		
BIVIGAM INTRAVENOUS SOLUTION 10 %	6	PA; SP; QL (0.01 ML per 1 day)
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	6	PA; SP; QL (0.01 ML per 1 day)
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	6	PA; SP; QL (0.01 ML per 1 day)
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	6	PA; SP; QL (1 ML per 1 day)
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	6	PA; SP
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	6	PA; SP; QL (0.01 ML per 1 day)
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	6	PA; SP; QL (1 ML per 28 days)

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GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM	6	PA; SP; QL (1 ML per 28 days)
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 5 GRAM	6	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	6	PA; SP; QL (1 ML per 28 days)
GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	6	PA; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	6	PA; SP; QL (1 ML per 28 days)
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	6	PA; SP; QL (1 ML per 28 days)
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	6	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	6	PA; SP; QL (1 ML per 30 days)
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	6	PA; SP; QL (1 ML per 30 days)
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	6	
HYPERHEP B S/D INTRAMUSCULAR SYRINGE 220 UNIT/ML	6	
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	6	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG)	6	

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NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML	6	
OCTAGAM INTRAVENOUS SOLUTION 10 %	6	PA; SP
OCTAGAM INTRAVENOUS SOLUTION 5 %	6	PA; SP; QL (0.01 ML per 1 day)
PRIVIGEN INTRAVENOUS SOLUTION 10 %	6	PA; SP; QL (0.01 ML per 1 day)
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	6	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	6	PA; SP; QL (0.4 ML per 1 day)
Toxoids		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)

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BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	6	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	6	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	6	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 1 month to 6 years of age.)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)

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tetanus,diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months to 6 years.)
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older.)
AFLURIA QD 2020-21(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	6	
AFLURIA QD 2020-21(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	6	
AFLURIA QUAD 2020-2021(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	6	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 10 years and older.)
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FLUAD 2020-2021 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	6	
FLUAD QUAD 2020-21(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	6	
FLUARIX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	6	
FLUBLOK QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	6	
FLUCELVAX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	6	
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	6	
FLULAVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	6	
FLUMIST QUAD 2020-2021 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	6	
FLUZONE HIGHDOSE QUAD 20-21 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	6	

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FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	6	
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	6	
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	6	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 9 years and older but less than 46 years.)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 9 years and older but less than 46 years.)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older.)
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML	6	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 4 years to less than 7 years of age.)
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 4 years to less than 7 years of age.)
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 9 months and older.)

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MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 2 months and older.)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months and older.)
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	6	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 1 month to 6 years of age.)
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older.)
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 1 month to less than 7 years fo age.)

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PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 1 month to less than 7 years fo age.)
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 1 month to less than 7 years fo age.)
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	6	
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 2 years and older.)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 2 years and older.)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	6	QL (Covered at $0 for 1 month and older); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older.)

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PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 4 years to less than 7 years of age.)
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older but less than 9 months.)
ROTATEQ VACCINE ORAL SOLUTION 2 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older but less than 9 months.)

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SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50 years and older.); QL (2 injections per 1 lifetime)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 10 years and older.)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older.)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)

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VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 60 years and older.); Covered for 50 years of age and older; QL (1 mL per 1 fill)
AUTONOMIC DRUGS		
Alpha- And Beta-Adrenergic Agonists		
alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg	1A	QL (2 tablets per 1 day)
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	
ALLERGY RELIEF D12 ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	QL (2 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
ALLERGY RELIEF-D (LORATADINE) ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	QL (2 tablets per 1 day)
bromfed dm oral syrup 2-30-10 mg/5 ml	1A	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1A	
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	1A	QL (4 pens per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml	1	Covered NDC's: 49502010101 & 49502010102; QL (4 pens per 30 days)
epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)	1	
epinephrine injection syringe 0.1 mg/ml	1A	
guaifenesin dac oral syrup 30-10-100 mg/5 ml	1A	
LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
loratadine-d oral tablet extended release 12 hr 5-120 mg	1A	QL (2 tablets per 1 day)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML	1A	
WAL-ITIN D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	QL (2 tablets per 1 day)
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	

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DRUG NAME	DRUG TIER	NOTES
Alpha-Adrenergic Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	MDL
clonidine hcl oral tablet extended release 12 hr 0.1 mg	1A	MDL
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1A	MDL; QL (4 patches per 28 days)
GILPHEX TR ORAL TABLET 10-388 MG	3	QL (180 tablets per 7 days)
methyldopa oral tablet 250 mg, 500 mg	1A	MDL
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1A	MDL
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1A	MDL
NEOTUSS PLUS ORAL SOLUTION 4-7.5-30 MG/5 ML	2	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	1A	
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	1A	
Antimuscarinics/Antispasmodics		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (2 inhalers per 30 days)
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1A	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	MDL; QL (2 inhalers per 30 days)
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	6	PA; QL (5 ML per 1 day)
dicyclomine intramuscular solution 10 mg/ml	1A	
dicyclomine oral capsule 10 mg	1	MDL; QL (8 capsules per 1 day)
dicyclomine oral solution 10 mg/5 ml	1A	
dicyclomine oral tablet 20 mg	1	MDL; QL (8 tablets per 1 day)
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1A	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1A	
ed-spaz oral tablet,disintegrating 0.125 mg	1A	

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glycopyrrolate oral tablet 1 mg, 2 mg	1A	MDL
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml, 5-1.5 mg/5 ml (5 ml)	1A	
hydrocodone-homatropine oral tablet 5-1.5 mg	1	
hydromet oral syrup 5-1.5 mg/5 ml	1A	
hyoscyamine sulfate oral drops 0.125 mg/ml	1A	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	1A	
hyoscyamine sulfate oral tablet 0.125 mg	1A	MDL
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	1A	MDL
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	1A	
hyoscyamine sulfate sublingual tablet 0.125 mg	1A	
hyosyne oral drops 0.125 mg/ml	1A	
hyosyne oral elixir 0.125 mg/5 ml	1A	
ipratropium bromide inhalation solution 0.02 %	1A	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1A	MDL
methscopolamine oral tablet 2.5 mg, 5 mg	1A	
nulev oral tablet,disintegrating 0.125 mg	1A	
QBREXZA TOPICAL TOWELETTE 2.4 %	4A	PA; SP; QL (1 packet per 1 day)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	MDL; QL (1 capsule per 1 day)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)
symax-sl sublingual tablet 0.125 mg	1A	
symax-sr oral tablet extended release 12 hr 0.375 mg	1A	MDL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	PA

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DRUG NAME	DRUG TIER	NOTES
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	3	QL (3 vials per 1 day)
Antiparkinsonian Agents		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL
trihexyphenidyl oral elixir 0.4 mg/ml	1A	MDL
trihexyphenidyl oral tablet 2 mg, 5 mg	1A	MDL
Autonomic Drugs, Miscellaneous		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited 56 tablets per fill, 6 fills per year.)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited 56 tablets per fill, 6 fills per year.)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited 56 tablets per fill, 6 fills per year.)
nicotine (polacrilex) buccal gum 2 mg, 4 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited to 360 units per fill and 6 fills per year.)

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DRUG NAME	DRUG TIER	NOTES
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited to 360 units per fill and 6 fills per year.)
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited to 360 units per fill and 6 fills per year.)
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited to 28 patches per month, 12 fills per year.); MDL
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited to 28 patches per month, 12 fills per year.)
NICOTROL INHALATION CARTRIDGE 10 MG	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited to 340 cartridges per fill and 6 fills per year.)

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NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited 60ML per fill, 180 days supply per year.)
Centrally Acting Skeletal Muscle Relaxnt		
carisoprodol oral tablet 250 mg, 350 mg	1A	
carisoprodol-aspirin oral tablet 200-325 mg	1A	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	1A	
cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg	1A	MDL
metaxalone oral tablet 400 mg, 800 mg	1A	
methocarbamol oral tablet 500 mg, 750 mg	1A	MDL
tizanidine oral capsule 2 mg	1A	QL (10 tablets per 1 day)
tizanidine oral capsule 4 mg	1A	QL (9 tablets per 1 day)
tizanidine oral capsule 6 mg	1A	QL (6 tablets per 1 day)
tizanidine oral tablet 2 mg	1A	QL (10 tablets per 1 day)
tizanidine oral tablet 4 mg	1A	QL (9 tablets per 1 day)
Direct-Acting Skeletal Muscle Relaxants		
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1A	
Gaba-Derivative Skeletal Muscle Relaxant		
baclofen oral tablet 10 mg	1A	MDL; QL (8 tablets per 1 day)
baclofen oral tablet 20 mg	1A	MDL
Non-Sel. Beta-Adrenergic Blocking Agents		
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	PA; Covered Alternatives: Metoprolol, carvedilol; TF; MDL; QL (1 tablet per 1 day)
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	MDL
labetalol oral tablet 100 mg, 200 mg, 300 mg	1A	MDL
nadolol oral tablet 20 mg, 40 mg, 80 mg	1A	MDL

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nadolol-bendroflumethiazide oral tablet 80-5 mg	1A	MDL
pindolol oral tablet 10 mg, 5 mg	1A	MDL
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1A	MDL
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1A	MDL
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1A	MDL
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1A	MDL
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1A	MDL
SOTALOL AF ORAL TABLET 120 MG, 80 MG	1	MDL
sotalol af oral tablet 160 mg	1A	MDL
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1A	MDL
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1A	MDL
Non-Sel.Alpha-1-Adrenergic Blocking Agts		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	QL (1 tablet per 1 day)
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1A	MDL
prazosin oral capsule 1 mg, 2 mg, 5 mg	1A	MDL
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	MDL
Non-Sel.Alpha-Adrenergic Blocking Agents		
dihydroergotamine injection solution 1 mg/ml	1A	PA; QL (0.1 ML per 1 day)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	1A	PA; QL (8 vials per 30 days)
ergoloid oral tablet 1 mg	1A	
ergotamine-caffeine oral tablet 1-100 mg	1A	QL (24 tablets per 1 fill)
Parasympathomimetic (Cholinergic Agents)		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1A	MDL
cevimeline oral capsule 30 mg	1A	
donepezil oral tablet 10 mg, 5 mg	1A	MDL; QL (2 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
donepezil oral tablet 23 mg	1A	MDL
donepezil oral tablet,disintegrating 10 mg, 5 mg	1A	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1A	
galantamine oral solution 4 mg/ml	1A	
galantamine oral tablet 12 mg, 4 mg, 8 mg	1A	
guanidine oral tablet 125 mg	1A	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1A	MDL
pyridostigmine bromide oral syrup 60 mg/5 ml	1A	PA; QL (5 ML per 1 day)
pyridostigmine bromide oral tablet 60 mg	1A	
pyridostigmine bromide oral tablet extended release 180 mg	1A	PA; QL (3 tablets per 1 day)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1A	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	1A	QL (1 patch per 1 day)
Selective Alpha-1-Adrenergic Block.Agent		
alfuzosin oral tablet extended release 24 hr 10 mg	1A	MDL
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	MDL
labetalol oral tablet 100 mg, 200 mg, 300 mg	1A	MDL
silodosin oral capsule 4 mg, 8 mg	1A	
tamsulosin oral capsule 0.4 mg	1A	MDL; QL (2 capsule per 1 day)
Selective Beta-1-Adrenergic Agonists		
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)	6	
Selective Beta-2-Adrenergic Agonists		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 GM per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	1A	MDL

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albuterol sulfate oral syrup 2 mg/5 ml	1	MDL
albuterol sulfate oral tablet 2 mg, 4 mg	1A	MDL
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	1A	
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	2	QL (30 capsules per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL (1 inhaler per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	PA; Covered Alternatives: Perforomist Inhalation Solution; QL (120 ML per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	MDL; QL (2 inhalers per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	1A	MDL; QL (1 inhaler per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1A	QL (60 GM per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1A	MDL
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	1A	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	1A	PA; Covered Alternative: Ventolin HFA; TF; QL (15 GM per 30 days)
metaproterenol oral syrup 10 mg/5 ml	1A	MDL
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	QL (4 vials per 1 day)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	MDL; QL (1 diskus per 30 days)

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STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)
terbutaline oral tablet 2.5 mg, 5 mg	1A	MDL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	PA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	1A	MDL; QL (2 inhalers per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1A	QL (60 GM per 30 days)
Selective Beta-Adrenergic Blocking Agent		
acebutolol oral capsule 200 mg, 400 mg	1A	MDL
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	MDL
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1A	MDL
betaxolol oral tablet 10 mg, 20 mg	1A	MDL
bisoprolol fumarate oral tablet 10 mg, 5 mg	1A	MDL
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	MDL
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1A	MDL
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1A	MDL
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	1	MDL
metoprolol tartrate oral tablet 75 mg	1A	MDL
Skeletal Muscle Relaxants, Miscellaneous		
orphenadrine citrate oral tablet extended release 100 mg	1A	MDL

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BLOOD FORMATION, COAGULATION, THROMBOSIS		
Anticoagulants, Miscellaneous		
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	2	
Blood Form.,Coag,Thrombosis Agents Misc.		
TAVALISSE ORAL TABLET 100 MG, 150 MG	4A	PA; SP; QL (2 tablets per 1 day)
Coumarin Derivatives		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	MDL
warfarin (bulk) powder 100 %	3	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	MDL
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	MDL; QL (2.5 tablets per 1 day)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	MDL; QL (2.5 tablets per 1 day)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	QL (1 pack per fill, 1 fill per 180 days)
XARELTO ORAL TABLET 10 MG, 20 MG	2	MDL; QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG	2	MDL; QL (2 tablets per 1 day)
XARELTO ORAL TABLET 2.5 MG	2	MDL
Direct Thrombin Inhibitors		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	MDL; QL (2.5 capsules per 1 day)
Hematopoietic Agents		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	QL (4 vials per 30 days)

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DRUG NAME	DRUG TIER	NOTES
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	3	QL (4 syringes per 30 days)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	4A	PA; SP; QL (3 tablets per 1 day)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4A	PA; SP; QL (3 tablets per 1 day)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	4A	PA; SP; QL (3 tablets per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	QL (3.5 ML per 30 days)
MULPLETA ORAL TABLET 3 MG	4	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	QL (16 ML per 1 fill)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	QL (3.5 ML per 30 days)
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG	4	PA; SP; QL (0.01 EA per 1 day)
NPLATE SUBCUTANEOUS RECON SOLN 500 MCG	4	PA; SP
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	3	QL (4 vials per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	6	QL (3.5 ML per 30 days)
Hemorrheologic Agents		
pentoxifylline oral tablet extended release 400 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
Hemostatics		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	6	PA; SP; QL (1 unit per 1 day)
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	6	PA; SP; QL (1 unit per 1 day)
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	6	PA; SP; QL (1 unit per 1 day)
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	6	PA; SP; QL (1 unit per 1 day)
aminocaproic acid oral solution 250 mg/ml (25 %)	1A	QL (236.5mL per fill, 1 fill per 60 days)
aminocaproic acid oral tablet 1,000 mg	1A	QL (1 tablet per 1 day)
aminocaproic acid oral tablet 500 mg	1A	QL (100 tablets per fill, 1 fill per 60 days)
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	6	PA; SP; QL (1 unit per 1 day)
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	6	PA; SP; QL (0.01 EA per 1 day)
desmopressin injection solution 4 mcg/ml	6	SP
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1A	QL (5 ML per 1 fill)
desmopressin oral tablet 0.1 mg, 0.2 mg	1A	MDL
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	6	PA; SP; QL (1 unit per 1 day)

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FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	6	PA; QL (1 unit per 1 day)
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 30 MG/ML, 60 MG/0.4 ML	6	PA; SP; QL (1 unit per 1 day)
HEMLIBRA SUBCUTANEOUS SOLUTION 150 MG/ML	6	PA; SP; QL (0.01 unit per 1 day)
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	6	PA; SP; QL (1 unit per 1 day)
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	6	PA; SP; QL (1 unit per 1 day)
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	6	PA; SP; QL (1 unit per 1 day)
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	6	PA; SP; QL (1 unit per 1 day)
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	6	PA; SP; QL (1 unit per 1 day)
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	6	PA; SP; QL (1 unit per 1 day)
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	6	PA; SP; QL (1 unit per 1 day)
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT)	6	PA; SP; QL (0.01 EA per 1 day)
KCENTRA INTRAVENOUS RECON SOLN 500 UNIT (400-620 UNIT)	6	PA; SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	6	PA; SP; QL (1 unit per 1 day)
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	6	PA; SP; QL (1 unit per 1 day)
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	6	PA; SP; QL (1 unit per 1 day)

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MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	6	PA; SP; QL (1 unit per 1 day)
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	6	PA; SP; QL (1 unit per 1 day)
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 8 MG (8,000 MCG)	6	PA; SP; QL (1 unit per 1 day)
NOVOSEVEN RT INTRAVENOUS RECON SOLN 5 MG (5,000 MCG)	6	PA; SP; QL (0.01 unit per 1 day)
NUWIQ INTRAVENOUS RECON SOLN 1000 (+/-) UNIT, 2,000 (+/-) UNIT	6	PA; SP
NUWIQ INTRAVENOUS RECON SOLN 2,500 UNIT, 250 (+/-) UNIT, 3,000 UNIT, 4,000 UNIT, 500 (+/-) UNIT	6	PA; SP; QL (1 unit per 1 day)
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	6	PA; SP; QL (1 unit per 1 day)
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	6	PA; SP; QL (1 unit per 1 day)
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	6	PA; SP; QL (0.01 EA per 1 day)
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	6	PA; SP; QL (1 unit per 1 day)
tranexamic acid oral tablet 650 mg	1A	QL (60 tablets per 30 days)
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	6	PA; SP; QL (0.01 EA per 1 day)
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	6	PA; SP; QL (1 unit per 1 day)
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	6	PA; SP; QL (1 unit per 1 day)

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XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	6	PA; SP; QL (1 unit per 1 day)
Heparins		
enoxaparin subcutaneous solution 300 mg/3 ml	1A	QL (9 ML per 180 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1A	QL (30 ML per 180 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1A	QL (24 ML per 180 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	1A	QL (9 ML per 180 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1A	QL (12 ML per 180 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	1A	QL (18 ML per 180 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	3	PA; QL (1 ML per 1 day)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	3	PA; QL (1 ML per 1 day)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1A	
heparin, porcine (pf) injection solution 5,000 unit/0.5 ml	1A	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1A	
Iron Preparations		
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	1A	MDL
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG	1	MDL
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	1A	MDL
FEROCON ORAL CAPSULE 110-0.5 MG	3	

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DRUG NAME	DRUG TIER	NOTES
ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml	1A	
HEMATINIC/FOLIC ACID ORAL TABLET 324 MG (106 MG IRON)-1 MG	1A	MDL
MULTIGEN PLUS ORAL TABLET 151-60-10-1 MG-MG-MCG-MG	1A	
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG	1	
PERRY PRENATAL ORAL CAPSULE 13.5-0.4 MG	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG	1A	MDL
pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg	1A	MDL
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	1A	MDL; QL (1 capsule per 1 day)
PNV-SELECT ORAL TABLET 27-1 MG	1	
POLY-IRON 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	2	
PRENATABS FA ORAL TABLET 29-1 MG	1	MDL
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	1A	MDL
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	1	MDL

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DRUG NAME	DRUG TIER	NOTES
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	MDL
prenatal vit-iron fum-folic ac oral tablet 28 mg iron-800 mcg	3	MDL
prenatal vits96-iron fum-folic oral tablet 27 mg iron-800 mcg	1A	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG	1	MDL
PRETAB ORAL TABLET 29-1 MG	1	MDL
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	1A	MDL
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	1A	
TRIGELS-F FORTE ORAL CAPSULE 460-60-0.01-1 MG	1A	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	1	MDL
VINATE ONE ORAL TABLET 60 MG IRON-1 MG	1	MDL
VIRT-C DHA ORAL CAPSULE 35-1-200 MG	1A	
VIRT-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	1A	MDL
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	1A	MDL; QL (1 capsule per 1 day)
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	1A	QL (1 capsule per 1 day)
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG	1A	QL (1 capsuel per 1 day)

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DRUG NAME	DRUG TIER	NOTES
Platelet-Aggregation Inhibitors		
aspirin oral tablet 325 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
aspirin oral tablet,chewable 81 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1A	MDL; QL (90 tablets per 30 days)
BAYER ASPIRIN ORAL TABLET 325 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
BRILINTA ORAL TABLET 60 MG, 90 MG	2	Covered Alternatives: Clopidogrel; QL (2 tablets per 1 day)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1A	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
cilostazol oral tablet 100 mg, 50 mg	1A	
clopidogrel oral tablet 300 mg, 75 mg	1A	MDL
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1A	MDL
prasugrel oral tablet 10 mg, 5 mg	1A	Covered Alternatives: Clopidogrel; MDL
Platelet-Reducing Agents		
anagrelide oral capsule 0.5 mg, 1 mg	1A	
Thrombolytic Agents		
aspirin oral tablet 325 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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aspirin oral tablet,chewable 81 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
BAYER ASPIRIN ORAL TABLET 325 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1A	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
CARDIOVASCULAR DRUGS		
Alpha-Adrenergic Blocking Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	QL (1 tablet per 1 day)
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	MDL
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1A	MDL
labetalol oral tablet 100 mg, 200 mg, 300 mg	1A	MDL
prazosin oral capsule 1 mg, 2 mg, 5 mg	1A	MDL
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	MDL
Alpha-Adrenergic Blocking Agt.(Hypoten)		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	QL (1 tablet per 1 day)
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1A	MDL
labetalol oral tablet 100 mg, 200 mg, 300 mg	1A	MDL
prazosin oral capsule 1 mg, 2 mg, 5 mg	1A	MDL
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	MDL

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DRUG NAME	DRUG TIER	NOTES
Angiotensin Ii Receptor Antagon.(Hypotn)		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1A	MDL; QL (1 tablet per 1 day)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1A	MDL; QL (2 tablets per 1 day)
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg	1A	MDL
amlodipine-valsartan-hcthiazid oral tablet 5-160-25 mg	1A	MDL; QL (2 tablets per 1 day)
candesartan oral tablet 16 mg, 4 mg	1A	MDL
candesartan oral tablet 32 mg, 8 mg	1A	MDL; QL (2 tablets per 1 day)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1A	MDL; QL (2 tablets per 1 day)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1A	MDL
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1A	MDL
losartan oral tablet 100 mg, 25 mg, 50 mg	1	MDL
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	MDL
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1A	MDL
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1A	MDL
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1A	MDL
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1A	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1A	MDL; QL (2 tablets per 1 day)
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1A	MDL; QL (1 tablet per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1A	MDL

