



2024 California Advantage Large Group 4-Tier HMO and PPO Prescription Drug List

Please note: This Prescription Drug List (PDL) is accurate as of September 1, 2024 and is subject to change after this date. All previous versions of this PDL are no longer in effect. Your estimated coverage and copay/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

This PDL can also be accessed online at uhc.com/CA-LargeGroup-4TADV-DMHC-SeptCycle. Plan-specific coverage documents may be accessed online at uhc.com/content/dam/uhcdotcom/en/statepdl/lg/CUI6.pdf.

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

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

- Navigate
- Navigate Plus
- Choice
- Choice Plus
- Select
- Select Plus
- Core
- Core Essential
- Options PPO
- Non-Differential PPO
- SignatureValue
- SignatureValue Advantage
- SignatureValue Alliance
- SignatureValue Focus
- SignatureValue Harmony
- Doctors Plan

Please refer to your member ID card for plan type (HMO or PPO).

Updated 5/1/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

We will provide coverage for a Prescription Drug Product which includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. This definition includes: Inhalers (with spacers); Insulin; the following diabetic supplies: standard insulin syringes with needles; blood-testing strips - glucose; urine-testing strips - glucose; ketone-testing strips and tablets; lancets and lancet devices; and glucose meters (including continuous glucose monitors [applies to PPO plans **only**]); disposable devices which are medically necessary for the administration of a covered outpatient Prescription Drug Product. Benefits also include FDA-approved contraceptive drugs, devices and products available over-the-counter when prescribed by a Network provider.

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

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

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

How do I use my PDL?

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

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

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

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

Example:

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (irbesartan)	4	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	

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

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

Drug Tier 1	Your lowest cost medications	CM	Orally administered anti-cancer medication
Drug Tier 2	Your mid-range cost medications	M	May be covered under the medical benefit with prior authorization for HMO plans
Drug Tier 3	Your mid-range cost medications	SMCS	Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit)
Drug Tier 4	Your highest cost medications	E	Excluded from coverage unless covered as part of health care reform preventive
PA	Prior authorization required	SM	\$0 cost-share by state mandate when condition appropriate
SL	Supply Limit		
ST	Step Therapy		
H	Part of health care reform preventive when age and/or condition appropriate		
SP	Specialty medication		

What are tiers?

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

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

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

\$	Drug Tier	Includes	Helpful Tips
\$	Tier 1 Your lowest cost	Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
\$\$	Tier 2 and 3 Your mid-range cost	Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 or Tier 3 drugs instead of Tier 4 to help reduce your out-of-pocket costs.
\$\$\$	Tier 4 Your highest cost	Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tier 1, 2 or 3. Ask your doctor if they could work for you.

Please note: If you have a high deductible plan, the tier cost levels may apply once you reach your deductible. Refer to your enrollment and plan materials on myuhc.com, or call the toll-free number on your member ID card for more information about your benefit plan. For HMO plans, please reference your Schedule of Benefits for costs associated with medications covered under the medical benefit. For information related to specialty medication cost share, please refer to the Specialty Medication Cost Share (SMCS) section below.

When does the PDL change?

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

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

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

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

Utilization Management Programs

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

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

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

Patient Protection and Affordable Care Act (PPACA) zero cost-share preventive care medication when age and/or condition appropriate – This medication is part of a health care reform preventive benefit and may be available at no cost to you when used for appropriate preventive purposes. For more information, please refer to the California Advantage and Essential HMO and PPO Prescription Drug List (PDL) PPACA Zero Cost-Share Preventive Medications list, which is available at myuhc.com. PPACA zero cost-share preventive care medications can be obtained, free of charge, at network pharmacies with a prescription from a prescribing provider. A prescription will not be required to trigger coverage of over-the-counter FDA-approved contraceptive drugs, devices, and products. PPACA zero cost-share preventive care medications are obtained at a network pharmacy with a prescription order or refill from a physician and are payable at 100% of the prescription drug charge (without application of any Copayment, Coinsurance, Deductible) as required by applicable law under any of the following:

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force.
- Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved.
- With respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.
- With respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

A complete list of PPACA zero cost-share preventive care medications covered under the outpatient prescription drug benefit can be found at myuhc.com.