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PA= Prior Authorization
QL= Quantity Limits Apply
SP= This drug can only be obtained at Pharmacy Advantage:(800) 456-2112; up to a 30 day supply at a time
ST= Step Therapy Required
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MDL= Maintenance Drug- can be obtained for 90 day supply at Retail Pharmacy
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DRUG NAME	DRUG TIER	NOTES
Angiotensin Ii Receptor Antagonists		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1A	MDL; QL (1 tablet per 1 day)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1A	MDL; QL (2 tablets per 1 day)
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg	1A	MDL
amlodipine-valsartan-hcthiazid oral tablet 5-160-25 mg	1A	MDL; QL (2 tablets per 1 day)
candesartan oral tablet 16 mg, 4 mg	1A	MDL
candesartan oral tablet 32 mg, 8 mg	1A	MDL; QL (2 tablets per 1 day)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1A	MDL; QL (2 tablets per 1 day)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA; Covered Alternatives: Lisinopril, losartan; TF; MDL; QL (2 tablets per 1 day)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1A	MDL
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1A	MDL
losartan oral tablet 100 mg, 25 mg, 50 mg	1	MDL
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	MDL
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1A	MDL
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1A	MDL
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1A	MDL
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1A	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1A	MDL; QL (2 tablets per 1 day)
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1A	MDL; QL (1 tablet per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1A	MDL
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MDL
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1A	MDL
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1A	MDL
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1A	MDL
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	MDL
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	MDL
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1A	MDL
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1A	MDL
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	MDL
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	MDL
moexipril oral tablet 15 mg, 7.5 mg	1A	MDL
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1A	MDL
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MDL
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1A	MDL
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	MDL
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1A	MDL
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1A	MDL
Angiotensin-Converting Enzyme Inhibitors		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1A	MDL
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MDL

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DRUG NAME	DRUG TIER	NOTES
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1A	MDL
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1A	MDL
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1A	MDL
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	MDL
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	MDL
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1A	MDL
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1A	MDL
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	MDL
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	MDL
moexipril oral tablet 15 mg, 7.5 mg	1A	MDL
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1A	MDL
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MDL
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1A	MDL
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	MDL
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1A	MDL
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1A	MDL
Antiarrhythmics, Miscellaneous		
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1A	MDL
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1A	MDL
digoxin injection solution 250 mcg/ml (0.25 mg/ml)	6	MDL
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1A	MDL
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	2	MDL
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	2	
magnesium sulfate injection solution 4 meq/ml (50 %)	6	
Antilipemic Agents, Miscellaneous		
NEXLETOL ORAL TABLET 180 MG	4A	PA; SP; QL (1 tablet per 1 day)
NEXLIZET ORAL TABLET 180-10 MG	4A	PA; SP; QL (1 tablet per 1 day)
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1A	MDL
NIACOR ORAL TABLET 500 MG	1A	
omega-3 acid ethyl esters oral capsule 1 gram	1A	MDL; QL (4 capsules per 1 day)
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg	1A	MDL
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	MDL
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1A	MDL
betaxolol oral tablet 10 mg, 20 mg	1A	MDL
bisoprolol fumarate oral tablet 10 mg, 5 mg	1A	MDL
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	MDL
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	PA; Covered Alternatives: Metoprolol, carvedilol; TF; MDL; QL (1 tablet per 1 day)
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	MDL
labetalol oral tablet 100 mg, 200 mg, 300 mg	1A	MDL
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1A	MDL

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metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1A	MDL
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	1	MDL
metoprolol tartrate oral tablet 75 mg	1A	MDL
nadolol oral tablet 20 mg, 40 mg, 80 mg	1A	MDL
nadolol-bendroflumethiazide oral tablet 80-5 mg	1A	MDL
pindolol oral tablet 10 mg, 5 mg	1A	MDL
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1A	MDL
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1A	MDL
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1A	MDL
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1A	MDL
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1A	MDL
SOTALOL AF ORAL TABLET 120 MG, 80 MG	1	MDL
sotalol af oral tablet 160 mg	1A	MDL
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1A	MDL
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1A	MDL
Beta-Adrenergic Blocking Agt.(Hypoten)		
acebutolol oral capsule 200 mg, 400 mg	1A	MDL
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	MDL
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1A	MDL
betaxolol oral tablet 10 mg, 20 mg	1A	MDL
bisoprolol fumarate oral tablet 10 mg, 5 mg	1A	MDL
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	MDL
labetalol oral tablet 100 mg, 200 mg, 300 mg	1A	MDL
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1A	MDL
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	1	MDL
metoprolol tartrate oral tablet 75 mg	1A	MDL
nadolol oral tablet 20 mg, 40 mg, 80 mg	1A	MDL
nadolol-bendroflumethiazide oral tablet 80-5 mg	1A	MDL
pindolol oral tablet 10 mg, 5 mg	1A	MDL
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1A	MDL
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1A	MDL
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1A	MDL
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1A	MDL
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1A	MDL
SOTALOL AF ORAL TABLET 120 MG, 80 MG	1	MDL
sotalol af oral tablet 160 mg	1A	MDL
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1A	MDL
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1A	MDL
Bile Acid Sequestrants		
cholestyramine (with sugar) oral powder 4 gram	1A	MDL; QL (13 GM per 1 day)
cholestyramine (with sugar) oral powder in packet 4 gram	1A	MDL; QL (4 packets per 1 day)
cholestyramine light oral powder 4 gram	1A	MDL; QL (8 GM per 1 day)
cholestyramine light oral powder in packet 4 gram	1A	MDL; QL (4 packets per 1 day)
colesevelam oral powder in packet 3.75 gram	1A	MDL; QL (1 packet per 1 day)
colesevelam oral tablet 625 mg	1A	MDL; QL (6 tablets per 1 day)
colestipol oral granules 5 gram	1A	MDL
colestipol oral packet 5 gram	1A	MDL
colestipol oral tablet 1 gram	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
prevalite oral powder 4 gram	1A	MDL; QL (8 GM per 1 day)
prevalite oral powder in packet 4 gram	1A	MDL; QL (4 packets per 1 day)
Calcium-Channel Block.Agt,Misc(Hypoten)		
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	MDL
diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg, 240 mg	1A	MDL
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	MDL
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg	1A	MDL
diltiazem hcl oral tablet extended release 24 hr 300 mg	1A	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	MDL
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg	1A	MDL
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	MDL
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1A	MDL
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1A	MDL
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	MDL
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
Calcium-Channel Blocking Agents		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	MDL
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1A	MDL
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1A	MDL; QL (1 tablet per 1 day)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1A	MDL; QL (2 tablets per 1 day)
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg	1A	MDL
amlodipine-valsartan-hcthiazid oral tablet 5-160-25 mg	1A	MDL; QL (2 tablets per 1 day)
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	MDL
diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg, 240 mg	1A	MDL
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	MDL
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg	1A	MDL
diltiazem hcl oral tablet extended release 24 hr 300 mg	1A	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	MDL
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1A	MDL
isradipine oral capsule 2.5 mg, 5 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg	1A	MDL
nicardipine oral capsule 20 mg, 30 mg	1A	MDL
nifedipine oral capsule 10 mg, 20 mg	1A	MDL
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1A	MDL
nifedipine oral tablet extended release 30 mg	1A	MDL
nifedipine oral tablet extended release 60 mg, 90 mg	1A	MDL; QL (3 tablets per 1 day)
nimodipine oral capsule 30 mg	1A	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	MDL
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1A	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1A	MDL
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1A	MDL
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	MDL
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1A	MDL
Calcium-Channel Blocking Agents(Hypoten)		
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	MDL
diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg, 240 mg	1A	MDL
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	MDL
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1A	MDL

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diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg	1A	MDL
diltiazem hcl oral tablet extended release 24 hr 300 mg	1A	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	MDL
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg	1A	MDL
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	MDL
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1A	MDL
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	MDL
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1A	MDL
Calcium-Channel Blocking Agents, Misc.		
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	MDL
diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg, 240 mg	1A	MDL
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	MDL
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg	1A	MDL
diltiazem hcl oral tablet extended release 24 hr 300 mg	1A	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg	1A	MDL
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	MDL
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1A	MDL
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1A	MDL
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	MDL
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1A	MDL
Carbonic Anhydrase Inhibitors(Hypoten)		
acetazolamide oral capsule, extended release 500 mg	1A	MDL
acetazolamide oral tablet 125 mg, 250 mg	1A	MDL
Cardiac Drugs, Miscellaneous		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA; QL (2 tablets per 1 day)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	3	MDL
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1A	QL (2 tablets per 1 day)
VYNDAMAX ORAL CAPSULE 61 MG	4A	PA; SP; QL (1 capsule per 1 day)
VYNDAQEL ORAL CAPSULE 20 MG	4A	PA; SP; QL (1 capsule per 1 day)
Cardiotonic Agents		
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1A	MDL
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1A	MDL
digoxin (bulk) powder 100 %	3	
digoxin injection solution 250 mcg/ml (0.25 mg/ml)	6	MDL
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1A	MDL
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)	6	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	2	MDL
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	2	
milrinone intravenous solution 1 mg/ml	6	
Central Alpha-Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	MDL
clonidine hcl oral tablet extended release 12 hr 0.1 mg	1A	MDL
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1A	MDL; QL (4 patches per 28 days)
guanfacine oral tablet 1 mg, 2 mg	1A	MDL
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1A	MDL; QL (1 tablet per 1 day)
methyldopa oral tablet 250 mg, 500 mg	1A	MDL
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1A	MDL
Cholesterol Absorption Inhibitors		
ezetimibe oral tablet 10 mg	1A	MDL; QL (1 tablet per 1 day)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1A	MDL; QL (30 tablets per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	4A	PA; SP; QL (1 tablet per 1 day)
Class Ia Antiarrhythmics		
disopyramide phosphate oral capsule 100 mg, 150 mg	1A	MDL
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	2	MDL
quinidine gluconate oral tablet extended release 324 mg	1A	Covered for Malaria Treatment, not prophylaxis.; MDL
quinidine sulfate oral tablet 200 mg, 300 mg	1A	Covered for Malaria Treatment, not prophylaxis.; MDL

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Class Ib Antiarrhythmics		
DILANTIN EXTENDED ORAL CAPSULE 100 MG	2	MDL
DILANTIN KAPSEAL ORAL CAPSULE 100 MG	2	MDL
DILANTIN ORAL CAPSULE 30 MG	2	MDL
mexiletine oral capsule 150 mg	1A	MDL
mexiletine oral capsule 200 mg, 250 mg	1A	MDL; QL (3 capsules per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	2	MDL
phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml	1A	MDL
phenytoin oral tablet,chewable 50 mg	1A	MDL
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1A	MDL
Class Ic Antiarrhythmics		
flecainide oral tablet 100 mg, 150 mg, 50 mg	1A	MDL
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	1A	MDL; QL (2 capsules per 1 day)
propafenone oral tablet 150 mg, 225 mg, 300 mg	1A	MDL
Class Ii Antiarrhythmics		
acebutolol oral capsule 200 mg, 400 mg	1A	MDL
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	MDL
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1A	MDL
betaxolol oral tablet 10 mg, 20 mg	1A	MDL
bisoprolol fumarate oral tablet 10 mg, 5 mg	1A	MDL
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	MDL
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	MDL
labetalol oral tablet 100 mg, 200 mg, 300 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1A	MDL
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1A	MDL
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	1	MDL
metoprolol tartrate oral tablet 75 mg	1A	MDL
nadolol oral tablet 20 mg, 40 mg, 80 mg	1A	MDL
nadolol-bendroflumethiazide oral tablet 80-5 mg	1A	MDL
pindolol oral tablet 10 mg, 5 mg	1A	MDL
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1A	MDL
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1A	MDL
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1A	MDL
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1A	MDL
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1A	MDL
SOTALOL AF ORAL TABLET 120 MG, 80 MG	1	MDL
sotalol af oral tablet 160 mg	1A	MDL
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1A	MDL
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1A	MDL
Class Iii Antiarrhythmics		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1A	MDL
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1A	MDL; QL (4 capsules per 1 day)
MULTAQ ORAL TABLET 400 MG	2	MDL; QL (2 tablets per 1 day)
pacerone oral tablet 100 mg, 200 mg, 400 mg	1A	MDL
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1A	MDL
SOTALOL AF ORAL TABLET 120 MG, 80 MG	1	MDL
sotalol af oral tablet 160 mg	1A	MDL
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1A	MDL

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Class Iv Antiarrhythmics		
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	MDL
diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg, 240 mg	1A	MDL
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	MDL
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg	1A	MDL
diltiazem hcl oral tablet extended release 24 hr 300 mg	1A	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	MDL
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg	1A	MDL
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	MDL
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1A	MDL
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	MDL
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1A	MDL
Dihydropyridines		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	MDL
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1A	MDL

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amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1A	MDL; QL (1 tablet per 1 day)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1A	MDL; QL (2 tablets per 1 day)
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg	1A	MDL
amlodipine-valsartan-hcthiazid oral tablet 5-160-25 mg	1A	MDL; QL (2 tablets per 1 day)
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1A	MDL
isradipine oral capsule 2.5 mg, 5 mg	1A	MDL
nicardipine oral capsule 20 mg, 30 mg	1A	MDL
nifedipine oral capsule 10 mg, 20 mg	1A	MDL
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1A	MDL
nifedipine oral tablet extended release 30 mg	1A	MDL
nifedipine oral tablet extended release 60 mg, 90 mg	1A	MDL; QL (3 tablets per 1 day)
nimodipine oral capsule 30 mg	1A	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1A	
Dihydropyridines (Antihypertensive)		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	MDL
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1A	MDL
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1A	MDL; QL (1 tablet per 1 day)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1A	MDL; QL (2 tablets per 1 day)
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg	1A	MDL
amlodipine-valsartan-hcthiazid oral tablet 5-160-25 mg	1A	MDL; QL (2 tablets per 1 day)

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felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1A	MDL
isradipine oral capsule 2.5 mg, 5 mg	1A	MDL
nicardipine oral capsule 20 mg, 30 mg	1A	MDL
nifedipine oral capsule 10 mg, 20 mg	1A	MDL
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1A	MDL
nifedipine oral tablet extended release 30 mg	1A	MDL
nifedipine oral tablet extended release 60 mg, 90 mg	1A	MDL; QL (3 tablets per 1 day)
nimodipine oral capsule 30 mg	1A	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1A	
Direct Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	3	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	MDL
minoxidil oral tablet 10 mg, 2.5 mg	1A	MDL
Diuretics, Miscellaneous (Hypotensive)		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	MDL
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	MDL
theochron oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg	1A	MDL
theophylline oral solution 80 mg/15 ml	1A	MDL
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1A	MDL
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1A	MDL
Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1A	MDL; QL (1 capsule per 1 day)
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1A	MDL; QL (1 tablet per 1 day)

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fenofibrate oral capsule 150 mg, 50 mg	1A	MDL; QL (1 capsule per 1 day)
fenofibrate oral tablet 160 mg, 54 mg	1A	MDL; QL (1 tablet per 1 day)
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	1A	
fenofibric acid oral tablet 105 mg, 35 mg	1A	MDL
gemfibrozil oral tablet 600 mg	1A	MDL
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	3	MDL; QL (1 capsule per 1 day)
Hmg-Coa Reductase Inhibitors		
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1A	MDL; QL (30 tablets per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 tablet per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
Hypotensive Agents, Miscellaneous		
acebutolol oral capsule 200 mg, 400 mg	1A	MDL
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	MDL

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amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1A	MDL
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1A	MDL; QL (1 tablet per 1 day)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1A	MDL; QL (2 tablets per 1 day)
betaxolol oral tablet 10 mg, 20 mg	1A	MDL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	QL (1 tablet per 1 day)
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	MDL
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1A	MDL
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1A	MDL
isradipine oral capsule 2.5 mg, 5 mg	1A	MDL
nicardipine oral capsule 20 mg, 30 mg	1A	MDL
nifedipine oral capsule 10 mg, 20 mg	1A	MDL
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1A	MDL
nifedipine oral tablet extended release 30 mg	1A	MDL
nifedipine oral tablet extended release 60 mg, 90 mg	1A	MDL; QL (3 tablets per 1 day)
nimodipine oral capsule 30 mg	1A	
pindolol oral tablet 10 mg, 5 mg	1A	MDL
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1A	MDL
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1A	MDL
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1A	MDL
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1A	MDL
SOTALOL AF ORAL TABLET 120 MG, 80 MG	1	MDL
sotalol af oral tablet 160 mg	1A	MDL
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	MDL
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1A	MDL
Loop Diuretics (Hypotensive Agents)		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL
ethacrynic acid oral tablet 25 mg	1A	QL (2 tablets per 1 day)
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1A	MDL
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	MDL
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1A	MDL
Mineralocorticoid (Aldosterone) Antagnts		
ALDACTAZIDE ORAL TABLET 50-50 MG	3	MDL
eplerenone oral tablet 25 mg, 50 mg	1A	MDL
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	MDL
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1A	MDL
Mineralocorticoid(Aldoster.)Antag(Hypot)		
ALDACTAZIDE ORAL TABLET 50-50 MG	3	MDL
eplerenone oral tablet 25 mg, 50 mg	1A	MDL
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	MDL
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1A	MDL
Nitrates And Nitrites		
BIDIL ORAL TABLET 20-37.5 MG	3	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1A	MDL
isosorbide dinitrate oral tablet 40 mg	1A	PA; MDL; QL (1 tablet per 1 day)
isosorbide dinitrate oral tablet extended release 40 mg	1A	MDL
isosorbide mononitrate oral tablet 10 mg, 20 mg	1A	MDL
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1A	MDL
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	MDL
nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1A	MDL
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1A	MDL
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1A	MDL; QL (1 patch per 1 day)
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	1A	MDL
nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1A	MDL
Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	4	PA; SP; QL (2 ML per 30 days)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	4	PA; SP; QL (3.5 ML per 30 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	4	PA; SP; Covered NDC's: 72511-0760-01, 72511-0760-02; QL (2 ML per 30 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	4	PA; SP; QL (2 ML per 30 days)
Phosphodiesterase Type 5 Inhibitors		
cilostazol oral tablet 100 mg, 50 mg	1A	
sildenafil (pulm.hypertension) oral tablet 20 mg	1A	QL (30 tablets per 30 days)
sildenafil oral tablet 100 mg, 25 mg, 50 mg	1A	QL (6 tablets per 30 days)
Potassium-Sparing Diuretics (Hypoten)		
ALDACTAZIDE ORAL TABLET 50-50 MG	3	MDL
amiloride oral tablet 5 mg	1A	MDL
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	MDL
eplerenone oral tablet 25 mg, 50 mg	1A	MDL
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	MDL
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
triamterene oral capsule 100 mg, 50 mg	1A	MDL; QL (4 capsules per 1 day)
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MDL
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1A	MDL
Renin Inhibitors		
aliskiren oral tablet 150 mg, 300 mg	1A	PA; MDL; QL (1 tablet per 1 day)
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	PA; Covered Alternatives: Metoprolol, lisinopril, losartan; QL (1 tablet per 1 day)
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA; Covered Alternatives: Lisinopril, losartan; TF; MDL; QL (2 tablets per 1 day)
Thiazide Diuretics(Hypotensive Agents)		
ALDACTAZIDE ORAL TABLET 50-50 MG	3	MDL
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	MDL
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg	1A	MDL
amlodipine-valsartan-hcthiazid oral tablet 5-160-25 mg	1A	MDL; QL (2 tablets per 1 day)
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1A	MDL
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	MDL
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1A	MDL; QL (2 tablets per 1 day)
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1A	MDL
chlorothiazide oral tablet 500 mg	1A	MDL
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	MDL

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fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1A	MDL
hydrochlorothiazide oral capsule 12.5 mg	1	MDL
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	MDL
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1A	MDL
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	MDL
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	MDL
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1A	MDL
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1A	MDL
nadolol-bendroflumethiazide oral tablet 80-5 mg	1A	MDL
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1A	MDL
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1A	MDL
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1A	MDL
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1A	MDL
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	PA; Covered Alternatives: Metoprolol, lisinopril, losartan; QL (1 tablet per 1 day)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1A	MDL; QL (2 tablets per 1 day)
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MDL
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1A	MDL
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
Thiazide-Like Diuretics(Hypotensive Agt)		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1A	MDL
chlorthalidone oral tablet 25 mg, 50 mg	1A	MDL
indapamide oral tablet 1.25 mg, 2.5 mg	1	MDL
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1A	MDL
Vasodilating Agents, Miscellaneous		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4A	PA; QL (3 tablets per 1 day)
ambrisentan oral tablet 10 mg, 5 mg	1A	PA; SP; QL (30 tablets per 30 days)
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	MDL
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1A	MDL
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1A	MDL; QL (1 tablet per 1 day)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1A	MDL; QL (2 tablets per 1 day)
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1A	MDL; QL (90 tablets per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	1A	PA; SP; QL (60 tablets per 30 days)
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	MDL
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	3	ST; Covered Alternatives: sildenafil 20mg; QL (6 ML per 30 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	3	ST; Covered Alternatives: sildenafil 20mg; QL (6 ML per 30 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	3	ST; Covered Alternatives: sildenafil 20mg; QL (6 ML per 30 days)
diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg, 240 mg	1A	MDL
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	MDL
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	MDL
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1A	MDL
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg	1A	MDL
diltiazem hcl oral tablet extended release 24 hr 300 mg	1A	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	MDL
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1A	MDL
epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg	6	PA; QL (3 vials per 1 day)
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1A	MDL
isoxsuprine oral tablet 10 mg	1	
isoxsuprine oral tablet 20 mg	1A	
isradipine oral capsule 2.5 mg, 5 mg	1A	MDL
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 360 mg, 420 mg	1A	MDL
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 125 MCG, 250 MCG, 500 MCG	3	ST; Covered Alternatives: sildenafil 20mg; QL (6 ML per 30 days)
nicardipine oral capsule 20 mg, 30 mg	1A	MDL
nifedipine oral capsule 10 mg, 20 mg	1A	MDL
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1A	MDL
nifedipine oral tablet extended release 30 mg	1A	MDL
nifedipine oral tablet extended release 60 mg, 90 mg	1A	MDL; QL (3 tablets per 1 day)
nimodipine oral capsule 30 mg	1A	
OPSUMIT ORAL TABLET 10 MG	4	PA; QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
REMODULIN INJECTION SOLUTION 1 MG/ML, 2.5 MG/ML, 5 MG/ML	6	PA
REMODULIN INJECTION SOLUTION 10 MG/ML	6	PA; QL (0.01 ML per 1 day)
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	MDL
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1A	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1A	MDL
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; QL (2.9 ML per 1 day)
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; QL (2.9 ML per 1 day)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; QL (2.9 ML per 1 day)
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	6	PA; QL (3 vials per 1 day)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; QL (270 ampules per 30 days)
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1A	MDL
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	MDL
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1A	MDL
CENTRAL NERVOUS SYSTEM AGENTS		
Adamantanes (Cns)		
amantadine hcl oral capsule 100 mg	1A	MDL
amantadine hcl oral solution 50 mg/5 ml	1A	MDL
amantadine hcl oral tablet 100 mg	1A	MDL
Amphetamine Derivatives		
diethylpropion oral tablet 25 mg	1A	

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DRUG NAME	DRUG TIER	NOTES
diethylpropion oral tablet extended release 75 mg	1	
phendimetrazine tartrate oral capsule, extended release 105 mg	1A	
phendimetrazine tartrate oral tablet 35 mg	1A	
phentermine oral capsule 15 mg, 30 mg, 37.5 mg	1A	MDL
phentermine oral tablet 37.5 mg	1	MDL
Amphetamines		
benzphetamine oral tablet 50 mg	1A	
dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg	1A	
dextroamphetamine oral tablet 10 mg, 5 mg	1A	
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1A	MDL; QL (2 capsules per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1A	MDL
methamphetamine oral tablet 5 mg	1A	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	PA; Covered Alternatives: Methylphenidate, Methylphenidate ER, Amphetamine/Dextroamphetamine ER; TF; MDL; QL (1 capsule per 1 day)
zenzedi oral tablet 10 mg, 5 mg	1A	Covered Alternatives: methylphenidate ER, amphetamine/dextroamphetamine ER, dexmethylphenidate ER, atomoxetine, clonidine ,guanfacine
Analgesics And Antipyretics, Misc.		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml)	1A	
acetaminophen-codeine oral tablet 300-15 mg	1A	
acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg	1A	QL (13 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1A	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1A	QL (60 tablets per 30 days)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	1A	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1A	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1A	QL (12 tablets per 1 day)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1A	MDL
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	1A	MDL
gabapentin oral tablet 600 mg, 800 mg	1A	MDL
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	1A	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1A	QL (90 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1A	QL (12 tablets per 1 day)
isometh-dichloral-acetaminophn oral capsule 65-100-325 mg	1A	QL (50 capsules per 30 days)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	QL (90 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1A	QL (12 tablets per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1A	QL (2 capsules per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg	1A	QL (12 tablets per 1 day)
Anticholinergic Agents (Cns)		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL
trihexyphenidyl oral elixir 0.4 mg/ml	1A	MDL
trihexyphenidyl oral tablet 2 mg, 5 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
Anticonvulsants, Miscellaneous		
BANZEL ORAL TABLET 200 MG, 400 MG	3	QL (280 tablets per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1A	QL (8 capsules per 1 day)
carbamazepine oral suspension 100 mg/5 ml	1A	MDL
carbamazepine oral tablet 200 mg	1A	MDL
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1A	MDL
carbamazepine oral tablet,chewable 100 mg	1A	MDL
divalproex oral capsule, delayed rel sprinkle 125 mg	1A	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1A	MDL
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1A	MDL
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; SP
epitol oral tablet 200 mg	1A	MDL
felbamate oral suspension 600 mg/5 ml	1A	
felbamate oral tablet 400 mg, 600 mg	1A	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; SP; Covered Alternatives: clobazam, topiramate, levetiracetam; QL (360 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; QL (1 tablet per 1 day)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1A	MDL
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	1A	MDL
gabapentin oral tablet 600 mg, 800 mg	1A	MDL
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1A	MDL
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1A	QL (2 tablets per 1 day)

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lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1A	MDL
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	1A	
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	1A	QL (1 pack per 1 year)
levetiracetam oral solution 100 mg/ml	1A	MDL
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1A	MDL
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1A	MDL; QL (4 tablets per 1 day)
magnesium sulfate injection solution 4 meq/ml (50 %)	6	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1A	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1A	MDL; QL (8 tablets per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1A	QL (2 capsules per 1 day)
roweepra oral tablet 500 mg	1A	MDL
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1A	
topiramate oral capsule, sprinkle 15 mg, 25 mg	1A	MDL; QL (8 capsules per 1 day)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1A	MDL
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1A	MDL
valproic acid oral capsule 250 mg	1A	MDL
vigabatrin oral powder in packet 500 mg	4	PA; QL (1 packet per 1 day)
vigabatrin oral tablet 500 mg	4	PA; QL (6 tablets per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG	4	PA; QL (1 packet per 1 day)
VIMPAT ORAL SOLUTION 10 MG/ML	3	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	MDL; QL (3 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	PA; QL (1 tablet per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA; QL (1 tablet per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	PA; QL (1 tablet per 1 day)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1A	MDL
Antidepressants, Miscellaneous		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1A	QL (60 tablets per fill, 6 fills per 365 days); MDL
bupropion hcl oral tablet 100 mg, 75 mg	1A	MDL
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1A	MDL
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1A	MDL
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1A	MDL; QL (4 tablets per 1 day)
mirtazapine oral tablet 7.5 mg	1A	MDL; QL (2 tablets per 1 day)
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	1A	
Antimanic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	3	PA; SP; QL (2 ML per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	3	PA; SP; QL (1 syringe per 30 days)
aripiprazole oral solution 1 mg/ml	1A	PA; QL (20 ML per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1A	MDL; QL (1 tablet per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1A	QL (8 capsules per 1 day)

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DRUG NAME	DRUG TIER	NOTES
carbamazepine oral suspension 100 mg/5 ml	1A	MDL
carbamazepine oral tablet 200 mg	1A	MDL
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1A	MDL
carbamazepine oral tablet,chewable 100 mg	1A	MDL
divalproex oral capsule, delayed rel sprinkle 125 mg	1A	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1A	MDL
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1A	MDL
epitol oral tablet 200 mg	1A	MDL
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1A	MDL
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1A	MDL
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	1A	
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	1A	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1A	
lithium carbonate oral tablet 300 mg	1A	
lithium carbonate oral tablet extended release 300 mg, 450 mg	1A	MDL
lithium citrate oral solution 8 meq/5 ml	1A	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1A	MDL; QL (1 tablet per 1 day)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1A	QL (2 tablets per 1 day)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1A	MDL; QL (4 tablets per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1A	MDL; QL (30 tablets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML	3	PA; SP; Providers must Buy and Bill; QL (1 syringe per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	3	PA; SP; Providers must Buy and Bill; QL (1 syringe per 30 days)
risperidone oral solution 1 mg/ml	1A	MDL
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1A	MDL; QL (280 tablets per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1A	QL (280 tablets per 30 days)
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1A	MDL
valproic acid oral capsule 250 mg	1A	MDL
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1A	MDL; QL (3 capsules per 1 day)
Antimigraine Agents, Miscellaneous		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	4A	PA; SP; QL (0.04 ML per 1 day)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	4A	PA; SP
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	4	PA; SP; QL (1.5 ML per 30 days)
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
aspirin oral tablet 325 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
aspirin oral tablet,chewable 81 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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DRUG NAME	DRUG TIER	NOTES
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
BAYER ASPIRIN ORAL TABLET 325 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
butalbital compound w/codeine oral capsule 30-50-325-40 mg	1A	
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1A	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	1A	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1A	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1A	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1A	
dihydroergotamine injection solution 1 mg/ml	1A	PA; QL (0.1 ML per 1 day)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	1A	PA; QL (8 vials per 30 days)
divalproex oral capsule, delayed rel sprinkle 125 mg	1A	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1A	MDL
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1A	MDL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	4A	PA; SP; QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	4A	PA; SP; QL (1 ML per 30 days)
ergotamine-caffeine oral tablet 1-100 mg	1A	QL (24 tablets per 1 fill)
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1A	MDL
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1A	MDL
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1A	MDL
tramadol-acetaminophen oral tablet 37.5-325 mg	1A	QL (12 tablets per 1 day)
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1A	MDL
valproic acid oral capsule 250 mg	1A	MDL
Antipsychotics, Miscellaneous		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1A	
pimozide oral tablet 1 mg, 2 mg	1A	
Anxiolytics,Sedatives,And Hypnotics,Misc		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	MDL
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1A	QL (1 tablet per 1 day)
hydroxyzine hcl oral solution 10 mg/5 ml	1A	
hydroxyzine hcl oral tablet 10 mg, 50 mg	1A	QL (Quantity Limits Apply); MDL
hydroxyzine hcl oral tablet 25 mg	1A	MDL; QL (4 tablets per 1 day)
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1A	MDL
meprobamate oral tablet 200 mg, 400 mg	1A	
promethazine oral syrup 6.25 mg/5 ml	1A	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1A	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	1A	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1A	
ramelteon oral tablet 8 mg	1A	QL (1 tablet per 1 day)
zaleplon oral capsule 10 mg, 5 mg	1A	MDL
zolpidem oral tablet 10 mg	1A	MDL; QL (30 tablets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
zolpidem oral tablet 5 mg	1A	MDL; QL (60 tablets per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	1A	MDL; QL (30 tablets per 30 days)
Atypical Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	3	PA; SP; QL (2 ML per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	3	PA; SP; QL (1 syringe per 30 days)
aripiprazole oral solution 1 mg/ml	1A	PA; QL (20 ML per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1A	MDL; QL (1 tablet per 1 day)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1A	QL (5 tablets per 1 day)
clozapine oral tablet,disintegrating 100 mg, 25 mg	1A	
clozapine oral tablet,disintegrating 150 mg, 200 mg	3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	QL (5 tablets per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 39 MG/0.25 ML, 78 MG/0.5 ML	3	PA; SP
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	3	PA; SP; QL (1 syringe per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML	3	PA; SP
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	3	PA; SP; QL (1.75 ML per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	PA; Covered Alternatives: Aripiprazole, risperidone, quetiapine, olanzapine, ziprasidone; TF; MDL; QL (1 tablet per 1 day)
NUPLAZID ORAL CAPSULE 34 MG	4A	PA; SP; QL (2 capsules per 1 day)
NUPLAZID ORAL TABLET 10 MG	4A	PA; SP; QL (2 tablets per 1 day)

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olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1A	MDL; QL (1 tablet per 1 day)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1A	QL (2 tablets per 1 day)
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1A	QL (1 capsule per 1 day)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg	1A	QL (30 tablets per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1A	MDL; QL (4 tablets per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1A	MDL; QL (30 tablets per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML	3	PA; SP; Providers must Buy and Bill; QL (1 syringe per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	3	PA; SP; Providers must Buy and Bill; QL (1 syringe per 30 days)
risperidone oral solution 1 mg/ml	1A	MDL
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1A	MDL; QL (280 tablets per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1A	QL (280 tablets per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1A	MDL; QL (3 capsules per 1 day)
Barbiturates (Anticonvulsants)		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1A	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1A	MDL
primidone oral tablet 250 mg, 50 mg	1A	MDL
Barbiturates (Anxiolytic, Sedative/Hyp)		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	

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DRUG NAME	DRUG TIER	NOTES
butalbital compound w/codeine oral capsule 30-50-325-40 mg	1A	
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1A	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1A	QL (60 tablets per 30 days)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	1A	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1A	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1A	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1A	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1A	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1A	MDL
SECONAL SODIUM ORAL CAPSULE 100 MG	2	
Benzodiazepines (Anticonvulsants)		
clobazam oral suspension 2.5 mg/ml	1A	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	1A	MDL; QL (4 tablets per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1A	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1A	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1A	MDL
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1A	QL (1 twinpack per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	1A	
lorazepam oral concentrate 2 mg/ml	1A	

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DRUG NAME	DRUG TIER	NOTES
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL
Benzodiazepines (Anxiolytic,Sedativ/Hyp)		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1A	MDL
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	1A	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	1A	MDL
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1A	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1A	
clobazam oral suspension 2.5 mg/ml	1A	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	1A	MDL; QL (4 tablets per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1A	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1A	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1A	MDL
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1A	QL (1 twinpack per 30 days)
DORAL ORAL TABLET 15 MG	2	
estazolam oral tablet 1 mg, 2 mg	1A	
flurazepam oral capsule 15 mg, 30 mg	1A	
lorazepam intensol oral concentrate 2 mg/ml	1A	
lorazepam oral concentrate 2 mg/ml	1A	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
midazolam oral syrup 2 mg/ml	1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1A	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1A	MDL
triazolam oral tablet 0.125 mg, 0.25 mg	1A	
Butyrophenones		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	6	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	6	
haloperidol lactate oral concentrate 2 mg/ml	1A	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1A	
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	4A	PA; SP; QL (0.04 ML per 1 day)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	4A	PA; SP
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	4	PA; SP; QL (1.5 ML per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	4	PA; SP; QL (1.5 ML per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	4A	PA; SP; QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	4A	PA; SP; QL (1 ML per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	4A	PA; SP; QL (8 tablets per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	4A	PA; SP; QL (6 tablets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
Catechol-O-Methyltransferase(Comt)Inhib.		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1A	QL (280 tablets per 30 days)
entacapone oral tablet 200 mg	1A	
Central Nervous System Agents, Misc.		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1A	QL (6 tablets per 1 day)
ADDYI ORAL TABLET 100 MG	4	PA; SP; QL (1 tablet per 1 day)
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1A	QL (60 capsules per 30 days)
carbidopa oral tablet 25 mg	1A	
guanfacine oral tablet 1 mg, 2 mg	1A	MDL
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1A	MDL; QL (1 tablet per 1 day)
INGREZZA ORAL CAPSULE 40 MG, 80 MG	4A	PA; SP; Covered Alternatives: Tetrabenazine; QL (1 capsule per 1 day)
memantine oral solution 2 mg/ml	1A	
memantine oral tablet 10 mg, 5 mg	1A	MDL; QL (60 tablets per 30 days)
memantine oral tablets,dose pack 5-10 mg	1A	QL (1 pack per 365 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; QL (60 capsules per 30 days)
riluzole oral tablet 50 mg	1A	QL (4 tablets per 1 day)
TETRABENAZINE ORAL TABLET 12.5 MG, 25 MG	4	PA; SP; QL (30 tablets per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	4	PA; SP; QL (18 ML per 1 day)
Cyclooxygenase-2 (Cox-2) Inhibitors		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1A	MDL
Dopamine Precursors		
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1A	MDL
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1A	QL (8 tablets per 1 day)
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1A	QL (280 tablets per 30 days)
INBRIJA INHALATION CAPSULE 42 MG	4A	PA; SP; Covered Alternatives: carbidopa-levodopa, carbidopa-levodopa-entacapone, pramipexole, ropinirole; QL (120 capsules per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4A	PA; SP; Covered Alternatives: carbidopa-levodopa, carbidopa-levodopa-entacapone, pramipexole, ropinirole; QL (120 capsules per 30 days)
Ergot-Deriv. Dopamine Receptor Agonists		
bromocriptine oral capsule 5 mg	1A	MDL
bromocriptine oral tablet 2.5 mg	1A	MDL
cabergoline oral tablet 0.5 mg	1A	MDL
Fibromyalgia Agents		
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1A	MDL; QL (3 capsules per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1A	QL (2 capsules per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	MDL; QL (2 tablets per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	QL (55 tablets per fill, 1 fill per 365 days)
Hydantoins		
DILANTIN EXTENDED ORAL CAPSULE 100 MG	2	MDL
DILANTIN KAPSEAL ORAL CAPSULE 100 MG	2	MDL

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DRUG NAME	DRUG TIER	NOTES
DILANTIN ORAL CAPSULE 30 MG	2	MDL
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	2	MDL
phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml	1A	MDL
phenytoin oral tablet,chewable 50 mg	1A	MDL
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1A	MDL
Monoamine Oxidase B Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	QL (1 patch per 1 day)
rasagiline oral tablet 0.5 mg, 1 mg	1A	MDL; QL (1 tablet per 1 day)
selegiline hcl oral capsule 5 mg	1A	MDL
selegiline hcl oral tablet 5 mg	1A	MDL
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	3	QL (2 tablets per 1 day)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	QL (1 patch per 1 day)
MARPLAN ORAL TABLET 10 MG	2	QL (180 tablets per 30 days)
phenelzine oral tablet 15 mg	1A	
rasagiline oral tablet 0.5 mg, 1 mg	1A	MDL; QL (1 tablet per 1 day)
selegiline hcl oral capsule 5 mg	1A	MDL
selegiline hcl oral tablet 5 mg	1A	MDL
tranylcypromine oral tablet 10 mg	1A	
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	3	QL (2 tablets per 1 day)
Nonergot-Deriv.Dopamine Receptor Agonist		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA; SP; QL (0.01 ML per 1 day)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	1A	QL (1 tablet per 1 day)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1A	MDL
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1A	
Opiate Agonists		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	1A	
acetaminophen-codeine oral tablet 300-15 mg	1A	
acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg	1A	QL (13 tablets per 1 day)
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
butalbital compound w/codeine oral capsule 30-50-325-40 mg	1A	
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1A	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	1A	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1A	QL (6 tablets per 1 day)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1A	
codeine-guaifenesin oral liquid 10-100 mg/5 ml	1A	
diskets oral tablet,soluble 40 mg	1A	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1A	QL (12 tablets per 1 day)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	1A	QL (10 patches per 30 days)
GUAIATUSSIN AC ORAL LIQUID 10-100 MG/5 ML	1A	
guaifenesin dac oral syrup 30-10-100 mg/5 ml	1A	

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DRUG NAME	DRUG TIER	NOTES
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	1A	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1A	QL (90 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1A	QL (12 tablets per 1 day)
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	1A	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml, 5-1.5 mg/5 ml (5 ml)	1A	
hydrocodone-homatropine oral tablet 5-1.5 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1A	QL (8 tablets per 1 day)
hydromet oral syrup 5-1.5 mg/5 ml	1A	
hydromorphone oral liquid 1 mg/ml	1A	QL (31.5 ML per 1 day)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1A	QL (12 tablets per 1 day)
hydromorphone rectal suppository 3 mg	1A	QL (6 suppositories per 1 day)
ibuprofen-oxycodone oral tablet 400-5 mg	1A	
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	QL (90 ML per 1 day)
meperidine oral tablet 50 mg	1A	
methadone intensol oral concentrate 10 mg/ml	1A	
methadone oral concentrate 10 mg/ml	1A	
methadone oral tablet 10 mg, 5 mg	1A	QL (6 tablets per 1 day)
methadose oral tablet,soluble 40 mg	1A	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1A	QL (10 ML per 1 day)
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1A	QL (1 capsule per 1 day)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1A	QL (2 capsules per 1 day)
morphine oral capsule,extend.release pellets 40 mg	1A	QL (2 caps per 1 day)

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morphine oral solution 10 mg/5 ml	1A	QL (20 ML per 1 day)
morphine oral solution 20 mg/5 ml (4 mg/ml)	1A	QL (10 ML per 1 day)
morphine oral tablet 15 mg, 30 mg	1A	QL (12 tablets per 1 day)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1A	QL (3 tablets per 1 day)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1A	QL (6 suppositories per 1 day)
oxycodone oral capsule 5 mg	1A	QL (9 capsules per 1 day)
oxycodone oral concentrate 20 mg/ml	1A	QL (5 ML per 1 day)
oxycodone oral solution 5 mg/5 ml	1A	QL (500 ML per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1A	QL (9 tablets per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1A	PA; QL (2 tablets per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1A	QL (12 tablets per 1 day)
oxycodone-aspirin oral tablet 4.8355-325 mg	1A	
oxymorphone oral tablet 10 mg, 5 mg	1A	QL (6 tablets per 1 day)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1A	PA; QL (2 tablets per 1 day)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1A	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	1A	
tramadol oral tablet 50 mg	1A	MDL; QL (12 tablets per 1 day)
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	1A	MDL; QL (2 tablets per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg	1A	QL (12 tablets per 1 day)
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	3	QL (20 capsules per 5 days)
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	1A	
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML	1A	

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DRUG NAME	DRUG TIER	NOTES
Opiate Antagonists		
naloxone injection solution 0.4 mg/ml	1A	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1A	
naltrexone oral tablet 50 mg	1A	MDL
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	QL (1 dose per 1 fill)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	6	PA; SP; QL (1 vial per 28 days)
Opiate Partial Agonists		
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1A	QL (Quantity Limits Apply)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1A	PA; QL (4 patches per 28 days)
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1A	QL (3 films per 1 day)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1A	QL (3 tablets per 1 day)
butorphanol injection solution 1 mg/ml, 2 mg/ml	1A	
butorphanol nasal spray,non-aerosol 10 mg/ml	1A	
pentazocine-naloxone oral tablet 50-0.5 mg	1A	QL (6 tablets per 1 day)
Other Nonsteroidal Anti-Inflam. Agents		
diclofenac potassium oral tablet 50 mg	1A	MDL
diclofenac sodium oral tablet extended release 24 hr 100 mg	1A	MDL
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1A	MDL
diclofenac sodium topical drops 1.5 %	1A	
diclofenac sodium topical gel 1 %	1A	QL (10 GM per 1 day)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1A	MDL
diflunisal oral tablet 500 mg	1A	QL (3 tablets per 1 day)
etodolac oral capsule 200 mg, 300 mg	1A	MDL; QL (3 capsules per 1 day)

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DRUG NAME	DRUG TIER	NOTES
etodolac oral tablet 400 mg, 500 mg	1A	MDL; QL (3 tablets per 1 day)
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	1A	MDL; QL (1 tablet per 1 day)
flurbiprofen oral tablet 100 mg	1A	MDL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1A	QL (8 tablets per 1 day)
ibuprofen oral suspension 100 mg/5 ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MDL
ibuprofen-oxycodone oral tablet 400-5 mg	1A	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	3	
INDOCIN RECTAL SUPPOSITORY 50 MG	3	PA; MDL; QL (1 suppository per 1 day)
indomethacin oral capsule 25 mg, 50 mg	1A	MDL
indomethacin oral capsule, extended release 75 mg	1A	MDL
ketorolac injection cartridge 15 mg/ml, 30 mg/ml	1A	QL (5 cartridges per 30 days)
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	1A	QL (5 ML per 30 days)
ketorolac injection solution 30 mg/ml	1A	QL (10 ML per 30 days)
ketorolac injection syringe 15 mg/ml, 30 mg/ml	1A	QL (5 syringes per 30 days)
ketorolac intramuscular cartridge 60 mg/2 ml	1A	QL (5 cartridges per 30 days)
ketorolac intramuscular solution 60 mg/2 ml	1A	QL (4 ML per 30 days)
ketorolac intramuscular syringe 60 mg/2 ml	1A	QL (5 syringes per 30 days)
ketorolac oral tablet 10 mg	1A	
meclofenamate oral capsule 100 mg, 50 mg	1A	
meloxicam oral tablet 15 mg, 7.5 mg	1A	MDL
nabumetone oral tablet 500 mg, 750 mg	1A	MDL
naproxen oral suspension 125 mg/5 ml	1A	MDL
naproxen oral tablet 250 mg, 375 mg, 500 mg	1A	MDL
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	1A	MDL
naproxen sodium oral tablet 275 mg, 550 mg	1A	MDL
oxaprozin oral tablet 600 mg	1A	

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DRUG NAME	DRUG TIER	NOTES
piroxicam oral capsule 10 mg, 20 mg	1A	MDL
sulindac oral tablet 150 mg, 200 mg	1A	MDL
tolmetin oral capsule 400 mg	1A	
tolmetin oral tablet 200 mg, 600 mg	1A	
Phenothiazines		
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1A	
compro rectal suppository 25 mg	1A	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1A	MDL
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1A	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1A	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1A	
prochlorperazine rectal suppository 25 mg	1A	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1A	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1A	MDL
Respiratory And Cns Stimulants		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
butalbital compound w/codeine oral capsule 30-50-325-40 mg	1A	
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1A	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	1A	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1A	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1A	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1A	

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DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	3	PA; QL (1 patch per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1A	QL (1 capsule per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	1A	
metadate er oral tablet extended release 20 mg	1A	QL (2 tablets per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1A	MDL; QL (2 capsules per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg	1A	MDL
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg, 60 mg	1A	MDL; QL (60 capsules per 30 days)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1A	QL (10 ML per 1 day)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1A	MDL
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	1A	QL (2 tablets per 1 day)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1A	MDL; QL (2 tablets per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	1A	QL (280 tablets per 30 days)
Salicylates		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
aspirin oral tablet 325 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
aspirin oral tablet,chewable 81 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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DRUG NAME	DRUG TIER	NOTES
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1A	MDL; QL (90 tablets per 30 days)
BAYER ASPIRIN ORAL TABLET 325 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
butalbital compound w/codeine oral capsule 30-50-325-40 mg	1A	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1A	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
carisoprodol-aspirin oral tablet 200-325 mg	1A	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	1A	
choline,magnesium salicylate oral liquid 500 mg/5 ml	1A	
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1A	
oxycodone-aspirin oral tablet 4.8355-325 mg	1A	
salsalate oral tablet 500 mg, 750 mg	1A	MDL
Sel.Serotonin,Norepi Reuptake Inhibitor		
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1A	MDL; QL (1 tablet per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1A	MDL; QL (3 capsules per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	MDL; QL (2 tablets per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	QL (55 tablets per fill, 1 fill per 365 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	1A	MDL; QL (5 capsules per 1 day)