Designated specialty program – For certain Specialty Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drug Products, which are identified in the Coverage Requirements and Limits column of the Prescription Drug List (PDL). If you choose not to obtain your Prescription Drug Product from the Designated Pharmacy, you may opt-out of the Designated Pharmacy program by contacting us at myuhc.com or the telephone number on your member ID card.

State mandated \$0 cost-share when condition appropriate – This medication is mandated to be covered at \$0 cost-share when used for any of the following conditions:

- Abortion*
- COVID-19

*Please Note: If you have a high deductible plan, \$0 cost-share will not apply until your deductible has been met.

Specialty Medication Cost Share (SMCS) – Specialty medication cost share may apply. Please refer to the Pharmacy Schedule of Benefits for specific cost share. For HMO plans, does not apply to injectable medications covered under the medical benefit.

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

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

Your Right to Request Access to a Non-formulary Drug

This plan must cover all Medically Necessary Prescription Drug Products.

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

Urgent Requests

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

External Review

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

Expedited External Review

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

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

Requesting a Prior Authorization or Step Therapy Exception

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

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

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

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

If you disagree with a determination, you can request an appeal. The complaint and appeals process, including independent medical review, is described in the Evidence of Coverage under Section 6: Questions, Complaints and Appeals. You may also call at the telephone number on your member ID card.

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

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

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

UnitedHealthcare offers a Mail Order Pharmacy Program through Optum Rx. Here's how to fill prescriptions through Optum® Home Delivery.

1. Call your prescribing provider to obtain a new prescription for each medication. When you call, ask the physician to write the prescription for a 90-day supply which represents 3 prescription units with up to 3 additional refills. The doctor will tell you when to pick up the written prescription. (Note: Optum Rx must have a new prescription to process any new Mail Order request.)
2. After picking up the prescription, complete the Mail Order Form included in your enrollment materials. (To obtain additional forms or for assistance in completing the form, contact UnitedHealthcare's customer service department by calling the telephone number on the back of your member ID card. You can also find the form at optumrx.com.)
3. Enclose the prescription and appropriate copayment via check, money order, or credit card. Your Pharmacy Schedule of Benefits will have the applicable copayment for the mail order pharmacy program, Optum Home Delivery. Make the check or money order payable to **Optum Rx**. No cash please.

Important Tip: If you are starting a new Prescription Drug Product, please request 2 prescriptions from your physician. Have 1 filled immediately at a network pharmacy while mailing the second prescription to Optum Home Delivery. Once you receive your medication through the mail order pharmacy program, you should stop filling the prescription at the network pharmacy.

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

Call the phone number on the back of your member ID card or visit specialty.optumrx.com to locate a designated specialty pharmacy for your medication.

Designated Pharmacies

If you require certain Specialty Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Specialty Prescription Drug Products. There are both retail and mail pharmacies in the Designated Pharmacy network. Note that not all contracted retail pharmacies are in the Designated Pharmacy network. Only retail pharmacies that are in the Designated Pharmacy network will provide access to these Specialty Prescription Drug Products. If you choose not to obtain your Specialty Prescription Drug Product from the Designated Pharmacy, you may opt-out of the Designated Pharmacy program through the Internet at myuhc.com or by calling the telephone number on your member ID card. If you want to opt-out of the program and fill your Specialty Prescription Drug Product at a non-Designated Pharmacy but do not inform us, you will be responsible for the entire cost of the Specialty Prescription Drug Product and no Benefits will be paid.

In urgent or emergent circumstances, you may contact customer service by calling the telephone number on the back of your member ID card. This will allow you access to the retail network override process and allow the urgent or emergent prescription claim to pay at your local pharmacy for same day access if they have the Prescription Drug Product available.