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DRUG NAME	DRUG TIER	NOTES
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1A	MDL
Selective Serotonin Agonists		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	1A	Covered Alternatives: Sumatriptan; QL (12 tablets per 30 days)
eletriptan oral tablet 20 mg, 40 mg	1A	QL (12 tablets per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	1A	QL (12 tablets per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	4	PA; SP; QL (8 tablets per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	1A	QL (12 tablets per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	1A	QL (12 tablets per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	1A	QL (12 nasal sprays per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1A	MDL
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	1A	QL (12 units per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	1A	QL (12 ML per 1 fill)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1A	QL (12 injections per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1A	QL (12 injections per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	1A	QL (12 tablets per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	1A	QL (12 tablets per 30 days)
Selective-Serotonin Reuptake Inhibitors		
citalopram oral solution 10 mg/5 ml	1A	MDL
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	MDL
escitalopram oxalate oral solution 5 mg/5 ml	1A	MDL
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1A	MDL; QL (2 tablets per 1 day)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	1	MDL
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	1A	MDL
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1A	MDL

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fluoxetine oral tablet 10 mg	1	MDL
fluoxetine oral tablet 20 mg	1	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	1A	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1A	MDL
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1A	QL (1 capsule per 1 day)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	MDL
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	1A	MDL
sertraline oral concentrate 20 mg/ml	1A	MDL
sertraline oral tablet 100 mg, 25 mg, 50 mg	1A	MDL
Serotonin Modulators		
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1A	MDL
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1A	MDL
Succinimides		
CELONTIN ORAL CAPSULE 300 MG	2	QL (120 capsules per 30 days)
ethosuximide oral capsule 250 mg	1A	QL (7 capsules per 1 day)
ethosuximide oral solution 250 mg/5 ml	1A	
Thioxanthenes		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1A	
Tricyclics, Other Norepi-Ru Inhibitors		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1A	MDL
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1A	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1A	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1A	

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desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1A	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1A	MDL
doxepin oral concentrate 10 mg/ml	1A	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1A	MDL
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1A	
maprotiline oral tablet 25 mg, 50 mg, 75 mg	1A	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1A	MDL; QL (4 capsules per 1 day)
nortriptyline oral solution 10 mg/5 ml	1A	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1A	
protriptyline oral tablet 10 mg, 5 mg	1A	
Vesicular Monoamine Transport2 Inhibitor		
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	4A	PA; SP; Covered Alternatives: Tetrabenazine; QL (1 pack per 1 year)
INGREZZA ORAL CAPSULE 40 MG, 80 MG	4A	PA; SP; Covered Alternatives: Tetrabenazine; QL (1 capsule per 1 day)
TETRABENAZINE ORAL TABLET 12.5 MG, 25 MG	4	PA; SP; QL (30 tablets per 30 days)
Wakefulness-Promoting Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1A	QL (30 tablets per 30 days)
modafinil oral tablet 100 mg, 200 mg	1A	MDL; QL (60 tablets per 30 days)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	3	PA; QL (2 tablets per 1 day)
DEVICES		
Devices		
AEROCHAMBER MINI SPACER	6	QL (1 spacer per 365 days)
AEROCHAMBER MV SPACER	6	QL (1 spacer per 365 days)

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AEROCHAMBER PLUS FLOW-VU SPACER	6	QL (1 spacer per 365 days)
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	6	QL (1 spacer per 365 days)
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	6	QL (1 spacer per 365 days)
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	6	QL (1 spacer per 365 days)
AEROCHAMBER PLUS Z STAT LG MSK SPACER	6	QL (1 spacer per 365 days)
AEROCHAMBER PLUS Z STAT MD MSK SPACER	6	QL (1 spacer per 365 days)
AEROCHAMBER PLUS Z STAT SM MSK SPACER	6	QL (1 spacer per 365 days)
AEROCHAMBER PLUS Z STAT SPACER	6	QL (1 spacer per 365 days)
AEROCHAMBER WITH FLOWSIGNAL SPACER	6	QL (1 spacer per 365 days)
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	6	QL (1 spacer per 365 days)
AEROVENT PLUS SPACER	6	
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 X 1/2"	1A	QL (Quantity Limits Apply); MDL
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2"	1A	QL (Quantity Limits Apply); MDL
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1A	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16"	1A	QL (Quantity Limits Apply); MDL
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	1A	QL (Quantity Limits Apply); MDL
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1A	QL (Quantity Limits Apply); MDL
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	1A	QL (Quantity Limits Apply); MDL

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DRUG NAME	DRUG TIER	NOTES
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	1A	QL (Quantity Limits Apply); MDL
BREATHERITE MDI SPACER SPACER	6	QL (1 spacer per 365 days)
BREATHERITE VALVED MDI CHAMBER SPACER	6	QL (1 spacer per 365 days)
CLEVER CHOICE CHAMBER-LRG MASK SPACER	6	QL (1 spacer per 365 days)
CLEVER CHOICE CHAMBER-MED MASK SPACER	6	QL (1 spacer per 365 days)
CLEVER CHOICE CHAMBER-SM MASK SPACER	6	QL (1 spacer per 365 days)
COMPACT SPACE CHAMBER SPACER	6	QL (1 spacer per 365 days)
COMPACT SPACE CHAMBER-LRG MASK SPACER	6	QL (1 spacer per 365 days)
COMPACT SPACE CHAMBER-MED MASK SPACER	6	QL (1 spacer per 365 days)
COMPACT SPACE CHAMBER-SM MASK SPACER	6	QL (1 spacer per 365 days)
DEXCOM G5 RECEIVER	6	ST; QL (1 receiver per 1 year)
DEXCOM G5 TRANSMITTER DEVICE	6	ST; QL (1 transmitter per 90 days)
DEXCOM G5-G4 SENSOR DEVICE	6	ST; QL (1 pack per 28 days)
DEXCOM G6 RECEIVER	6	ST; QL (1 receiver per 1 year)
DEXCOM G6 SENSOR DEVICE	6	ST; QL (1 pack per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	6	ST; QL (1 transmitter per 90 days)
EASIVENT HOLDING CHAMBER SPACER	6	QL (1 spacer per 365 days)
FLEXICHAMBER SPACER	6	QL (1 spacer per 365 days)
FREESTYLE CONTROL SOLUTION	Zero Cost Share	Zero Copay applicable after deductible; QL (1 bottle per 90 days)
FREESTYLE FREEDOM LITE KIT	Zero Cost Share	QL (1 meter per 1 year)
FREESTYLE INSULINX	Zero Cost Share	QL (1 meter per 2 years)

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FREESTYLE LANCETS 28 GAUGE	Zero Cost Share	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days); Zero Copay applicable after deductible
FREESTYLE LIBRE 14 DAY READER	6	ST; QL (1 reader per 1 year)
FREESTYLE LIBRE 14 DAY SENSOR KIT	6	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 2 READER	6	ST; QL (1 reader per 1 year)
FREESTYLE LIBRE 2 SENSOR KIT	6	ST; QL (2 sensors per 28 days)
FREESTYLE LITE METER KIT	Zero Cost Share	QL (1 meter per 1 year)
FREESTYLE PRECISION NEO METER	Zero Cost Share	QL (1 meter per 1 year)
GLUCOSE KETONE CONTROL SOLN SOLUTION	Zero Cost Share	Zero Copay applicable after deductible; QL (1 bottle per 90 days)
INSPIRACHAMBER SPACER	6	QL (1 spacer per 365 days)
INSPIRACHAMBER WITH MASK-LARGE SPACER	6	QL (1 spacer per 365 days)
INSPIRACHAMBER WITH MASK-MED SPACER	6	QL (1 spacer per 365 days)
INSPIRACHAMBER WITH MASK-SMALL SPACER	6	QL (1 spacer per 365 days)
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"	1A	QL (Quantity Limits Apply); MDL
insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 30, 0.3 ml 31 gauge x 5/16", 0.5 ml 30 gauge x 1/2", 0.5 ml 31 gauge x 5/16", 1 ml 29 gauge x 1/2", 1 ml 31 gauge x 5/16, 1/2 ml 29 , 1/2 ml 30 gauge	1A	QL (Quantity Limits Apply); MDL
lancets	Zero Cost Share	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days); Zero Copay applicable after deductible
LITEAIRE MDI CHAMBER SPACER	6	QL (1 spacer per 365 days)

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DRUG NAME	DRUG TIER	NOTES
MEDISENSE GLUCOSE KETONE COMBO PACK	3	QL (1 bottle per 90 days)
MICROCHAMBER SPACER	6	QL (1 spacer per 365 days)
MICROSPACER SPACER	6	
OPTICHAMBER DIAMOND LG MASK SPACER	6	QL (1 spacer per 365 days)
OPTICHAMBER DIAMOND VHC SPACER	6	QL (1 spacer per 365 days)
OPTICHAMBER DIAMOND-MED MSK SPACER	6	QL (1 spacer per 365 days)
OPTICHAMBER DIAMOND-SML MASK SPACER	6	QL (1 spacer per 365 days)
PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16"	1A	QL (Quantity Limits Apply); MDL
pen needle, diabetic needle 31 gauge x 1/4", 31 gauge x 5/16"	1A	QL (Quantity Limits Apply); MDL
POCKET CHAMBER SPACER	6	QL (1 spacer per 365 days)
PRECISION XTRA B-KETONE STRIP	1A	QL (1 strip per 1 day)
PRECISION XTRA MONITOR	Zero Cost Share	QL (1 meter per 1 year)
PRO COMFORT SPACER-ADULT MASK SPACER	6	QL (1 spacer per 365 days)
PRO COMFORT SPACER-CHILD MASK SPACER	6	QL (1 spacer per 365 days)
PROCHAMBER SPACER	6	QL (1 spacer per 365 days)
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 %	6	
RITEFLO AEROCHAMBER SPACER	6	QL (1 spacer per 365 days)
sodium chloride inhalation solution for nebulization 0.9 %, 3 %	1	
sodium chloride inhalation solution for nebulization 10 %	1A	
sodium chloride inhalation solution for nebulization 7 %	6	

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DIAGNOSTIC AGENTS		
Diabetes Mellitus		
FREESTYLE INSULINX STRIP	1A	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days)
FREESTYLE INSULINX TEST STRIPS STRIP	1A	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days)
FREESTYLE LITE STRIPS STRIP	1A	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days)
FREESTYLE PRECISION NEO STRIPS STRIP	Zero Cost Share	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days); Zero Copay applicable after deductible
FREESTYLE TEST STRIP	1A	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days)
PRECISION XTRA TEST STRIP	1A	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days); Zero Copay applicable after deductible
Diagnostic Agents		
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	3	
Thyroid Function		
THYROGEN INTRAMUSCULAR RECON SOLN 1.1 MG (0.9 MG/ ML FINAL CONC.)	6	PA; SP; QL (0.1 ml per 1 day)

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ELECTROLYTIC, CALORIC, AND WATER BALANCE		
Acidifying Agents		
K-PHOS NO 2 ORAL TABLET 305-700 MG	2	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	
Alkalinizing Agents		
CYTRA-2 ORAL SOLUTION 500-334 MG/5 ML	1	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1A	MDL
sodium citrate-citric acid oral solution 500-334 mg/5 ml	1	
VIRTRATE-2 ORAL SOLUTION 500-334 MG/5 ML	1	
Ammonia Detoxicants		
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	1A	MDL
enulose oral solution 10 gram/15 ml	1	MDL
generlac oral solution 10 gram/15 ml	1	MDL
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	2	
lactulose oral packet 10 gram	1A	PA; Covered Alternatives: lactulose 10GM/15ML solution, lactulose 20GM/30ML solution
lactulose oral solution 10 gram/15 ml	1	MDL
lactulose oral solution 20 gram/30 ml	1A	MDL
sodium phenylbutyrate oral powder 0.94 gram/gram	4	PA; SP; QL (3 GM per 1 day)
sodium phenylbutyrate oral tablet 500 mg	4	PA; SP; QL (1 tablet per 1 day)
Carbonic Anhydrase Inhibitors		
acetazolamide oral capsule, extended release 500 mg	1A	MDL
acetazolamide oral tablet 125 mg, 250 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
Diuretics, Miscellaneous		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	MDL
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	MDL
theochron oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg	1A	MDL
theophylline oral solution 80 mg/15 ml	1A	MDL
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1A	MDL
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1A	MDL
Electrolytic,Caloric,Water Balance Misc,		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	6	PA; SP; QL (0.4 ML per 1 day)
Loop Diuretics		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL
ethacrynic acid oral tablet 25 mg	1A	QL (2 tablets per 1 day)
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1A	MDL
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	MDL
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1A	MDL
Phosphate-Removing Agents		
AURYXIA ORAL TABLET 210 MG IRON	3	PA; QL (6 tablets per 1 day)
calcium acetate(phosphat bind) oral capsule 667 mg	1A	
calcium acetate(phosphat bind) oral tablet 667 mg	1A	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	1A	QL (5 tablets per 1 day)
RENAGEL ORAL TABLET 800 MG	3	QL (7 tablets per 1 day)
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	1A	QL (3.5 packets per 1 day)
sevelamer carbonate oral tablet 800 mg	1A	QL (10 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
sevelamer hcl oral tablet 400 mg	1A	
sevelamer hcl oral tablet 800 mg	1A	QL (7 tablets per 1 day)
Potassium-Removing Agents		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	PA; QL (2 packets per 1 day)
sodium polystyrene sulfonate oral powder	1A	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1A	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	1A	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	PA; QL (1 packet per 1 day)
Potassium-Sparing Diuretics		
ALDACTAZIDE ORAL TABLET 50-50 MG	3	MDL
amiloride oral tablet 5 mg	1A	MDL
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	MDL
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	MDL
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1A	MDL
triamterene oral capsule 100 mg, 50 mg	1A	MDL; QL (4 capsules per 1 day)
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MDL
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1A	MDL
Replacement Preparations		
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG	1	MDL
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	2	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	1A	
klor-con 10 oral tablet extended release 10 meq	1A	MDL
klor-con 8 oral tablet extended release 8 meq	1A	MDL
klor-con m10 oral tablet,er particles/crystals 10 meq	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	1A	
klor-con m20 oral tablet,er particles/crystals 20 meq	1A	MDL
KLOR-CON ORAL PACKET 20 MEQ	1A	MDL; QL (1 packet per 1 day)
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ	1A	
PERRY PRENATAL ORAL CAPSULE 13.5-0.4 MG	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG	1A	MDL
potassium chloride oral capsule, extended release 10 meq, 8 meq	1A	MDL
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1A	
potassium chloride oral packet 20 meq	1A	MDL; QL (1 packet per 1 day)
potassium chloride oral tablet extended release 10 meq, 8 meq	1A	MDL
potassium chloride oral tablet extended release 20 meq	1A	
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	1A	MDL
PRENATABS FA ORAL TABLET 29-1 MG	1	MDL
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	1A	MDL
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	1	MDL
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL

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PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	MDL
prenatal vit-iron fum-folic ac oral tablet 28 mg iron-800 mcg	3	MDL
prenatal vits96-iron fum-folic oral tablet 27 mg iron-800 mcg	1A	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG	1	MDL
PRETAB ORAL TABLET 29-1 MG	1	MDL
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 %	6	
sodium chloride 0.9 % intravenous parenteral solution	6	
sodium chloride inhalation solution for nebulization 0.9 %, 3 %	1	
sodium chloride inhalation solution for nebulization 10 %	1A	
sodium chloride inhalation solution for nebulization 7 %	6	
sodium chloride intravenous parenteral solution 4 meq/ml	6	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG	1	MDL
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG	1A	QL (1 capsuel per 1 day)
Thiazide Diuretics		
ALDACTAZIDE ORAL TABLET 50-50 MG	3	MDL
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	MDL
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg	1A	MDL
amlodipine-valsartan-hcthiazid oral tablet 5-160-25 mg	1A	MDL; QL (2 tablets per 1 day)
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1A	MDL

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bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	MDL
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1A	MDL; QL (2 tablets per 1 day)
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1A	MDL
chlorothiazide oral tablet 500 mg	1A	MDL
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	MDL
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1A	MDL
hydrochlorothiazide oral capsule 12.5 mg	1	MDL
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	MDL
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1A	MDL
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	MDL
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	MDL
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1A	MDL
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1A	MDL
nadolol-bendroflumethiazide oral tablet 80-5 mg	1A	MDL
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1A	MDL
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1A	MDL
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1A	MDL
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1A	MDL

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TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	PA; Covered Alternatives: Metoprolol, lisinopril, losartan; QL (1 tablet per 1 day)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1A	MDL; QL (2 tablets per 1 day)
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MDL
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1A	MDL
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1A	MDL
Thiazide-Like Diuretics		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1A	MDL
chlorthalidone oral tablet 25 mg, 50 mg	1A	MDL
indapamide oral tablet 1.25 mg, 2.5 mg	1	MDL
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1A	MDL
Uricosuric Agents		
probenecid oral tablet 500 mg	1A	MDL
probenecid-colchicine oral tablet 500-0.5 mg	1A	MDL
Vasopressin Antagonists		
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	4A	PA; SP; QL (2 tablets per 1 day)
ENZYMES		
Enzymes		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	4A	PA; SP; QL (2 ML per 28 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; SP; QL (2 ampules per 1 day)
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	4A	PA; SP; QL (1.5 ML per 30 days)

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VPRIV INTRAVENOUS RECON SOLN 400 UNIT	6	PA; QL (1 vial per 28 days)
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
Alpha-Adrenergic Agonists (Eent)		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	MDL; QL (10 ML per 30 days)
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	1A	MDL; QL (15 ML per 30 days)
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	MDL; QL (10 ML per 30 days)
Antiallergic Agents		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	3	QL (5 ML per 1 fill)
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	2	
azelastine nasal aerosol,spray 137 mcg (0.1 %)	1A	MDL
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	1A	MDL
azelastine ophthalmic (eye) drops 0.05 %	1A	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	3	QL (0.2 ML per 1 day)
cromolyn ophthalmic (eye) drops 4 %	1A	MDL
epinastine ophthalmic (eye) drops 0.05 %	1A	
olopatadine nasal spray,non-aerosol 0.6 %	1A	QL (5 ML per 1 fill)
olopatadine ophthalmic (eye) drops 0.1 %	1A	MDL; QL (5 ML per 1 fill)
olopatadine ophthalmic (eye) drops 0.2 %	1A	MDL; QL (2.5 ML per 1 fill)
Antibacterials (Eent)		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	QL (2.5 ML per 7 days)
bacitracin ophthalmic (eye) ointment 500 unit/gram	1A	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1A	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	QL (5 ML per 30 days)
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	2	

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BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	2	
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	3	QL (14 applicators per 7 days)
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1A	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	1A	QL (14 applicators per 7 days)
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1A	QL (7.5 ML per 1 fill)
doxycycline hyclate oral tablet 20 mg	1A	MDL; QL (3 tablets per 1 day)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1A	
gatifloxacin ophthalmic (eye) drops 0.5 %	1A	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	1	
gentamicin ophthalmic (eye) drops 0.3 %	1A	
levofloxacin ophthalmic (eye) drops 0.5 %	1A	QL (5 ML per 30 days)
moxifloxacin ophthalmic (eye) drops 0.5 %	1A	QL (3 ML per 1 fill)
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	1A	QL (3 ML per 1 fill)
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1A	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1A	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1A	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1A	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1A	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1A	

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neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1A	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1A	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1A	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1A	
ofloxacin ophthalmic (eye) drops 0.3 %	1A	
ofloxacin otic (ear) drops 0.3 %	1A	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	1A	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1A	
sulfacetamide sodium ophthalmic (eye) drops 10 %	1A	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1A	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	3	
tobramycin ophthalmic (eye) drops 0.3 %	1A	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1A	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	QL (1 tube per 1 fill)
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
Antivirals (Eent)		
trifluridine ophthalmic (eye) drops 1 %	1A	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	QL (5 GM per 1 fill)
Beta-Adrenergic Blocking Agents (Eent)		
betaxolol ophthalmic (eye) drops 0.5 %	1A	MDL

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BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	2	MDL
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (10 ML per 1 fill)
carteolol ophthalmic (eye) drops 1 %	1A	MDL; QL (1 ML per 1 day)
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	MDL; QL (10 ML per 30 days)
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1A	MDL
levobunolol ophthalmic (eye) drops 0.5 %	1A	MDL; QL (1 ML per 1 day)
metipranolol ophthalmic (eye) drops 0.3 %	1A	MDL
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	MDL
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	1A	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1A	MDL
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	3	
Carbonic Anhydrase Inhibitors (Eent)		
acetazolamide oral capsule, extended release 500 mg	1A	MDL
acetazolamide oral tablet 125 mg, 250 mg	1A	MDL
brinzolamide ophthalmic (eye) drops,suspension 1 %	1A	QL (10 ML per 1 fill)
dorzolamide ophthalmic (eye) drops 2 %	1A	MDL
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1A	MDL
methazolamide oral tablet 25 mg, 50 mg	1A	MDL
Corticosteroids (Eent)		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	2	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	

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ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1A	QL (7.5 ML per 1 fill)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1A	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	2	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	2	
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1A	MDL
fluocinolone acetonide oil otic (ear) drops 0.01 %	1A	QL (20 ML per 30 days)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	1A	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1A	MDL
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	2	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1A	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	2	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1A	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	2	
mometasone nasal spray,non-aerosol 50 mcg/actuation	1A	ST; QL (Quantity Limits Apply); Covered Alternatives: Fluticasone Nasal Spray
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1A	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1A	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1A	

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neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1A	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1A	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	QL (5 ML per 1 fill)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	1A	MDL
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	3	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1A	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
Eent Anti-Infectives, Miscellaneous		
acetic acid otic (ear) solution 2 %	1A	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1A	MDL
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1A	
paroex oral rinse mucous membrane mouthwash 0.12 %	1A	MDL
Eent Anti-Inflammatory Agents, Misc.		
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	PA; Covered Alternatives: Systance-Balance, Soothe XP, Retaine; MDL; QL (5.5 ML per 24 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	PA; Covered Alternatives: Systance-Balance, Soothe XP, Retaine; TF; MDL; QL (2 drops per 1 day)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	PA; Covered Alternatives: Restasis (PA); QL (60 units per 30 days)

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Eent Drugs, Miscellaneous		
apraclonidine ophthalmic (eye) drops 0.5 %	1A	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	4A	PA; SP; QL (5 ML per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4A	PA; SP; QL (15 ML per 30 days)
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	1A	MDL
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4A	PA; SP; QL (1 vial per 1 day)
Eent Nonsteroidal Anti-Inflam. Agents		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	2	
bromfenac ophthalmic (eye) drops 0.09 %	1A	QL (3.4 ML per 30 days)
diclofenac sodium ophthalmic (eye) drops 0.1 %	1A	MDL
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1A	MDL
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	QL (1.7 ML per 30 days)
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	1A	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	2	
Local Anesthetics (Eent)		
lidocaine hcl mucous membrane jelly 2 %	1A	
lidocaine hcl mucous membrane jelly in applicator 2 %	1A	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1A	
lidocaine viscous mucous membrane solution 2 %	1A	
proparacaine ophthalmic (eye) drops 0.5 %	1A	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %	1A	
tetracaine hcl ophthalmic (eye) drops 0.5 %	1A	

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DRUG NAME	DRUG TIER	NOTES
Miotics		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1A	MDL
Mydriatics		
atropine ophthalmic (eye) drops 1 %	1	
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %	1A	
homatropaire ophthalmic (eye) drops 5 %	1	
Prostaglandin Analogs		
bimatoprost ophthalmic (eye) drops 0.03 %	1A	ST; Covered Alternatives: Latanoprost; TF; MDL; QL (7.5 ML per 30 days)
latanoprost ophthalmic (eye) drops 0.005 %	1A	MDL
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	ST; Covered Alternatives: Latanoprost; MDL; QL (7.5 ML per 30 days)
travoprost ophthalmic (eye) drops 0.004 %	1A	ST; Covered Alternatives: Latanoprost; MDL; QL (5 ML per 30 days)
Vasoconstrictors		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	1A	
GASTROINTESTINAL DRUGS		
5-Ht3 Receptor Antagonists		
granisetron hcl oral tablet 1 mg	1A	QL (10 tablets per 30 days)
ondansetron hcl intravenous solution 2 mg/ml	6	
ondansetron hcl oral solution 4 mg/5 ml	1A	QL (15 ML per 1 day)
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	1A	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1A	
Antidiarrhea Agents		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1A	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1A	

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loperamide oral capsule 2 mg	1A	MDL
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	3	PA; QL (2 tablets per 1 day)
XERMELO ORAL TABLET 250 MG	4A	PA; SP; QL (30 tablets per 30 days)
Antiemetics, Miscellaneous		
CESAMET ORAL CAPSULE 1 MG	3	PA; QL (30 capsules per 30 days)
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	1A	PA; QL (120 tablets per 30 days)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1A	QL (2 capsules per 1 day)
scopolamine base transdermal patch 3 day 1 mg over 3 days	1A	QL (4 patches per 1 fill)
Antihistamines (Gi Drugs)		
compro rectal suppository 25 mg	1A	
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	1A	PA; QL (120 tablets per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	1A	MDL
prochlorperazine maleate oral tablet 10 mg, 5 mg	1A	
prochlorperazine rectal suppository 25 mg	1A	
trimethobenzamide oral capsule 300 mg	1A	QL (2 capsules per 1 day)
Anti-Inflammatory Agents (Gi Drugs)		
alosetron oral tablet 0.5 mg, 1 mg	1A	PA; QL (1 tablet per 1 day)
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	3	MDL; QL (12 tablets per 1 day)
balsalazide oral capsule 750 mg	1A	MDL
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	2	QL (6 capsules per 1 day)
mesalamine oral capsule (with del rel tablets) 400 mg	1A	QL (12 capsules per 1 day)
mesalamine oral capsule,extended release 24hr 0.375 gram	1A	QL (4 capsules per 1 day)
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	1A	MDL; QL (4 tablets per 1 day)

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mesalamine oral tablet,delayed release (dr/ec) 800 mg	1A	MDL; QL (6 tablets per 1 day)
mesalamine rectal enema 4 gram/60 ml	1A	MDL; QL (60 ML per 1 day)
mesalamine rectal suppository 1,000 mg	1A	QL (1 suppository per 1 day)
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	1A	QL (4 kits per 28 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	3	MDL; QL (8 capsules per 1 day)
sulfasalazine oral tablet 500 mg	1A	MDL
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1A	MDL
Antiulcer Agents And Acid Suppress.,Misc		
PYLERA ORAL CAPSULE 140-125-125 MG	3	QL (24 capsules per 1 day)
Cathartics And Laxatives		
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50-75 years.); QL (2 fills per 1 year)
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50-75 years.); QL (2 fills per 1 year)
gavilyte-n oral recon soln 420 gram	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50-75 years.); QL (2 fills per 1 year)

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GLYCOLAX ORAL POWDER 17 GRAM/DOSE	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50-75 years.)
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	3	QL (Quantity Limits Apply)
lubiprostone oral capsule 24 mcg, 8 mcg	1A	PA; TF; QL (2 capsules per 1 day)
OSMOPREP ORAL TABLET 1.5 GRAM	2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50-75 years.); QL (2 fills per 1 year)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	1A	QL (2 fills per 1 year)
peg-electrolyte soln oral recon soln 420 gram	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50-75 years.); QL (2 fills per 1 year)
polyethylene glycol 3350 oral powder 17 gram/dose	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50-75 years.); QL (2 fills per 1 year)
polyethylene glycol 3350 oral powder in packet 17 gram	1A	QL (Quantity Limits Apply); MDL
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	QL (2 fills per 1 year)

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trilyte with flavor packets oral recon soln 420 gram	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50-75 years.); QL (2 fills per 1 year)
Cholelitholytic Agents		
ursodiol oral capsule 300 mg	1A	
ursodiol oral tablet 250 mg, 500 mg	1A	MDL
Digestants		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
Gi Drugs, Miscellaneous		
AVSOLA INTRAVENOUS RECON SOLN 100 MG	6	PA; SP; QL (5 vials per 30 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4A	PA; SP; QL (1 kit per 30 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4A	PA; SP; QL (6 syringes per 365 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4A	PA; SP; QL (2 syringes per 30 days)
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	6	PA; SP; QL (1 vial per 28 days)
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4A	PA; SP

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GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	4A	PA; SP; QL (1 kit per 28 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; QL (2 pens per 30 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; QL (2 pens per 30 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; QL (2 pens per 30 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (Quantity Limits Apply); SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; SP; QL (3 syringes per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; SP; QL (2 syringes per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL (Quantity Limits Apply); SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (Quantity Limits Apply); SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (Quantity Limits Apply); SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; SP; QL (2 syringes per 30 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (Quantity Limits Apply); SP
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	6	PA; SP; QL (0.01 EA per 1 day)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	PA; Covered Alternatives: Amitiza (PA); TF; MDL; QL (1 capsule per 1 day)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	PA; QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
OCALIVA ORAL TABLET 10 MG, 5 MG	4A	PA; SP; QL (30 tablets per 30 days)
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	6	PA; SP; QL (5 EA per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	6	PA; SP; QL (0.15 ML per 1 day)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4A	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4A	PA; SP; QL (0.02 ML per 1 day)
SYMPROIC ORAL TABLET 0.2 MG	3	PA
XENICAL ORAL CAPSULE 120 MG	3	PA; QL (3 capsules per 1 day)
Histamine H2-Antagonists		
cimetidine hcl oral solution 300 mg/5 ml	1A	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1A	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	1A	QL (5 ML per 1 day)
famotidine oral tablet 20 mg	1	MDL; QL (4 tablets per 1 day)
famotidine oral tablet 40 mg	1	MDL; QL (3 tablets per 1 day)
nizatidine oral capsule 150 mg, 300 mg	1A	MDL
nizatidine oral solution 150 mg/10 ml	1A	
Neurokinin-1 Receptor Antagonists		
aprepitant oral capsule 125 mg, 40 mg	1A	QL (1 capsule per 1 fill)
aprepitant oral capsule 80 mg	1A	QL (2 capsules per 1 fill)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	1A	QL (1 pack per 1 fill)
Prokinetic Agents		
metoclopramide hcl oral solution 5 mg/5 ml	1A	
metoclopramide hcl oral tablet 10 mg, 5 mg	1A	MDL; QL (3 tablets per 1 day)
Prostaglandins		
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1A	MDL
misoprostol oral tablet 100 mcg, 200 mcg	1A	

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Protectants		
sucralfate oral suspension 100 mg/ml	1A	
sucralfate oral tablet 1 gram	1A	MDL; QL (4 tablets per 1 day)
Proton-Pump Inhibitors		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1A	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1A	MDL; QL (1 capsule per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1A	MDL; QL (2 capsules per 1 day)
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	1A	MDL; QL (2 capsules per 1 day)
omeprazole magnesium oral tablet,delayed release (dr/ec) 20 mg	1	MDL; QL (42 tablets per 90 days)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1A	MDL; QL (2 capsules per 1 day)
omeprazole oral tablet,delayed release (dr/ec) 20 mg	1	MDL; QL (42 tablets per 90 days)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1A	MDL; QL (4 tablets per 1 day)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1A	MDL; QL (2 tablets per 1 day)
PRILOSEC OTC ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	1A	MDL; QL (1 tablet per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	1A	MDL; QL (2 tablets per 1 day)
GOLD COMPOUNDS		
Gold Compounds		
RIDAURA ORAL CAPSULE 3 MG	4	PA; SP; QL (1 capsule per 1 day)
HEAVY METAL ANTAGONISTS		
Heavy Metal Antagonists		
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	4	PA; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1A	PA; SP

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deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	1A	PA; SP
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	2	
penicillamine oral tablet 250 mg	1A	PA; QL (1 tablet per 1 day)
trientine oral capsule 250 mg	4A	PA; SP; QL (1 capsule per 1 day)
HORMONES AND SYNTHETIC SUBSTITUTES		
Adrenals		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 GM per 30 days)
A-HYDROCORT INJECTION RECON SOLN 100 MG	6	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (1 inhaler per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (1 inhaler per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MDL; QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL (1 inhaler per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	1A	MDL; QL (2 inhalations per 1 day)
budesonide oral capsule,delayed,extend.release 3 mg	1A	MDL; QL (3 capsules per 1 day)
budesonide oral tablet,delayed and ext.release 9 mg	1A	PA; QL (1 tablet per 1 day)
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	1A	QL (30 ML per 1 fill)

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dexamethasone oral elixir 0.5 mg/5 ml	1A	
dexamethasone oral solution 0.5 mg/5 ml	1A	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1A	
dexamethasone sodium phosphate injection solution 4 mg/ml	6	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	1A	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	1A	MDL
fludrocortisone oral tablet 0.1 mg	1A	MDL
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	1A	MDL; QL (1 inhaler per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1A	QL (60 GM per 30 days)
hydrocortisone oral tablet 10 mg, 5 mg	1	MDL
hydrocortisone oral tablet 20 mg	1A	MDL
INTRAROSA VAGINAL INSERT 6.5 MG	3	PA; QL (1 applicator per 1 day)
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	6	
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1A	
methylprednisolone oral tablets,dose pack 4 mg	1A	
methylprednisolone sodium succ intravenous recon soln 1,000 mg	6	
prednisolone oral solution 15 mg/5 ml	1A	

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prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1A	QL (16 ML per 1 day)
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	1A	QL (48 tablets per 1 fill)
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1A	MDL
prednisone oral solution 5 mg/5 ml	1A	MDL
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1A	MDL
prednisone oral tablets,dose pack 10 mg	1	MDL
prednisone oral tablets,dose pack 5 mg	1A	MDL
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	1A	MDL; QL (1 inhaler per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	1A	MDL
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	6	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	PA
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	6	
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1A	QL (60 GM per 30 days)
Alpha-Glucosidase Inhibitors		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1A	MDL
miglitol oral tablet 100 mg, 25 mg, 50 mg	1A	

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Amylinomimetics		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	3	PA; QL (19 pens per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	3	PA; QL (11 pens per 30 days)
Androgens		
covaryx h.s. oral tablet 0.625-1.25 mg	1A	MDL
covaryx oral tablet 1.25-2.5 mg	1A	MDL
danazol oral capsule 100 mg, 200 mg, 50 mg	1A	
eemt hs oral tablet 0.625-1.25 mg	1A	MDL
eemt oral tablet 1.25-2.5 mg	1A	MDL
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	1A	MDL
oxandrolone oral tablet 10 mg, 2.5 mg	1A	MDL
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	6	
testosterone enanthate intramuscular oil 200 mg/ml	6	
testosterone transdermal gel 50 mg/5 gram (1 %)	1A	PA; TF; QL (5 GM per 1 day)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1A	PA; TF; QL (120 GM per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1A	PA; TF; QL (5 GM per 1 day)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1A	PA; TF; QL (10 GM per 1 day)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	1A	PA; TF; QL (2.5 GM per 1 day)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	1A	PA; TF
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	1A	PA; TF; QL (60 packets per 30 days)
Antidiabetic Agents, Miscellaneous		
colesevelam oral powder in packet 3.75 gram	1A	MDL; QL (1 packet per 1 day)
colesevelam oral tablet 625 mg	1A	MDL; QL (6 tablets per 1 day)

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Antiestrogens		
anastrozole oral tablet 1 mg	1A	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL; QL (1 tablet per 1 day)
exemestane oral tablet 25 mg	1A	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL; QL (1 tablet per 1 day)
letrozole oral tablet 2.5 mg	1A	MDL; QL (1 tablet per 1 day)
Antigonadtropins		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	PA; SP; QL (1 kit per 1 Fill)
ganirelix subcutaneous syringe 250 mcg/0.5 ml	4	PA; SP; QL (0.01 ML per 1 day)
ORILISSA ORAL TABLET 150 MG, 200 MG	4A	PA; SP
Antihypoglycemic Agents, Miscellaneous		
diazoxide oral suspension 50 mg/ml	1A	
Antiparathyroid Agents		
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1A	
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	1A	PA; QL (4 tablets per 1 day)
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg	1A	MDL
propylthiouracil oral tablet 50 mg	1A	MDL
STRONG IODINE ORAL SOLUTION 5 %	1	
Biguanides		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1A	MDL; QL (8 tablets per 1 day)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1A	MDL
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	MDL; QL (2 tablets per 1 day)

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JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	MDL; QL (1 tablet per 1 day)
metformin oral solution 500 mg/5 ml	1A	
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	MDL
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1	Generic for Glumetza /Fortamet not covered; MDL; QL (120 tablets per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	1A	MDL; QL (4 tablets per 1 day)
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	1A	QL (150 tablets per 30 days)
RIOMET ORAL SOLUTION 500 MG/5 ML	2	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	Covered Alternatives: Metformin; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	Covered Alternatives: Metformin; QL (1 tablet per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	Covered Alternatives: Metformin; QL (2 tablets per 1 day)
Contraceptives		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
altavera (28) oral tablet 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
apri oral tablet 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
aubra oral tablet 0.1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
aviane oral tablet 0.1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
AYUNA ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
balziva (28) oral tablet 0.4-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
briellyn oral tablet 0.4-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
camila oral tablet 0.35 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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chateal (28) oral tablet 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
cryselle (28) oral tablet 0.3-30 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
CYRED EQ ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
cyred oral tablet 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
deblitane oral tablet 0.35 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ECONTRA EZ ORAL TABLET 1.5 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
elinest oral tablet 0.3-30 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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ELLA ORAL TABLET 30 MG	3	QL (1 tablet per fill, 3 fills per 365 days); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 ring per 30 days)
EMOQUETTE ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
enskyce oral tablet 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
errin oral tablet 0.35 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
estarylla oral tablet 0.25-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 ring per 30 days)
falmina (28) oral tablet 0.1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
FAYOSIM ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
HAILEY ORAL TABLET 1.5-30 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
HEATHER ORAL TABLET 0.35 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
INCASSIA ORAL TABLET 0.35 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
ISIBLOOM ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
JASMIEL (28) ORAL TABLET 3-0.02 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
jencycla oral tablet 0.35 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
juleber oral tablet 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
junel 1/20 (21) oral tablet 1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
KALLIGA ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
kurvelo (28) oral tablet 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
l norgestl/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)

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l norgestl e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
larin 1/20 (21) oral tablet 1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
larissia oral tablet 0.1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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lessina oral tablet 0.1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
levonorgestrel oral tablet 1.5 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1A	MDL; QL (30 tablets per 30 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
levora-28 oral tablet 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
LILLOW (28) ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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loryna (28) oral tablet 3-0.02 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
lutera (28) oral tablet 0.1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
lyza oral tablet 0.35 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
marlissa (28) oral tablet 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
MELODETTA 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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microgestin 1/20 (21) oral tablet 1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
MILI ORAL TABLET 0.25-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
mono-linyah oral tablet 0.25-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
MY CHOICE ORAL TABLET 1.5 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
MY WAY ORAL TABLET 1.5 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
NEW DAY ORAL TABLET 1.5 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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nikki (28) oral tablet 3-0.02 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
nora-be oral tablet 0.35 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 tablet per 1 day)
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
norethindrone (contraceptive) oral tablet 0.35 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1A	MDL
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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NORLYDA ORAL TABLET 0.35 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ocella oral tablet 3-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
OPCICON ONE-STEP ORAL TABLET 1.5 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
OPTION-2 ORAL TABLET 1.5 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
orsythia oral tablet 0.1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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philith oral tablet 0.4-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
portia 28 oral tablet 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
previfem oral tablet 0.25-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
reclipsen (28) oral tablet 0.15-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (30 tablets per 30 days)
sharobel oral tablet 0.35 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
sprintec (28) oral tablet 0.25-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
sronyx oral tablet 0.1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
syeda oral tablet 3-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1A	
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
TULANA ORAL TABLET 0.35 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
vienva oral tablet 0.1-20 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
vyfemla (28) oral tablet 0.4-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
wera (28) oral tablet 0.5-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (1 tablet per 1 day)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL; QL (3 patches per 28 days)
zarah oral tablet 3-0.03 mg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
zovia 1/35e (28) oral tablet 1-35 mg-mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL

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Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	MDL; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	MDL; QL (1 tablet per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	MDL; QL (1 tablet per 1 day)
Estrogen Agonist-Antagonists		
clomiphene citrate oral tablet 50 mg	1A	
OSPHENA ORAL TABLET 60 MG	3	PA; QL (1 tablet per 1 day)
raloxifene oral tablet 60 mg	1A	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL; QL (1 tablet per 1 day)
tamoxifen oral tablet 10 mg	1A	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL
tamoxifen oral tablet 20 mg	1A	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL; QL (1 tablet per 1 day)
toremifene oral tablet 60 mg	1A	PA; SP; QL (1 tablet per 1 day)
Estrogens		
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR	3	
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.05 MG/24 HR	3	MDL; QL (8 patches per 28 days)
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.075 MG/24 HR, 0.1 MG/24 HR	3	MDL
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1A	MDL
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	QL (30 tablets per 30 days)

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CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	3	QL (4 patches per 30 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR	3	QL (8 patches per 30 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.25 MG/24 HR	3	MDL; QL (8 patches per 30 days)
covaryx h.s. oral tablet 0.625-1.25 mg	1A	MDL
covaryx oral tablet 1.25-2.5 mg	1A	MDL
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	3	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	3	QL (30 packets per 30 days)
eemt hs oral tablet 0.625-1.25 mg	1A	MDL
eemt oral tablet 1.25-2.5 mg	1A	MDL
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	3	QL (1 bottle per 30 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1A	MDL; QL (8 patches per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1A	MDL; QL (4 patches per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1A	QL (42.5 GM per 1 fill)
estradiol vaginal tablet 10 mcg	1A	MDL
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1A	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1A	MDL
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	3	MDL; QL (1 ring per 90 days)

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ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	3	QL (1 bottle per 30 days)
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	1A	MDL
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)	3	QL (8.1 ML per 1 fill)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	MDL; QL (1 ring per 1 fill)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1A	MDL
jinteli oral tablet 1-5 mg-mcg	1A	MDL
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	MDL
MENEST ORAL TABLET 2.5 MG	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	MDL; QL (4 patches per 28 days)
mimvey oral tablet 1-0.5 mg	1A	MDL
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1A	MDL
PREFEST ORAL TABLET 1 MG (15)/1 MG-0.09 MG (15)	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	MDL; QL (1 tablet per 1 day)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	MDL; QL (30 GM per 30 days)
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	MDL
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	MDL
yuvafem vaginal tablet 10 mcg	1A	MDL
Glycogenolytic Agents		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	2	QL (1 kit per 1 fill)

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GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	3	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	6	
Gonadotropins		
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	1A	PA; SP; QL (3 units per 30 days)
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML	4	PA; SP; QL (0.5 ML per 30 days)
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 450/0.75 UNIT/ML	4	PA; SP; QL (0.75 ML per 30 days)
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 900/1.5 UNIT/ML	4	PA; SP; QL (0.01 ML per 30 days)
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	4	PA; SP; QL (0.01 EA per 1 day)
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT	4	PA; SP
GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT	4	PA; SP; QL (0.01 EA per 1 day)
leuprolide subcutaneous kit 1 mg/0.2 ml	1A	QL (1 Kit per 1 Fill)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA; SP; QL (1 kit per 1 fill)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; SP; QL (1 Unit per 1 Fill)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; SP; QL (1 kit per 1 fill)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; SP; QL (1 kit per 1 fill)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	4	PA; SP; QL (1 kit per 1 fill)
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	4	PA; SP; QL (0.01 EA per 1 day)

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OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	3	QL (0.5 ML per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	6	MDL
Gonadotropins And Antigonadotropins		
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	1A	PA; SP; QL (3 units per 30 days)
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML	4	PA; SP; QL (0.5 ML per 30 days)
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 450/0.75 UNIT/ML	4	PA; SP; QL (0.75 ML per 30 days)
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 900/1.5 UNIT/ML	4	PA; SP; QL (0.01 ML per 30 days)
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	4	PA; SP; QL (0.01 EA per 1 day)
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT	4	PA; SP
GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT	4	PA; SP; QL (0.01 EA per 1 day)
leuprolide subcutaneous kit 1 mg/0.2 ml	1A	QL (1 Kit per 1 Fill)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA; SP; QL (1 kit per 1 fill)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; SP; QL (1 Unit per 1 Fill)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; SP; QL (1 kit per 1 fill)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; SP; QL (1 kit per 1 fill)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	4	PA; SP; QL (1 kit per 1 fill)
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	4	PA; SP; QL (0.01 EA per 1 day)

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OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	3	QL (0.5 ML per 30 days)
Incretin Mimetics		
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	2	ST; QL (0.11 ML per 1 day)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	ST; QL (1 tablet per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	ST; TF; QL (4 pens per 30 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST; TF; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST; TF; QL (9 ML per 30 days)
Insulins		
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	PA; Covered Alternatives: Novolin; TF; MDL; QL (1 ML per 1 day)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	PA; Covered Alternatives: Novolin; TF; QL (1 ML per 1 day)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1A	MDL; QL (1 ML per 1 day)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1A	MDL; QL (1 ML per 1 day)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1A	MDL; QL (1 ML per 1 day)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (1 ML per 1 day)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (1 ML per 1 day)

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NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1A	MDL; QL (1 ML per 1 day)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (1 ML per 1 day)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	1A	MDL; QL (1 ML per 1 day)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	MDL; QL (1 ML per 1 day)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1A	MDL; QL (1 ML per 1 day)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	MDL; QL (1 ML per 1 day)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	MDL; QL (1 ML per 1 day)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1A	MDL; QL (1 ML per 1 day)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	MDL; QL (9 ML per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	MDL; QL (9 ML per 30 days)
Intermediate-Acting Insulins		
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1A	MDL; QL (1 ML per 1 day)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (1 ML per 1 day)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (1 ML per 1 day)