How do I get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit myuhc.com or call the toll-free member phone number on your member ID card for more current information.

Log in to myuhc.com for the following pharmacy information and tools:

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

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

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

Learn more

Call the toll-free member phone number on your member ID card, or visit myuhc.com.

Nondiscrimination notice and access to communication services

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

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

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

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

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

DMHC
California Help Center
980 9th Street, Suite 500
Sacramento, CA 95814-2725

1-888-HMO-2219 (1-888-466-2219)

1-800-735-2929 or 1-888-877-5378 (TTY)

Internet Website: www.hmohelp.ca.gov

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

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

Phone: Toll-free **1-800-368-1019, 1-800-537-7697 (TDD)**

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

English

IMPORTANT LANGUAGE INFORMATION:

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

Spanish

INFORMACIÓN IMPORTANTE SOBRE IDIOMAS:

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

Chinese

重要語言資訊：

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

Arabic

معلومات مهمة عن اللغة:

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

Armenian

ԿԱՐԵՎՈՐ ԼԵԶՎԱԿԱՆ ՏԵՂԵԿՈՒԹՅՈՒՆ՝

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

Cambodian

ព័ត៌មានសំខាន់អំពីភាសា៖

អ្នកអាចនឹងមានសិទ្ធិ ចំពោះសិទ្ធិ និងស្នើរនៅខាងក្រោម។ អ្នកអាចទទួលអ្នកបកប្រែ ឬស្នើការបកប្រែ ដោយឥតគិតថ្លៃ។ ព័ត៌មានដែលបានសរសេរ ក៏អាចនឹងមានជាភាសាមួយចំនួន ដោយឥតគិតថ្លៃដែរ។ ដើម្បីទទួលជំនួយជាភាសា របស់អ្នក សូមទូរស័ព្ទទៅគំរោងសុខភាពរបស់អ្នក តាមលេខ៖ UnitedHealthcare of California 1-800-624-8822 / TTY: 711។ បើសិនអ្នកត្រូវការជំនួយថែមទៀត ហៅខ្សែទូរស័ព្ទជំនួយ HMO តាមលេខ 1-888-466-2219។

Farsi

اطلاعات مهم در مورد زبان:

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

Hindi

भाषा-संबंधी महत्वपूर्ण जानकारी:

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

Hmong

COV NTAUB NTAUV LUS TSEEM CEEB:

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

Japanese

言語支援サービスについての重要なお知らせ :

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

Korean

중요 언어 정보:

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

Punjabi

ਮਹੱਤਵਪੂਰਨ ਭਾਸ਼ਾ ਦੀ ਜਾਣਕਾਰੀ:

ਤੁਸੀਂ ਹੇਠਾਂ ਦਿੱਤੇ ਅਧਿਕਾਰ ਅਤੇ ਸੇਵਾਵਾਂ ਦੇ ਹੱਕਦਾਰ ਹੋ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ 'ਤੇ ਦੁਆਰੀਆਂ ਜਾਂ ਅਨੁਵਾਦ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਲਿਖਤੀ ਜਾਣਕਾਰੀ ਕੁਝ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਬਿਨਾਂ ਕਿਸੇ ਖਰਚੇ ਦੇ ਮਿਲ ਸਕਦੀ ਹੈ। ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੀ ਸਿਹਤ ਯੋਜਨਾ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ:

UnitedHealthcare of California 1-800-624-8822 / TTY: 711। ਜੇ ਤੁਹਾਨੂੰ ਹੋਰ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ HMO ਹੈਲਪ ਲਾਈਨ 'ਤੇ ਕਾਲ ਕਰੋ 1-888-466-2219।

Russian

ВАЖНАЯ ЯЗЫКОВАЯ ИНФОРМАЦИЯ:

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

Tagalog

MAHALAGANG IMPORMASYON SA WIKA:

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

Thai

ข้อมูลสำคัญเกี่ยวกับภาษา :