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NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1A	MDL; QL (1 ML per 1 day)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1A	MDL; QL (1 ML per 1 day)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	MDL; QL (1 ML per 1 day)
Long-Acting Insulins		
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1A	MDL; QL (1 ML per 1 day)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1A	MDL; QL (1 ML per 1 day)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	MDL; QL (9 ML per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	MDL; QL (9 ML per 30 days)
Meglitinides		
nateglinide oral tablet 120 mg, 60 mg	1A	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1A	MDL; QL (240 tablets per 30 days)
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	1A	QL (150 tablets per 30 days)
Parathyroid Agents		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE	4A	PA; QL (0.01 EA per 1 day)
NATPARA SUBCUTANEOUS CARTRIDGE 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	4A	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; SP; QL (1 pen per 30 days)

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Parathyroid And Antiparathyroid Agents		
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1A	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE	4A	PA; QL (0.01 EA per 1 day)
NATPARA SUBCUTANEOUS CARTRIDGE 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	4A	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; SP; QL (1 pen per 30 days)
Pituitary		
desmopressin injection solution 4 mcg/ml	6	SP
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	1A	QL (5 ML per 1 fill)
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1A	QL (5 ML per 1 fill)
desmopressin oral tablet 0.1 mg, 0.2 mg	1A	MDL
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	4	PA; SP; QL (0.15 ML per 1 day)
Progestins		
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1A	MDL
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	QL (30 tablets per 30 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR	3	QL (8 patches per 30 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.25 MG/24 HR	3	MDL; QL (8 patches per 30 days)
CRINONE VAGINAL GEL 4 %, 8 %	2	Covered for 3 months per year; QL (60 applicators per 30 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	6	
ENDOMETRIN VAGINAL INSERT 100 MG	3	Covered for 3 months per year; QL (90 inserts per 30 days)

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estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1A	MDL
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1A	MDL
hydroxyprogest(pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)	4A	PA; SP; QL (4.5 ML per 28 days)
jinteli oral tablet 1-5 mg-mcg	1A	MDL
medroxyprogesterone intramuscular suspension 150 mg/ml	6	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); MDL
medroxyprogesterone intramuscular syringe 150 mg/ml	6	MDL
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	MDL
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	1A	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	1A	QL (175 ML per 30 days)
megestrol oral tablet 20 mg, 40 mg	1A	
mimvey oral tablet 1-0.5 mg	1A	MDL
norethindrone acetate oral tablet 5 mg	1A	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1A	MDL
progesterone intramuscular oil 50 mg/ml	6	
progesterone micronized oral capsule 100 mg, 200 mg	1A	MDL
Rapid-Acting Insulins		
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	MDL; QL (1 ML per 1 day)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1A	MDL; QL (1 ML per 1 day)

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NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	MDL; QL (1 ML per 1 day)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	MDL; QL (1 ML per 1 day)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1A	MDL; QL (1 ML per 1 day)
Short-Acting Insulins		
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	PA; Covered Alternatives: Novolin; TF; MDL; QL (1 ML per 1 day)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	PA; Covered Alternatives: Novolin; TF; QL (1 ML per 1 day)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1A	MDL; QL (1 ML per 1 day)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (1 ML per 1 day)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (1 ML per 1 day)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	1A	MDL; QL (1 ML per 1 day)
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	Covered Alternatives: Metformin; MDL; QL (1 tablet per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	Covered Alternatives: Metformin; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	Covered Alternatives: Metformin; QL (1 tablet per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	Covered Alternatives: Metformin; QL (2 tablets per 1 day)
Somatostatin Agonists		
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	1A	PA; QL (2 ML per 1 day)

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octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	1A	PA; QL (2 ML per 1 day)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML)	4	PA; SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.9 MG/ML (1 ML)	4	PA; SP; QL (0.01 ML per 1 day)
Somatotropin Agonists		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4A	PA; QL (0.01 ML per 1 day)
Sulfonylureas		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	MDL
glipizide oral tablet 10 mg, 5 mg	1	MDL
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	1	MDL
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1A	MDL; QL (8 tablets per 1 day)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	MDL
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	MDL
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1A	MDL
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	1A	QL (1 tablet per 1 day)
Thiazolidinediones		
AVANDIA ORAL TABLET 2 MG, 4 MG	2	QL (2 tablets per 1 day)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1A	MDL; QL (1 tablet per 1 day)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	1A	QL (1 tablet per 1 day)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	1A	MDL; QL (4 tablets per 1 day)
Thyroid Agents		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	MDL; QL (2 tablets per 1 day)

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LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1A	MDL
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1A	MDL; QL (2 tablets per 1 day)
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	2	MDL
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1A	MDL
NP THYROID ORAL TABLET 120 MG	1A	MDL; QL (2 tablets per 1 day)
np thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg	1A	MDL; QL (2 tablets per 1 day)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	MDL; QL (2 tablets per 1 day)
THYROLAR-1 ORAL TABLET 12.5-50 MCG	2	MDL
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	2	MDL
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	2	MDL
THYROLAR-2 ORAL TABLET 25-100 MCG	2	MDL
THYROLAR-3 ORAL TABLET 37.5-150 MCG	2	MDL
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	2	MDL
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	1A	MDL

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MISCELLANEOUS THERAPEUTIC AGENTS		
5-Alpha-Reductase Inhibitors		
dutasteride oral capsule 0.5 mg	1A	MDL; QL (1 capsule per 1 day)
finasteride oral tablet 5 mg	1A	MDL; QL (2 tablets per 1 day)
Alcohol Deterrents		
disulfiram oral tablet 250 mg, 500 mg	1A	MDL
naltrexone oral tablet 50 mg	1A	MDL
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	6	PA; SP; QL (1 vial per 28 days)
Antidotes		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	2	QL (1 kit per 1 fill)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	6	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	1A	QL (5 tablets per 1 day)
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1A	MDL
levoleucovorin calcium intravenous recon soln 50 mg	6	
magnesium sulfate injection solution 4 meq/ml (50 %)	6	
naloxone injection solution 0.4 mg/ml	1A	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1A	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	QL (1 dose per 1 fill)
RENAGEL ORAL TABLET 800 MG	3	QL (7 tablets per 1 day)
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	1A	QL (3.5 packets per 1 day)
sevelamer carbonate oral tablet 800 mg	1A	QL (10 tablets per 1 day)

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sevelamer hcl oral tablet 400 mg	1A	
sevelamer hcl oral tablet 800 mg	1A	QL (7 tablets per 1 day)
sodium polystyrene sulfonate oral powder	1A	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1A	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	1A	
STRONG IODINE ORAL SOLUTION 5 %	1	
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1A	MDL
colchicine oral capsule 0.6 mg	1A	MDL
colchicine oral tablet 0.6 mg	1A	MDL; QL (4 tablets per 1 day)
COLCRYS ORAL TABLET 0.6 MG	3	Covered Alternatives: colchicine, probenecid-colchicine, allopurinol; MDL; QL (4 tablets per 1 day)
febuxostat oral tablet 40 mg, 80 mg	1A	PA; TF; QL (1 tablet per 1 day)
INDOCIN ORAL SUSPENSION 25 MG/5 ML	3	
INDOCIN RECTAL SUPPOSITORY 50 MG	3	PA; MDL; QL (1 suppository per 1 day)
indomethacin oral capsule 25 mg, 50 mg	1A	MDL
indomethacin oral capsule, extended release 75 mg	1A	MDL
naproxen oral suspension 125 mg/5 ml	1A	MDL
naproxen oral tablet 250 mg, 375 mg, 500 mg	1A	MDL
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	1A	MDL
naproxen sodium oral tablet 275 mg, 550 mg	1A	MDL
probenecid oral tablet 500 mg	1A	MDL
probenecid-colchicine oral tablet 500-0.5 mg	1A	MDL
Antisense Oligonucleotides		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	4A	PA; SP; Covered Alternatives: Spinraza; QL (1 ML per 1 day)
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	4A	PA; SP; QL (1 syringe per 1 day)

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Bone Anabolic Agents		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	6	PA; QL (2.34mL per 28 days; 12 fills per year); SP
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE	4A	PA; QL (0.01 EA per 1 day)
NATPARA SUBCUTANEOUS CARTRIDGE 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	4A	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; SP; QL (1 pen per 30 days)
Bone Resorption Inhibitors		
alendronate oral solution 70 mg/75 ml	1A	MDL
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1A	MDL
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1A	
etidronate disodium oral tablet 200 mg	1A	
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT, 70 MG- 5,600 UNIT	2	ST; Covered Alternatives: alendronate & Ibandronate; MDL; QL (4 tablet per 30 days)
ibandronate oral tablet 150 mg	1A	MDL; QL (1 tablet per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	6	PA; SP; QL (1 ML per 180 days)
raloxifene oral tablet 60 mg	1A	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); MDL; QL (1 tablet per 1 day)
risedronate oral tablet 150 mg	1A	MDL; QL (1 tablet per 30 days)
risedronate oral tablet 30 mg, 5 mg	1A	MDL; QL (1 tablet per 1 day)
risedronate oral tablet 35 mg	1A	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	6	PA; SP; QL (0.07 ML per 1 day)
Cariostatic Agents		
clinpro 5000 dental paste 1.1 %	1A	QL (100 GM per 30 days)

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DENTA 5000 PLUS DENTAL CREAM 1.1 %	1	MDL
DENTAGEL DENTAL GEL 1.1 %	1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months to 16 years.); MDL
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 1 mg (2.2 mg sod. fluoride)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months to 16 years.); MDL
fluoride (sodium) oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months to 16 years.)
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 1 MG (2.2 MG SOD. FLUORIDE)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months to 16 years.); MDL
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months to 16 years.); MDL
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 1 MG	1A	

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MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 1 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months to 16 years.); MDL
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	1	QL (5.4 GM per 1 day)
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	1	QL (5.4 GM per 1 day)
SF 5000 PLUS DENTAL CREAM 1.1 %	1	MDL
SF DENTAL GEL 1.1 %	1	
Complement Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	6	PA; SP; QL (0.01 EA per 1 day)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	6	PA; SP; QL (0.01 EA per 1 day)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	4A	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	4A	PA; SP; QL (0.01 EA per 1 day)
icatibant subcutaneous syringe 30 mg/3 ml	4	PA; SP; QL (0.01 ML per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4A	PA; SP; QL (2 vials per 1 month)
ULTOMIRIS INTRAVENOUS SOLUTION 10 MG/ML	6	PA; SP; QL (0.01 ML per 1 day)
Disease-Modifying Antirheumatic Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4A	PA; SP; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML)	6	PA; SP; QL (0.4 ML per 1 day)
ACTEMRA INTRAVENOUS SOLUTION 400 MG/20 ML (20 MG/ML)	6	PA; SP; QL (0.8 ML per 1 day)

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ACTEMRA INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	6	PA; SP; QL (0.01 ML per 1 day)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4A	PA; SP; QL (0.13 ML per 1 day)
AVSOLA INTRAVENOUS RECON SOLN 100 MG	6	PA; SP; QL (5 vials per 30 days)
azathioprine oral tablet 50 mg	1A	MDL
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4A	PA; SP; QL (1 kit per 30 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4A	PA; SP; QL (6 syringes per 365 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4A	PA; SP; QL (2 syringes per 30 days)
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1A	MDL
cyclosporine modified oral solution 100 mg/ml	1A	MDL
cyclosporine oral capsule 100 mg, 25 mg	1A	MDL
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; SP; QL (4 ML per 30 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; SP; QL (8 vials per 30 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; QL (Quantity Limits Apply); SP; QL (4 ML per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	4	PA; SP; QL (4 syringes per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	4	PA; SP; QL (4 ML per 30 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; SP; QL (4 ML per 30 days)
gengraf oral capsule 100 mg, 25 mg	1A	MDL
gengraf oral solution 100 mg/ml	1A	MDL

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HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; QL (2 pens per 30 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; QL (2 pens per 30 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; QL (2 pens per 30 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (Quantity Limits Apply); SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; SP; QL (3 syringes per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL (Quantity Limits Apply); SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (Quantity Limits Apply); SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (Quantity Limits Apply); SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; SP; QL (2 syringes per 30 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (Quantity Limits Apply); SP
hydroxychloroquine oral tablet 200 mg	1A	Covered for Malaria Treatment, not prophylaxis.; MDL; QL (6 tablets per 1 day)
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	6	PA; SP; QL (0.01 EA per 1 day)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4A	PA; SP; QL (2 pens per 30 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4A	PA; SP; QL (2 syringes per 30 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4A	PA; SP; QL (19 ML per 28 days)

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leflunomide oral tablet 10 mg, 20 mg	1A	MDL
methotrexate sodium (pf) injection solution 25 mg/ml	6	
methotrexate sodium injection solution 25 mg/ml	6	
methotrexate sodium oral tablet 2.5 mg	1A	MDL
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	MDL
NEORAL ORAL SOLUTION 100 MG/ML	3	MDL
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	6	PA; SP; QL (0.15 ML per 1 day)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4A	PA; SP; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4A	PA; SP; QL (0.15 ML per 1 day)
OTEZLA ORAL TABLET 30 MG	4A	PA; SP; QL (60 tablets per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	4A	PA; SP; QL (1 kit per 365 days)
penicillamine oral tablet 250 mg	1A	PA; QL (1 tablet per 1 day)
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	6	PA; SP; QL (5 EA per 28 days)
RIDAURA ORAL CAPSULE 3 MG	4	PA; SP; QL (1 capsule per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	4	PA; SP; QL (1 tablet per 1 day)
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	MDL
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	MDL
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	6	PA; SP; QL (0.15 ML per 1 day)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4A	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4A	PA; SP; QL (0.02 ML per 1 day)

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STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	6	PA; SP; QL (0.01 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	6	PA; QL (Quantity Limits Apply); SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4A	PA; QL (Quantity Limits Apply); SP
sulfasalazine oral tablet 500 mg	1A	MDL
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1A	MDL
XELJANZ ORAL SOLUTION 1 MG/ML	4A	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	4A	PA; SP; QL (60 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4A	PA; SP; QL (30 tablets per 30 days)
Gonadotropin-Releasing Hormone Antagnts		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	PA; SP; QL (1 kit per 1 Fill)
ganirelix subcutaneous syringe 250 mcg/0.5 ml	4	PA; SP; QL (0.01 ML per 1 day)
Immunomodulatory Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4A	PA; SP; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML)	6	PA; SP; QL (0.4 ML per 1 day)
ACTEMRA INTRAVENOUS SOLUTION 400 MG/20 ML (20 MG/ML)	6	PA; SP; QL (0.8 ML per 1 day)
ACTEMRA INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	6	PA; SP; QL (0.01 ML per 1 day)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4A	PA; SP; QL (0.13 ML per 1 day)
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	3	QL (1.5 ML per 1 Fill)
AUBAGIO ORAL TABLET 14 MG, 7 MG	4A	PA; SP; QL (1 tablet per 1 day)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; SP; QL (4 pens per 30 days)

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AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; SP; QL (4 syringes per 30 days)
AVSOLA INTRAVENOUS RECON SOLN 100 MG	6	PA; SP; QL (5 vials per 30 days)
azathioprine oral tablet 50 mg	1A	MDL
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4A	PA; SP; QL (1 kit per 30 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4A	PA; SP; QL (6 syringes per 365 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4A	PA; SP; QL (2 syringes per 30 days)
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1A	MDL
cyclosporine modified oral solution 100 mg/ml	1A	MDL
cyclosporine oral capsule 100 mg, 25 mg	1A	MDL
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	1A	PA; SP; Covered Alternatives: Brand Tecfidera; QL (2 capsules per 1 day)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; SP; QL (4 ML per 30 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; SP; QL (8 vials per 30 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; QL (Quantity Limits Apply); SP; QL (4 ML per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	4	PA; SP; QL (4 syringes per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	4	PA; SP; QL (4 ML per 30 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; SP; QL (4 ML per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; SP; QL (1 ML per 30 days)
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	6	PA; SP; QL (1 vial per 28 days)

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gengraf oral capsule 100 mg, 25 mg	1A	MDL
gengraf oral solution 100 mg/ml	1A	MDL
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	4	PA; SP; QL (1 capsule per 1 day)
glatiramer subcutaneous syringe 20 mg/ml	1A	PA; SP; QL (30 ML per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1A	PA; SP; QL (12 ML per 30 days)
glatopa subcutaneous syringe 20 mg/ml	1A	PA; SP; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	1A	PA; SP; QL (12 ML per 30 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; QL (2 pens per 30 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; QL (2 pens per 30 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; QL (2 pens per 30 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (Quantity Limits Apply); SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; SP; QL (3 syringes per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; SP; QL (2 syringes per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL (Quantity Limits Apply); SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (Quantity Limits Apply); SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (Quantity Limits Apply); SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; SP; QL (2 syringes per 30 days)

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HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (Quantity Limits Apply); SP
hydroxychloroquine oral tablet 200 mg	1A	Covered for Malaria Treatment, not prophylaxis.; MDL; QL (6 tablets per 1 day)
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	6	PA; SP; QL (0.01 EA per 1 day)
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	PA; SP
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML)	4	PA; SP; QL (0.01 EA per 1 day)
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	4	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4A	PA; SP; QL (2 pens per 30 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4A	PA; SP; QL (2 syringes per 30 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4A	PA; SP; QL (19 ML per 28 days)
leflunomide oral tablet 10 mg, 20 mg	1A	MDL
MAYZENT ORAL TABLET 0.25 MG, 2 MG	4A	PA; SP; QL (1 tablet per 1 day)
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4A	PA; SP; QL (1 tablet per 1 day)
methotrexate sodium (pf) injection solution 25 mg/ml	6	
methotrexate sodium injection solution 25 mg/ml	6	
methotrexate sodium oral tablet 2.5 mg	1A	MDL
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	MDL
NEORAL ORAL SOLUTION 100 MG/ML	3	MDL
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	6	PA; SP; QL (20 ML per 180 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	6	PA; SP; QL (0.15 ML per 1 day)

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ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4A	PA; SP; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4A	PA; SP; QL (0.15 ML per 1 day)
OTEZLA ORAL TABLET 30 MG	4A	PA; SP; QL (60 tablets per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	4A	PA; SP; QL (1 kit per 365 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML-94 MCG/0.5 ML	4	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP; QL (1 kit per 30 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4A	PA; SP; QL (1 capsule per 1 day)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; SP; QL (6 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; SP; QL (6 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; SP; QL (5 ML per 30 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; SP; QL (5 ML per 30 days)
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	6	PA; SP; QL (5 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; SP; QL (1 capsule per 1 day)
RIDAURA ORAL CAPSULE 3 MG	4	PA; SP; QL (1 capsule per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	4	PA; SP; QL (1 tablet per 1 day)

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SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	MDL
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	MDL
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	6	PA; SP; QL (0.15 ML per 1 day)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4A	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4A	PA; SP; QL (0.02 ML per 1 day)
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	6	PA; SP; QL (0.01 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	6	PA; QL (Quantity Limits Apply); SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4A	PA; QL (Quantity Limits Apply); SP
sulfasalazine oral tablet 500 mg	1A	MDL
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1A	MDL
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	PA; SP; QL (1 capsule per 1 day)
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	6	PA; SP; QL (15 ML per 28 days)
XELJANZ ORAL SOLUTION 1 MG/ML	4A	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	4A	PA; SP; QL (60 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4A	PA; SP; QL (30 tablets per 30 days)
Immunosuppressive Agents		
azathioprine oral tablet 50 mg	1A	MDL
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	6	PA; SP
BENLYSTA INTRAVENOUS RECON SOLN 400 MG	6	PA; SP; QL (0.2 ML per 1 day)

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BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4A	PA; SP; QL (4 ML per 30 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4A	PA; SP; QL (4 ML per 30 days)
cyclophosphamide oral capsule 25 mg, 50 mg	1A	PA; QL (2 capsules per 1 day)
cyclosporine (bulk) powder	3	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1A	MDL
cyclosporine modified oral solution 100 mg/ml	1A	MDL
cyclosporine oral capsule 100 mg, 25 mg	1A	MDL
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg	1A	PA; QL (1 tablet per 1 day)
gengraf oral capsule 100 mg, 25 mg	1A	MDL
gengraf oral solution 100 mg/ml	1A	MDL
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP; QL (1 tablet per 1 day)
mercaptopurine oral tablet 50 mg	1A	MDL
methotrexate sodium (pf) injection solution 25 mg/ml	6	
methotrexate sodium injection solution 25 mg/ml	6	
methotrexate sodium oral tablet 2.5 mg	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
mycophenolate mofetil oral capsule 250 mg	1A	MDL; QL (8 capsules per 1 day)
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	1A	
mycophenolate mofetil oral tablet 500 mg	1A	MDL; QL (8 tablets per 1 day)
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	1A	MDL
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	MDL
NEORAL ORAL SOLUTION 100 MG/ML	3	MDL
pimecrolimus topical cream 1 %	1A	PA; TF; QL (30 GM per 30 days)
RAPAMUNE ORAL SOLUTION 1 MG/ML	2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	MDL
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	MDL
sirolimus oral solution 1 mg/ml	1A	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1A	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1A	MDL
ZORTRESS ORAL TABLET 1 MG	3	PA; QL (1 tablet per 1 day)
Other Miscellaneous Therapeutic Agents		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1A	QL (12 ML per 1 day)
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4A	PA; QL (0.01 EA per 1 day)
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	1A	PA; QL (4 tablets per 1 day)
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	PA; QL (1 capsule per 1 day)
dalfampridine oral tablet extended release 12 hr 10 mg	1A	PA; SP; QL (2 tablets per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	4A	QL (1 tablet per 1 day)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	4A	PA; SP; Covered Alternatives: Spinraza; QL (1 ML per 1 day)
FIRDAPSE ORAL TABLET 10 MG	4A	PA; SP; QL (1 tablet per 1 day)

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GALAFOLD ORAL CAPSULE 123 MG	4A	PA; SP; QL (15 capsules per 30 days)
levocarnitine (with sugar) oral solution 100 mg/ml	1A	
levocarnitine oral tablet 330 mg	1A	
nitisinone oral capsule 10 mg, 2 mg, 5 mg	4	PA; SP; QL (2 capsules per 1 day)
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	1A	PA; QL (2 ML per 1 day)
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	1A	PA; QL (2 ML per 1 day)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	4	PA; SP; QL (2 capsules per 1 day)
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA; SP; QL (0.01 ML per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	4A	QL (2 tablets per 1 day)
RUZURGI ORAL TABLET 10 MG	4	PA; SP; QL (3 tablets per 1 day)
sapropterin oral powder in packet 100 mg, 500 mg	4	PA; SP; QL (1 packet per 1 day)
sapropterin oral tablet,soluble 100 mg	4	PA; SP; QL (1 tablet per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
TYBOST ORAL TABLET 150 MG	4A	QL (2 tablets per 1 day)
Protective Agents		
ELMIRON ORAL CAPSULE 100 MG	2	PA; QL (3 capsules per 1 day)
MESNEX ORAL TABLET 400 MG	2	QL (6 tablets per 1 fill)
NONHORMONAL CONTRACEPTIVES		
Nonhormonal Contraceptives		
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 %	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	3	
OXYTOCICS		
Oxytocics		
methergine oral tablet 0.2 mg	1A	QL (28 tablets per 365 days)

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methylergonovine oral tablet 0.2 mg	1A	QL (28 tablets per 365 days)
PHARMACEUTICAL AIDS		
Pharmaceutical Aids		
diluent,yellw fev vac,0.4%nacl subcutaneous syringe 0.4 %	6	
TEGADERM FRAME STYLE TOPICAL BANDAGE 2 3/8 X 2 3/4 "	6	ST; QL (20 Patches per 30 days)
TEGADERM TRANSPARENT DRESSING TOPICAL BANDAGE 2 3/8 X 2 3/4 "	6	ST; QL (16 EA per 30 days)
RESPIRATORY TRACT AGENTS		
Alpha And Beta Adrenergic Agonist(Respr)		
alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg	1A	QL (2 tablets per 1 day)
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	
ALLERGY RELIEF D12 ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	QL (2 tablets per 1 day)
ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
ALLERGY RELIEF-D (LORATADINE) ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	QL (2 tablets per 1 day)
bromfed dm oral syrup 2-30-10 mg/5 ml	1A	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1A	
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	1A	QL (4 pens per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml	1	Covered NDC's: 49502010101 & 49502010102; QL (4 pens per 30 days)

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epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)	1	
epinephrine injection syringe 0.1 mg/ml	1A	
guaifenesin dac oral syrup 30-10-100 mg/5 ml	1A	
LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
loratadine-d oral tablet extended release 12 hr 5-120 mg	1A	QL (2 tablets per 1 day)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML	1A	
WAL-ITIN D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	QL (2 tablets per 1 day)
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
Anticholinergic Agents (Respir.Tract)		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (2 inhalers per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	MDL; QL (2 inhalers per 30 days)
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1A	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1A	
ipratropium bromide inhalation solution 0.02 %	1A	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1A	MDL
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	MDL; QL (1 capsule per 1 day)

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STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	PA
Antifibrotic Agents		
ESBRIET ORAL CAPSULE 267 MG	4	PA; SP; QL (270 capsules per 30 days)
ESBRIET ORAL TABLET 267 MG	4	PA; SP; QL (270 tablets per 30 days)
ESBRIET ORAL TABLET 801 MG	4	PA; SP
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; SP; QL (60 capsules per 30 days)
Anti-Inflammatory Agents (Respiratory)		
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	6	PA; SP; QL (1 vial per 30 days)
Antitussives		
benzonatate oral capsule 100 mg	1A	QL (6 capsules per 1 day)
benzonatate oral capsule 200 mg	1A	QL (3 capsules per 1 day)
bromfed dm oral syrup 2-30-10 mg/5 ml	1A	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1A	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1A	QL (6 tablets per 1 day)
codeine-guaifenesin oral liquid 10-100 mg/5 ml	1A	
GUAIATUSSIN AC ORAL LIQUID 10-100 MG/5 ML	1A	
guaifenesin dac oral syrup 30-10-100 mg/5 ml	1A	
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	1A	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml, 5-1.5 mg/5 ml (5 ml)	1A	
hydrocodone-homatropine oral tablet 5-1.5 mg	1	
hydromet oral syrup 5-1.5 mg/5 ml	1A	

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NEOTUSS PLUS ORAL SOLUTION 4-7.5-30 MG/5 ML	2	
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; QL (60 capsules per 30 days)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1A	
promethazine-dm oral syrup 6.25-15 mg/5 ml	1A	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	1A	
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	3	QL (20 capsules per 5 days)
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	1A	
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML	1A	
Cystic Fibrosis (Cftr) Correctors		
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; SP; QL (112 tablets per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; SP; QL (2 tablets per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	4A	PA; SP; QL (3 tablets per 1 day)
Cystic Fibrosis (Cftr) Potentiators		
KALYDECO ORAL GRANULES IN PACKET 25 MG	4	PA; SP; QL (0.01 packets per 1 day)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	4	PA; SP; QL (56 packets per 30 days)
KALYDECO ORAL TABLET 150 MG	4	PA; SP; QL (60 tablets per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; SP; QL (112 tablets per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; SP; QL (2 tablets per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	4A	PA; SP; QL (3 tablets per 1 day)

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Expectorants		
codeine-guaifenesin oral liquid 10-100 mg/5 ml	1A	
GILPHEX TR ORAL TABLET 10-388 MG	3	QL (180 tablets per 7 days)
GUAIATUSSIN AC ORAL LIQUID 10-100 MG/5 ML	1A	
guaifenesin dac oral syrup 30-10-100 mg/5 ml	1A	
STRONG IODINE ORAL SOLUTION 5 %	1	
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	1A	
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML	1A	
First Generation Antihist.(Respir Tract)		
bromfed dm oral syrup 2-30-10 mg/5 ml	1A	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1A	
carbinoxamine maleate oral liquid 4 mg/5 ml	1A	
carbinoxamine maleate oral tablet 4 mg	1A	
clemastine oral tablet 2.68 mg	1A	
cyproheptadine oral syrup 2 mg/5 ml	1A	
cyproheptadine oral tablet 4 mg	1A	MDL
diphenhydramine hcl injection solution 50 mg/ml	6	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1A	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	1	
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	1A	PA; QL (120 tablets per 30 days)
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	1A	
NEOTUSS PLUS ORAL SOLUTION 4-7.5-30 MG/5 ML	2	
promethazine oral syrup 6.25 mg/5 ml	1A	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1A	
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1A	

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promethazine-dm oral syrup 6.25-15 mg/5 ml	1A	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	1A	
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	1A	
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	3	QL (20 capsules per 5 days)
Interleukin Antagonists		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	6	PA; SP; QL (0.01 ML per 1 day)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4A	PA; SP; QL (0.15 ML per 1 day)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4A	PA; SP; QL (0.09 ML per 1 day)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4A	PA; SP; QL (0.15 ML per 1 day)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4A	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	6	PA; SP; QL (1 ML per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4A	PA; SP; QL (1 ML per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	6	PA; SP; QL (1 vial per 30 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4A	PA; SP; QL (1 ML per 30 days)
Leukotriene Modifiers		
montelukast oral granules in packet 4 mg	1A	MDL; QL (1 packet per 1 day)
montelukast oral tablet 10 mg	1A	MDL; QL (1 tablet per 1 day)
montelukast oral tablet,chewable 4 mg, 5 mg	1A	MDL; QL (1 tablet per 1 day)
zafirlukast oral tablet 10 mg, 20 mg	1A	MDL
zileuton oral tablet, er multiphase 12 hr 600 mg	1A	PA; QL (4 tablets per 1 day)
ZYFLO ORAL TABLET 600 MG	3	PA; QL (4 tablets per 1 day)

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Mast-Cell Stabilizers		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	3	QL (5 ML per 1 fill)
cromolyn inhalation solution for nebulization 20 mg/2 ml	1A	
cromolyn ophthalmic (eye) drops 4 %	1A	MDL
cromolyn oral concentrate 100 mg/5 ml	1A	MDL
Mucolytic Agents		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1A	QL (12 ML per 1 day)
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; SP; QL (2 ampules per 1 day)
Nasal Preparations (Steroids)		
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1A	MDL
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1A	MDL
mometasone nasal spray,non-aerosol 50 mcg/actuation	1A	ST; QL (Quantity Limits Apply); Covered Alternatives: fluticasone, flunisolide
Orally Inhaled Preparations (Steroids)		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (1 inhaler per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (1 inhaler per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MDL; QL (1 inhaler per 30 days)

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BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL (1 inhaler per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	1A	MDL; QL (2 inhalations per 1 day)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	1A	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	1A	MDL
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	1A	MDL; QL (1 inhaler per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1A	QL (60 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	1A	MDL; QL (1 inhaler per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	1A	MDL
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	PA
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1A	QL (60 GM per 30 days)

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Phosphodiesterase Type 4 Inhibitors		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	PA; QL (1 tablet per 1 day)
Respiratory Tract Agents, Miscellaneous		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	6	PA
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	6	PA; QL (0.01 EA per 1 day)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	6	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	6	PA; QL (1 EA per 1 day)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	6	PA; SP; QL (1 vial per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	6	PA; SP; QL (2 syringes per 1 fill)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	6	PA; SP; QL (1 syringe per 1 fill)
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	6	PA; QL (0.01 EA per 1 day)
Second Generation Antihist(Respir Tract)		
alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg	1A	QL (2 tablets per 1 day)
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	
ALLERGY RELIEF D12 ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	QL (2 tablets per 1 day)
ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	

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DRUG NAME	DRUG TIER	NOTES
ALLERGY RELIEF-D (LORATADINE) ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	QL (2 tablets per 1 day)
cetirizine oral solution 1 mg/ml, 5 mg/5 ml	1A	MDL
cetirizine oral tablet 10 mg, 5 mg	1A	MDL; QL (30 tablets per 30 days)
desloratadine oral tablet 5 mg	1A	MDL
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	1A	
levocetirizine oral solution 2.5 mg/5 ml	1A	
levocetirizine oral tablet 5 mg	1A	MDL
LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
loratadine oral solution 5 mg/5 ml	1A	QL (300 ML per 30 days)
loratadine oral tablet 10 mg	1A	MDL
loratadine-d oral tablet extended release 12 hr 5-120 mg	1A	QL (2 tablets per 1 day)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	MDL
WAL-ITIN D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1A	QL (2 tablets per 1 day)
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
Select.Beta-2-Adrenergic Agonist(Respir)		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 GM per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	1A	MDL
albuterol sulfate oral syrup 2 mg/5 ml	1	MDL
albuterol sulfate oral tablet 2 mg, 4 mg	1A	MDL
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	1A	

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DRUG NAME	DRUG TIER	NOTES
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	2	QL (30 capsules per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL (1 inhaler per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	PA; Covered Alternatives: Perforomist Inhalation Solution; QL (120 ML per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	MDL; QL (2 inhalers per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	1A	MDL; QL (1 inhaler per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1A	QL (60 GM per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1A	MDL
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	1A	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	1A	PA; Covered Alternative: Ventolin HFA; TF; QL (15 GM per 30 days)
metaproterenol oral syrup 10 mg/5 ml	1A	MDL
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	QL (4 vials per 1 day)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	MDL; QL (1 diskus per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	MDL; QL (1 inhaler per 30 days)

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DRUG NAME	DRUG TIER	NOTES
terbutaline oral tablet 2.5 mg, 5 mg	1A	MDL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	PA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	1A	MDL; QL (2 inhalers per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1A	QL (60 GM per 30 days)
Vasodilating Agents (Respiratory Tract)		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4A	PA; QL (3 tablets per 1 day)
ambrisentan oral tablet 10 mg, 5 mg	1A	PA; QL (30 tablets per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	1A	PA; SP; QL (60 tablets per 30 days)
epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg	6	PA; QL (3 vials per 1 day)
OPSUMIT ORAL TABLET 10 MG	4	PA; QL (1 tablet per 1 day)
REMODULIN INJECTION SOLUTION 1 MG/ML, 2.5 MG/ML, 5 MG/ML	6	PA
REMODULIN INJECTION SOLUTION 10 MG/ML	6	PA; QL (0.01 ML per 1 day)
sildenafil (pulm.hypertension) oral tablet 20 mg	1A	QL (30 tablets per 30 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; QL (2.9 ML per 1 day)
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; QL (2.9 ML per 1 day)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; QL (2.9 ML per 1 day)
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	6	PA; QL (3 vials per 1 day)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; QL (270 ampules per 30 days)

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DRUG NAME	DRUG TIER	NOTES
Xanthine Derivatives		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	MDL
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	MDL
theochron oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg	1A	MDL
theophylline oral solution 80 mg/15 ml	1A	MDL
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1A	MDL
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1A	MDL
SKIN AND MUCOUS MEMBRANE AGENTS		
Allylamines (Skin And Mucous Membrane)		
naftifine topical cream 1 %	1A	
naftifine topical cream 2 %	1A	QL (1.5 GM per 1 day)
Antibacterials (Skin, Mucous Membrane)		
ALTABAX TOPICAL OINTMENT 1 %	3	QL (15 GM per 12 days)
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
clindacin etz topical swab 1 %	1A	QL (2 swabs per 1 day)
clindacin p topical swab 1 %	1A	MDL; QL (2 swabs per 1 day)
clindamycin phosphate topical foam 1 %	1A	
clindamycin phosphate topical gel 1 %	1A	
clindamycin phosphate topical lotion 1 %	1A	
clindamycin phosphate topical solution 1 %	1A	QL (4 ML per 1 day)
clindamycin phosphate topical swab 1 %	1A	MDL; QL (2 swabs per 1 day)
clindamycin phosphate vaginal cream 2 %	1A	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	1A	QL (Quantity Limits Apply); MDL
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	1A	

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DRUG NAME	DRUG TIER	NOTES
dapsone topical gel 5 %	1A	PA; Covered Alternatives: Topical clindamycin, erythromycin/benzoyl peroxide, tretinoin or adapalene; QL (2.1 GM per 1 day)
dapsone topical gel with pump 7.5 %	1A	PA; Covered Alternatives: Topical clindamycin, erythromycin/benzoyl peroxide, tretinoin or adapalene; QL (2.1 GM per 1 day)
ery pads topical swab 2 %	1A	
erythromycin with ethanol topical gel 2 %	1A	
erythromycin with ethanol topical solution 2 %	1A	
erythromycin-benzoyl peroxide topical gel 3-5 %	1A	
gentamicin topical cream 0.1 %	1	
gentamicin topical ointment 0.1 %	1	
metronidazole topical cream 0.75 %	1A	
metronidazole topical gel 0.75 %, 1 %	1A	
metronidazole topical gel with pump 1 %	1A	
metronidazole topical lotion 0.75 %	1A	
metronidazole vaginal gel 0.75 %	1A	
mupirocin calcium topical cream 2 %	1A	PA; Covered Alternatives: Mupirocin 2% Ointment; QL (30 GM per 30 days)
mupirocin topical ointment 2 %	1A	QL (44 GM per 30 days)
neuac topical gel 1.2 %(1 % base) -5 %	1A	QL (Quantity Limits Apply); MDL
rosadan topical cream 0.75 %	1A	
rosadan topical gel 0.75 %	1A	
vandazole vaginal gel 0.75 %	1A	
Anti-Inflammatory Agents (Skin, Mucous)		
ALA-CORT TOPICAL CREAM 1 %	1A	
alclometasone topical cream 0.05 %	1A	
alclometasone topical ointment 0.05 %	1A	

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DRUG NAME	DRUG TIER	NOTES
amcinonide topical cream 0.1 %	1A	PA; Covered Alterantives: : betamethasone diproprionate 0.05% cream/lotion/ointment; betamethasone dipropionate (augmented) 0.05% cream; desoximetasone 0.25% cream; QL (2 GM per 1 day)
amcinonide topical lotion 0.1 %	1A	PA; Covered Alterantives: : betamethasone diproprionate 0.05% cream/lotion/ointment; betamethasone dipropionate (augmented) 0.05% cream; desoximetasone 0.25% cream; QL (2 GM per 1 day)
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	2	
anti-itch (hc) topical ointment 1 %	1A	
betamethasone dipropionate topical cream 0.05 %	1A	QL (60 GM per 1 fill)
betamethasone dipropionate topical lotion 0.05 %	1A	QL (60 ML per 1 fill)
betamethasone dipropionate topical ointment 0.05 %	1A	QL (2 GM per 1 day)
betamethasone valerate topical cream 0.1 %	1	QL (60 GM per 1 fill)
betamethasone valerate topical lotion 0.1 %	1A	QL (60 ML per 1 fill)
betamethasone valerate topical ointment 0.1 %	1A	QL (60 GM per 1 fill)
betamethasone, augmented topical cream 0.05 %	1	QL (60 GM per 1 fill)
betamethasone, augmented topical lotion 0.05 %	1A	QL (60 ML per 1 fill)
betamethasone, augmented topical ointment 0.05 %	1A	QL (60 GM per 1 fill)
calcipotriene-betamethasone topical ointment 0.005-0.064 %	1A	QL (60 GM per 30 days)
clobetasol scalp solution 0.05 %	1A	QL (60 ML per 30 days)
clobetasol topical cream 0.05 %	1A	QL (2.1 GM per 1 day)
clobetasol topical foam 0.05 %	1A	
clobetasol topical lotion 0.05 %	1A	
clobetasol topical ointment 0.05 %	1A	

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DRUG NAME	DRUG TIER	NOTES
clobetasol topical spray,non-aerosol 0.05 %	1A	PA; Covered Alternatives: betamethasone valerate 0.1% cream/lotion/ointment; betamethasone diproprionate 0.05% cream/lotion/ointment; QL (4.2 ML per 1 day)
clobetasol-emollient topical cream 0.05 %	1A	
clotrimazole-betamethasone topical cream 1-0.05 %	1A	
clotrimazole-betamethasone topical lotion 1-0.05 %	1A	
cortizone-10 topical ointment 1 %	1A	
desonide topical cream 0.05 %	1A	
desonide topical lotion 0.05 %	1A	
desonide topical ointment 0.05 %	1A	QL (2 GM per 1 day)
desoximetasone topical cream 0.25 %	1A	QL (15 GM per 30 days)
diflorasone topical cream 0.05 %	1A	PA; Covered Alternatives: betamethasone dipropionate (augmented) 0.05% ointment; clobetasol propionate 0.05% cream/foam/ointment; QL (30 GM per 30 days)
diflorasone topical ointment 0.05 %	1A	PA; QL (15 GM per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	4A	PA; SP; QL (120 GM per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	1A	
fluocinolone topical cream 0.01 %, 0.025 %	1A	
fluocinolone topical oil 0.01 %	1A	
fluocinolone topical ointment 0.025 %	1A	
fluocinolone topical solution 0.01 %	1A	
fluocinonide topical cream 0.05 %, 0.1 %	1A	QL (60 GM per 30 days)
fluocinonide topical gel 0.05 %	1A	QL (60 GM per 30 days)
fluocinonide topical ointment 0.05 %	1A	QL (90 GM per 30 days)
fluocinonide topical solution 0.05 %	1A	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	1A	QL (60 GM per 30 days)
fluocinonide-emollient topical cream 0.05 %	1A	QL (60 GM per 30 days)

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DRUG NAME	DRUG TIER	NOTES
fluticasone propionate topical cream 0.05 %	1A	
fluticasone propionate topical lotion 0.05 %	1A	
fluticasone propionate topical ointment 0.005 %	1A	
halobetasol propionate topical cream 0.05 %	1A	
halobetasol propionate topical ointment 0.05 %	1A	
hemmorex-hc rectal suppository 25 mg	1A	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1A	
hydrocortisone rectal enema 100 mg/60 ml	1A	
hydrocortisone topical cream 1 %, 2.5 %	1A	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	1A	
hydrocortisone topical lotion 2.5 %	1A	
hydrocortisone topical ointment 1 %, 2.5 %	1A	
hydrocortisone valerate topical cream 0.2 %	1A	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)	1	
hydrocortisone-pramoxine topical cream 2.5-1 %	1A	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1A	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	1A	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	1A	
mometasone topical cream 0.1 %	1A	
mometasone topical ointment 0.1 %	1A	
mometasone topical solution 0.1 %	1A	
oralone dental paste 0.1 %	1A	
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	3	
prednicarbate topical cream 0.1 %	1A	
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
procto-med hc topical cream with perineal applicator 2.5 %	1A	

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PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	1A	
proctosol hc topical cream with perineal applicator 2.5 %	1A	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1A	
triamcinolone acetonide dental paste 0.1 %	1A	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1A	MDL
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1A	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1A	
VERDESO TOPICAL FOAM 0.05 %	3	PA; QL (3.4 GM per 1 day)
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA TOPICAL OINTMENT 2 %	4A	PA; SP; QL (120 GM per 30 days)
Antipruritics And Local Anesthetics		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	2	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)	2	
dermacinrx prizopak topical kit 2.5-2.5 %	1A	
ethyl chloride topical aerosol,spray 100 %	1A	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)	1	
hydrocortisone-pramoxine topical cream 2.5-1 %	1A	
lidocaine hcl laryngotracheal solution 4 %	1A	
lidocaine hcl topical cream 3 %	1A	QL (1.06 GM per 1 day)
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1A	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	1A	
lidocaine topical adhesive patch,medicated 5 %	1A	QL (1 patch per 1 day)
lidocaine topical ointment 5 %	1A	QL (1.3 GM per 1 day)
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	1A	
lidocaine-prilocaine topical cream 2.5-2.5 %	1A	

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lidocaine-prilocaine topical kit 2.5-2.5 %	1A	
phenazopyridine oral tablet 100 mg	1	
phenazopyridine oral tablet 200 mg	1A	
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
relador pak plus topical kit 2.5-2.5 %	1A	
relador pak topical kit 2.5-2.5 %	1A	
Antivirals (Skin And Mucous Membrane)		
acyclovir topical ointment 5 %	1A	QL (30 GM per 30 days)
DENAVIR TOPICAL CREAM 1 %	3	PA; Covered Alternatives: Acyclovir 5% Ointment; QL (5 GM per 30 days)
Azoles (Skin And Mucous Membrane)		
clotrimazole mucous membrane troche 10 mg	1A	
clotrimazole topical cream 1 %	1A	QL (60 GM per 30 days)
clotrimazole topical solution 1 %	1A	
clotrimazole-betamethasone topical cream 1-0.05 %	1A	
clotrimazole-betamethasone topical lotion 1-0.05 %	1A	
econazole topical cream 1 %	1A	
EXELDERM TOPICAL SOLUTION 1 %	3	QL (30 ML per 1 fill)
fungi cure topical spray,non-aerosol 1 %	1A	
ketoconazole topical cream 2 %	1A	
ketoconazole topical shampoo 2 %	1A	MDL
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	1A	
oxiconazole topical cream 1 %	1A	PA; Covered Alternatives: Clotrimazole 1% Cream; QL (2 GM per 1 day)
terconazole vaginal cream 0.4 %, 0.8 %	1A	
terconazole vaginal suppository 80 mg	1A	
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	3	QL (50 GM per 30 days)

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DRUG NAME	DRUG TIER	NOTES
Basic Lotions And Liniments		
ammonium lactate topical lotion 12 %	1A	MDL
lac-hydrin five topical lotion 5 %	1	
Basic Ointments And Protectants		
ammonium lactate topical cream 12 %	1A	
Benzylamines (Skin And Mucous Membrane)		
MENTAX TOPICAL CREAM 1 %	3	PA; QL (30 GM per 1 fill)
Cell Stimulants And Proliferants		
avita topical cream 0.025 %	1A	PA; QL (45 GM per 30 days)
avita topical gel 0.025 %	1A	PA; QL (45 GM per 30 days)
REGRANEX TOPICAL GEL 0.01 %	3	PA; QL (15 GM per 30 days)
tretinoin microspheres topical gel 0.04 %, 0.1 %	1A	PA; QL (45 GM per 30 days)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	1A	PA; QL (45 GM per 30 days)
tretinoin topical cream 0.025 %, 0.1 %	1A	PA; QL (45 GM per 30 days)
tretinoin topical cream 0.05 %	1A	PA; QL (45 GM per 1 Fill)
tretinoin topical gel 0.01 %, 0.025 %	1A	PA; QL (45 GM per 30 days)
Corticosteroids (Skin, Mucous Membrane)		
ALA-CORT TOPICAL CREAM 1 %	1A	
alclometasone topical cream 0.05 %	1A	
alclometasone topical ointment 0.05 %	1A	
amcinonide topical cream 0.1 %	1A	PA; Covered Alterantives: : betamethasone diproprionate 0.05% cream/lotion/ointment; betamethasone dipropionate (augmented) 0.05% cream; desoximetasone 0.25% cream; QL (2 GM per 1 day)

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DRUG NAME	DRUG TIER	NOTES
amcinonide topical lotion 0.1 %	1A	PA; Covered Alterantives: : betamethasone diproprionate 0.05% cream/lotion/ointment; betamethasone dipropionate (augmented) 0.05% cream; desoximetasone 0.25% cream; QL (2 GM per 1 day)
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	2	
anti-itch (hc) topical ointment 1 %	1A	
betamethasone dipropionate topical cream 0.05 %	1A	QL (60 GM per 1 fill)
betamethasone dipropionate topical lotion 0.05 %	1A	QL (60 ML per 1 fill)
betamethasone dipropionate topical ointment 0.05 %	1A	QL (2 GM per 1 day)
betamethasone valerate topical cream 0.1 %	1	QL (60 GM per 1 fill)
betamethasone valerate topical lotion 0.1 %	1A	QL (60 ML per 1 fill)
betamethasone valerate topical ointment 0.1 %	1A	QL (60 GM per 1 fill)
betamethasone, augmented topical cream 0.05 %	1	QL (60 GM per 1 fill)
betamethasone, augmented topical lotion 0.05 %	1A	QL (60 ML per 1 fill)
betamethasone, augmented topical ointment 0.05 %	1A	QL (60 GM per 1 fill)
calcipotriene-betamethasone topical ointment 0.005-0.064 %	1A	QL (60 GM per 30 days)
clobetasol scalp solution 0.05 %	1A	QL (60 ML per 30 days)
clobetasol topical cream 0.05 %	1A	QL (2.1 GM per 1 day)
clobetasol topical foam 0.05 %	1A	
clobetasol topical lotion 0.05 %	1A	
clobetasol topical ointment 0.05 %	1A	
clobetasol topical spray,non-aerosol 0.05 %	1A	PA; Covered Alternatives: betamethasone valerate 0.1% cream/lotion/ointment; betamethasone diproprionate 0.05% cream/lotion/ointment; QL (4.2 ML per 1 day)
clobetasol-emollient topical cream 0.05 %	1A	
clotrimazole-betamethasone topical cream 1-0.05 %	1A	

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clotrimazole-betamethasone topical lotion 1-0.05 %	1A	
cortizone-10 topical ointment 1 %	1A	
desonide topical cream 0.05 %	1A	
desonide topical lotion 0.05 %	1A	
desonide topical ointment 0.05 %	1A	QL (2 GM per 1 day)
desoximetasone topical cream 0.25 %	1A	QL (15 GM per 30 days)
diflorasone topical cream 0.05 %	1A	PA; Covered Alternatives: betamethasone dipropionate (augmented) 0.05% ointment; clobetasol propionate 0.05% cream/foam/ointment; QL (30 GM per 30 days)
diflorasone topical ointment 0.05 %	1A	PA; QL (15 GM per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	1A	
fluocinolone topical cream 0.01 %, 0.025 %	1A	
fluocinolone topical oil 0.01 %	1A	
fluocinolone topical ointment 0.025 %	1A	
fluocinolone topical solution 0.01 %	1A	
fluocinonide topical cream 0.05 %, 0.1 %	1A	QL (60 GM per 30 days)
fluocinonide topical gel 0.05 %	1A	QL (60 GM per 30 days)
fluocinonide topical ointment 0.05 %	1A	QL (90 GM per 30 days)
fluocinonide topical solution 0.05 %	1A	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	1A	QL (60 GM per 30 days)
fluocinonide-emollient topical cream 0.05 %	1A	QL (60 GM per 30 days)
fluticasone propionate topical cream 0.05 %	1A	
fluticasone propionate topical lotion 0.05 %	1A	
fluticasone propionate topical ointment 0.005 %	1A	
halobetasol propionate topical cream 0.05 %	1A	
halobetasol propionate topical ointment 0.05 %	1A	
hemmorex-hc rectal suppository 25 mg	1A	
hydrocortisone acetate rectal suppository 30 mg	1A	
hydrocortisone rectal enema 100 mg/60 ml	1A	

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hydrocortisone topical cream 1 %, 2.5 %	1A	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	1A	
hydrocortisone topical lotion 2.5 %	1A	
hydrocortisone topical ointment 1 %, 2.5 %	1A	
hydrocortisone valerate topical cream 0.2 %	1A	
hydrocortisone-iodoquinol topical cream 1-1 %	1A	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)	1	
hydrocortisone-pramoxine topical cream 2.5-1 %	1A	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1A	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	1A	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	1A	
mometasone topical cream 0.1 %	1A	
mometasone topical ointment 0.1 %	1A	
mometasone topical solution 0.1 %	1A	
oralone dental paste 0.1 %	1A	
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	3	
prednicarbate topical cream 0.1 %	1A	
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
procto-med hc topical cream with perineal applicator 2.5 %	1A	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	1A	
proctosol hc topical cream with perineal applicator 2.5 %	1A	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1A	
triamcinolone acetonide dental paste 0.1 %	1A	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1A	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1A	
VERDESO TOPICAL FOAM 0.05 %	3	PA; QL (3.4 GM per 1 day)
Hydroxypyridones (Skin, Mucous Membrane)		
ciclodan topical cream 0.77 %	1A	
ciclodan topical solution 8 %	1A	MDL
ciclopirox topical cream 0.77 %	1A	
ciclopirox topical gel 0.77 %	1A	
ciclopirox topical shampoo 1 %	1A	
ciclopirox topical solution 8 %	1A	MDL
ciclopirox topical suspension 0.77 %	1A	
Keratolytic Agents		
AVAR TOPICAL CLEANSER 10-5 % (W/W)	1A	
avar-e green topical cream 10-5 % (w/w)	1A	
avar-e topical cream 10-5 % (w/w)	1A	
benzepro topical towelette 6 %	1A	
benzoyl peroxide topical gel 10 %	1A	
bp 10-1 topical cleanser 10-1 %	1A	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	1A	QL (Quantity Limits Apply); MDL
neuac topical gel 1.2 %(1 % base) -5 %	1A	QL (Quantity Limits Apply); MDL
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	1A	
salicylic acid topical cream 6 %	1A	
salicylic acid topical cream,extended release 6 %	1A	
salicylic acid topical film forming liquid w/appl 27.5 %	1A	
salicylic acid topical foam 6 %	1A	
salicylic acid topical gel 6 %	1A	
salicylic acid topical lotion 6 %	1A	
salicylic acid topical lotion,extended release 6 %	1A	

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salicylic acid topical shampoo 6 %	1A	
silver nitrate topical solution 10 %	1A	
sss 10-5 topical cream 10-5 % (w/w)	1A	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4.5 %	1A	
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	1A	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	1A	
sulfacetamide sodium-sulfur topical suspension 10-5 %	1A	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	1A	
umecta topical foam 40 %	1A	
urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %	1A	
urea topical lotion 40 %	1A	
Keratoplastic Agents		
DRITHOCREME HP TOPICAL CREAM 1 %	1A	
Local Anti-Infectives, Miscellaneous		
AVAR TOPICAL CLEANSER 10-5 % (W/W)	1A	
avar-e green topical cream 10-5 % (w/w)	1A	
avar-e topical cream 10-5 % (w/w)	1A	
bp 10-1 topical cleanser 10-1 %	1A	
FEM PH VAGINAL GEL 0.9-0.025 %	2	
hydrocortisone-iodoquinol topical cream 1-1 %	1A	
RELAGARD VAGINAL GEL 0.9-0.025 %	2	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	1A	
selenium sulfide topical lotion 2.5 %	1A	
selenium sulfide topical shampoo 2.25 %, 2.3 %	1A	
silver nitrate topical solution 0.5 %, 25 %, 50 %	1A	
silver sulfadiazine topical cream 1 %	1A	

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ssd topical cream 1 %	1A	
sss 10-5 topical cream 10-5 % (w/w)	1A	
sulfacetamide sodium (acne) topical suspension 10 %	1A	
sulfacetamide sodium topical cleanser 10 %	1A	
sulfacetamide sodium topical cleanser, gel 10 %	1A	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4.5 %	1A	
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	1A	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	1A	
sulfacetamide sodium-sulfur topical suspension 10-5 %	1A	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	1A	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
ULESFIA TOPICAL LOTION 5 %	3	QL (227 GM per 7 days)
Nonsteroidal Anti-Inflammat.Agents(Skin)		
diclofenac sodium topical drops 1.5 %	1A	
diclofenac sodium topical gel 1 %	1A	QL (10 GM per 1 day)
diclofenac sodium topical gel 3 %	1A	PA; QL (100 GM per 30 days)
SOLARAZE TOPICAL GEL 3 %	3	PA; QL (100 GM per 30 days)
Pigmenting Agents		
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	1A	PA
Polyenes (Skin And Mucous Membrane)		
nyamyc topical powder 100,000 unit/gram	1A	
nystatin topical cream 100,000 unit/gram	1A	
nystatin topical ointment 100,000 unit/gram	1A	
nystatin topical powder 100,000 unit/gram	1A	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1A	QL (1.4 GM per 1 day)

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DRUG NAME	DRUG TIER	NOTES
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1A	QL (1.4 GM per 1 day)
nystop topical powder 100,000 unit/gram	1A	
Scabicides And Pediculicides		
EURAX TOPICAL CREAM 10 %	2	QL (454 GM per 1 Fill)
EURAX TOPICAL LOTION 10 %	2	QL (454 GM per 30 days)
lindane topical shampoo 1 %	1A	
malathion topical lotion 0.5 %	1A	
permethrin topical cream 5 %	1A	QL (60 GM per 7 days)
spinosad topical suspension 0.9 %	1A	
ULESFIA TOPICAL LOTION 5 %	3	QL (227 GM per 7 days)
Skin And Mucous Membrane Agents, Misc.		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1A	QL (2 capsules per 1 day)
adapalene topical cream 0.1 %	1A	PA; QL (45 GM per 30 days)
adapalene topical gel 0.1 %, 0.3 %	1A	PA; MDL; QL (45 GM per 30 days)
adapalene topical gel with pump 0.3 %	1A	PA; QL (45 GM per 30 days)
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1A	QL (2 capsules per 1 day)
AVSOLA INTRAVENOUS RECON SOLN 100 MG	6	PA; SP; QL (5 vials per 30 days)
azelaic acid topical gel 15 %	1A	
AZELEX TOPICAL CREAM 20 %	3	PA; QL (1.7 GM per 1 day)
calcipotriene scalp solution 0.005 %	1A	QL (60 ML per 30 days)
calcipotriene topical cream 0.005 %	1A	MDL; QL (60 GM per 30 days)
calcipotriene topical ointment 0.005 %	1A	QL (60 GM per 30 days)
calcipotriene-betamethasone topical ointment 0.005-0.064 %	1A	QL (60 GM per 30 days)
claravis oral capsule 10 mg	1A	QL (2 capsules per 1 day)
CLARAVIS ORAL CAPSULE 20 MG, 30 MG, 40 MG	1A	QL (2 capsules per 1 day)
CONDYLOX TOPICAL GEL 0.5 %	3	

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DRUG NAME	DRUG TIER	NOTES
COREMINO ORAL TABLET EXTENDED RELEASE 24 HR 135 MG, 45 MG, 90 MG	1A	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4A	PA; SP; QL (2 syringes per 30 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4A	PA; SP; QL (2 pens per 30 days)
dapsone topical gel 5 %	1A	PA; Covered Alternatives: Topical clindamycin, erythromycin/benzoyl peroxide, tretinoin or adapalene; QL (2.1 GM per 1 day)
dapsone topical gel with pump 7.5 %	1A	PA; Covered Alternatives: Topical clindamycin, erythromycin/benzoyl peroxide, tretinoin or adapalene; QL (2.1 GM per 1 day)
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	3	
diclofenac sodium topical drops 1.5 %	1A	
diclofenac sodium topical gel 1 %	1A	QL (10 GM per 1 day)
diclofenac sodium topical gel 3 %	1A	PA; QL (100 GM per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4A	PA; SP; QL (0.15 ML per 1 day)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4A	PA; SP; QL (0.09 ML per 1 day)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4A	PA; SP; QL (0.15 ML per 1 day)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; SP; QL (4 ML per 30 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; SP; QL (8 vials per 30 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; QL (Quantity Limits Apply); SP; QL (4 ML per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	4	PA; SP; QL (4 syringes per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	4	PA; SP; QL (4 ML per 30 days)

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ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; SP; QL (4 ML per 30 days)
FLUOROPLEX TOPICAL CREAM 1 %	2	
fluorouracil topical cream 5 %	1A	
fluorouracil topical solution 2 %, 5 %	1A	
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; QL (2 pens per 30 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; QL (2 pens per 30 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; QL (2 pens per 30 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (Quantity Limits Apply); SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; SP; QL (3 syringes per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL (Quantity Limits Apply); SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (Quantity Limits Apply); SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (Quantity Limits Apply); SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; SP; QL (2 syringes per 30 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (Quantity Limits Apply); SP
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4A	PA; SP; QL (1 ML per 90 days)
imiquimod topical cream in packet 5 %	1A	QL (1 box per 30 days)
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	6	PA; SP; QL (0.01 EA per 1 day)

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isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1A	QL (2 capsules per 1 day)
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1A	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	3	PA; QL (1 GM per 1 day)
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1A	QL (2 capsules per 1 day)
OTEZLA ORAL TABLET 30 MG	4A	PA; SP; QL (60 tablets per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	4A	PA; SP; QL (1 kit per 365 days)
PANRETIN TOPICAL GEL 0.1 %	3	
PICATO TOPICAL GEL 0.015 %, 0.05 %	3	PA; QL (1 box per 30 days)
pimecrolimus topical cream 1 %	1A	PA; TF; QL (30 GM per 30 days)
PODOCON TOPICAL LIQUID 25 %	1A	
podofilox topical solution 0.5 %	1A	
QBREXZA TOPICAL TOWELETTE 2.4 %	4A	PA; SP; QL (1 packet per 1 day)
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	QL (30GM per fill, 1 fill per 90 days.); QL (30 GM per 90 days)
REGRANEX TOPICAL GEL 0.01 %	3	PA; QL (15 GM per 30 days)
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	6	PA; SP; QL (5 EA per 28 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL (30GM per fill, 2 fills per 30 days)
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	4A	PA; QL (Quantity Limits Apply); SP
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA; SP; QL (0.04 ML per 1 day)
SOLARAZE TOPICAL GEL 3 %	3	PA; QL (100 GM per 30 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	6	PA; SP; QL (0.01 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	6	PA; QL (Quantity Limits Apply); SP

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STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4A	PA; QL (Quantity Limits Apply); SP
tacrolimus topical ointment 0.03 %, 0.1 %	1A	
TARGRETIN TOPICAL GEL 1 %	4A	PA; SP; QL (2 GM per 1 day)
tazarotene topical cream 0.1 %	1A	PA; MDL; QL (1 GM per 1 day)
TAZORAC TOPICAL CREAM 0.05 %	3	PA; MDL; QL (30 GM per 30 days)
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	PA; QL (30 GM per 30 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4A	PA; SP; QL (1 ML per 56 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4A	PA; SP; QL (1 ML per 56 days)
VALCHLOR TOPICAL GEL 0.016 %	4	PA; SP; QL (60 GM per 1 fill)
VEREGEN TOPICAL OINTMENT 15 %	3	PA; QL (60 GM per 365 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1A	QL (2 capsules per 1 day)
SMOOTH MUSCLE RELAXANTS		
Antimuscarinics		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	1A	QL (1 tablet per 1 day)
flavoxate oral tablet 100 mg	1A	
oxybutynin chloride oral syrup 5 mg/5 ml	1	MDL
oxybutynin chloride oral tablet 5 mg	1	MDL; QL (2 tablets per 1 day)
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1A	MDL; QL (90 tablets per 30 days)
solifenacin oral tablet 10 mg, 5 mg	1A	ST; Covered Alternatives: oxybutynin ER ; tolterodine ER; TF; MDL
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	1A	MDL; QL (1 capsule per 1 day)
tolterodine oral tablet 1 mg	1A	MDL
tolterodine oral tablet 2 mg	1A	MDL; QL (2 tablets per 1 day)
trospium oral capsule,extended release 24hr 60 mg	1A	QL (1 capsule per 1 day)
trospium oral tablet 20 mg	1A	

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DRUG NAME	DRUG TIER	NOTES
Respiratory Smooth Muscle Relaxants		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	MDL
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	MDL
theochron oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg	1A	MDL
theophylline oral solution 80 mg/15 ml	1A	MDL
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1A	MDL
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1A	MDL
Selective Beta-3-Adrenergic Agonists		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	ST; Covered Alternatives: oxybutynin ER & tolterodine ER & solifenacin; TF; MDL
VITAMINS		
Multivitamin Preparations		
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	1A	MDL
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG	1	MDL
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	1A	MDL
KPN ORAL TABLET	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL

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MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months to 16 years.); MDL
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 1 MG	1A	
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 1 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months to 16 years.); MDL
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG	1	
PERRY PRENATAL ORAL CAPSULE 13.5-0.4 MG	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG	1A	MDL
pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg	1A	MDL
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	1A	MDL; QL (1 capsule per 1 day)
PNV-SELECT ORAL TABLET 27-1 MG	1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	2	
PRENATABS FA ORAL TABLET 29-1 MG	1	MDL
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	1	MDL
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	MDL
prenatal vit-iron fum-folic ac oral tablet 28 mg iron-800 mcg	3	MDL
prenatal vits96-iron fum-folic oral tablet 27 mg iron-800 mcg	1A	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG	1	MDL
PRETAB ORAL TABLET 29-1 MG	1	MDL
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	1A	MDL
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	1A	
V-C FORTE ORAL CAPSULE 1 MG	1A	MDL
VINATE ONE ORAL TABLET 60 MG IRON-1 MG	1	MDL
VIRT-C DHA ORAL CAPSULE 35-1-200 MG	1A	
VIRT-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	1A	MDL
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	1A	MDL; QL (1 capsule per 1 day)

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ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	1A	QL (1 capsule per 1 day)
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG	1A	QL (1 capsuel per 1 day)
Vitamin B Complex		
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	1A	MDL
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG	1	MDL
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	1A	MDL
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	6	
DIALYVITE ORAL TABLET 100-1 MG	3	
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	1A	PA; QL (120 tablets per 30 days)
FOLBEE ORAL TABLET 2.5-25-1 MG	1A	MDL
FOLBEE PLUS ORAL TABLET 5 MG	1A	
FOLBIC ORAL TABLET 2.5-25-2 MG	1A	MDL
folic acid oral capsule 0.8 mg	3	MDL
folic acid oral tablet 1 mg	1	MDL
folic acid oral tablet 400 mcg, 800 mcg	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
HEMATINIC/FOLIC ACID ORAL TABLET 324 MG (106 MG IRON)-1 MG	1A	MDL
MULTIGEN PLUS ORAL TABLET 151-60-10-1 MG-MG-MCG-MG	1A	
MYNEPHROCAPS ORAL CAPSULE 1 MG	1A	
MYNEPHRON ORAL CAPSULE 1 MG	1A	

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DRUG NAME	DRUG TIER	NOTES
NASCOBAL NASAL SPRAY,NON-AEROSOL 500 MCG/SPRAY	3	PA; QL (1 box per 30 days)
NEPHRONEX-SL ORAL TABLET,DISINTEGRATING 800-2,000 MCG-UNIT	1	
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG	1	
PERRY PRENATAL ORAL CAPSULE 13.5-0.4 MG	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG	1A	MDL
pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg	1A	MDL
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	1A	MDL; QL (1 capsule per 1 day)
PNV-SELECT ORAL TABLET 27-1 MG	1	
POLY-IRON 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	2	
PRENATABS FA ORAL TABLET 29-1 MG	1	MDL
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	1A	MDL
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	1	MDL

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PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.); MDL
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	MDL
prenatal vit-iron fum-folic ac oral tablet 28 mg iron-800 mcg	3	MDL
prenatal vits96-iron fum-folic oral tablet 27 mg iron-800 mcg	1A	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG	1	MDL
PRETAB ORAL TABLET 29-1 MG	1	MDL
RENAL CAPS ORAL CAPSULE 1 MG	1A	
RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG	3	
RENO CAPS ORAL CAPSULE 1 MG	1A	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	1A	MDL
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	1A	
TRIPHROCAPS ORAL CAPSULE 1 MG	1A	
V-C FORTE ORAL CAPSULE 1 MG	1A	MDL
VINATE ONE ORAL TABLET 60 MG IRON-1 MG	1	MDL
VIRT-C DHA ORAL CAPSULE 35-1-200 MG	1A	
VIRT-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	1A	MDL
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	1A	MDL; QL (1 capsule per 1 day)
VIRT-VITE ORAL TABLET 2.5-25-1 MG	1A	MDL
VP-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG	3	

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ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	1A	QL (1 capsule per 1 day)
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG	1A	QL (1 capsuel per 1 day)
Vitamin C		
DIALYVITE ORAL TABLET 100-1 MG	3	
FOLBEE PLUS ORAL TABLET 5 MG	1A	
MULTIGEN PLUS ORAL TABLET 151-60-10-1 MG-MG-MCG-MG	1A	
MYNEPHROCAPS ORAL CAPSULE 1 MG	1A	
MYNEPHRON ORAL CAPSULE 1 MG	1A	
NEPHRONEX-SL ORAL TABLET,DISINTEGRATING 800-2,000 MCG-UNIT	1	
RENAL CAPS ORAL CAPSULE 1 MG	1A	
RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG	3	
RENO CAPS ORAL CAPSULE 1 MG	1A	
TRIPHROCAPS ORAL CAPSULE 1 MG	1A	
VP-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG	3	
Vitamin D		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1A	MDL
calcitriol oral solution 1 mcg/ml	1A	MDL
cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit)	1A	OTC products not covered
cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml), 125 mcg/ml (5,000 unit/ml)	1A	OTC products not covered
cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit), 75 mcg (3,000 unit)	1A	OTC products not covered

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DRUG NAME	DRUG TIER	NOTES
cholecalciferol (vitamin d3) oral tablet,chewable 10 mcg (400 unit), 25 mcg (1,000 unit)	1A	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1A	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	OTC products not covered; MDL
ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)	1	OTC products not covered
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT, 70 MG- 5,600 UNIT	2	ST; Covered Alternatives: alendronate & Ibandronate; MDL; QL (4 tablet per 30 days)
NEPHRONEX-SL ORAL TABLET,DISINTEGRATING 800-2,000 MCG-UNIT	1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1A	QL (2 capsules per 1 day)
REPLESTA ORAL WAFER 1,250 MCG (50,000 UNIT)	1A	
VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 50 MCG (2,000 UNIT)	1A	OTC products not covered
VITAMIN D3 ORAL TABLET 25 MCG (1,000 UNIT), 50 MCG (2,000 UNIT)	1A	OTC products not covered
VITAMIN D3 ORAL TABLET,CHEWABLE 10 MCG (400 UNIT), 25 MCG (1,000 UNIT)	1A	

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