คุณอาจมีสิทธิ์ได้รับสิทธิและบริการต่าง ๆ ด้านล่างนี้ คุณสามารถขอล่ามแปลภาษาหรือบริการแปลภาษาได้ โดยไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด นอกจากนี้ ยังมีอาจมีข้อมูลเป็นลายลักษณ์อักษรบางภาษาให้ด้วย โดยไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด หากต้องการขอความช่วยเหลือเป็นภาษาของคุณ

โปรดโทรศัพท์ถึงแผนสุขภาพของคุณที่ : UnitedHealthcare of California 1-800-624-8822 /

สำหรับผู้มีความบกพร่องทางการฟัง : 711 หากต้องการความช่วยเหลือเพิ่มเติม

โปรดโทรศัพท์ถึงศูนย์ให้ความช่วยเหลือเกี่ยวกับ HMO

ที่หมายเลขโทรศัพท์ 1-888-466-2219

Vietnamese

THÔNG TIN QUAN TRỌNG VỀ NGÔN NGỮ:

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

State of California

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIDOTE THERAPEUTICS		
ALCOHOL DETERRENT		
disulfiram oral tablet 250 mg, 500 mg	1	SL (3 tablets per day.)
ANTIHISTAMINE DRUGS - Drugs for Allergy		
ANTIHISTAMINE DRUGS - Drugs for Allergy		
promethazine hcl oral tablet 25 mg	1	SL (3 tablets per day.)
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
carbinoxamine maleate oral solution 4 mg/5ml	1	SL (3 tablets per day.)
carbinoxamine maleate oral tablet 4 mg	1	SL (3 tablets per day.)
clemastine fumarate oral tablet 2.68 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA; SL (3 tablets per day.)
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA; SL (3 tablets per day.)
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
cyproheptadine hcl oral syrup 2 mg/5ml	1	SL (3 tablets per day.)
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (pseudoeph-bromphen-dm)	3	SL (3 tablets per day.)
carbinoxamine maleate oral solution 4 mg/5ml	1	SL (3 tablets per day.)
carbinoxamine maleate oral tablet 4 mg	1	SL (3 tablets per day.)
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	SL (3 tablets per day.)
cyproheptadine hcl oral tablet 4 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA; SL (3 tablets per day.)
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA; SL (3 tablets per day.)
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	3	PA; SL (3 tablets per day.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydroxyzine hcl oral syrup 10 mg/5ml	1	SL (3 tablets per day.)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 25 mg	1	SL (3 tablets per day.)
promethazine hcl oral solution 6.25 mg/5ml	1	SL (3 tablets per day.)
promethazine hcl oral tablet 12.5 mg	1	SL (3 tablets per day.)
promethazine hcl oral tablet 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	SL (3 tablets per day.)
promethazine vc oral syrup 6.25-5 mg/5ml	1	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	PA; SL (3 tablets per day.)
promethazine-dm oral syrup 6.25-15 mg/5ml	1	SL (3 tablets per day.)
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
VISTARIL ORAL CAPSULE 25 MG (hydroxyzine pamoate)	4	
OTHER ANTIHISTAMINES - Drugs for Allergy		
cimetidine hcl oral solution 300 mg/5ml	1	SL (3 tablets per day.)
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
famotidine oral suspension reconstituted 40 mg/5ml	1	SL (3 tablets per day.)
hydroxyzine hcl oral syrup 10 mg/5ml	1	SL (3 tablets per day.)
hydroxyzine pamoate oral capsule 100 mg	1	
olopatadine hcl nasal solution 0.6 %	3	SL (3 tablets per day.)
VISTARIL ORAL CAPSULE 25 MG (hydroxyzine pamoate)	4	
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
promethazine hcl oral solution 6.25 mg/5ml	1	SL (3 tablets per day.)
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	SL (3 tablets per day.)
promethazine vc oral syrup 6.25-5 mg/5ml	1	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	PA; SL (3 tablets per day.)
promethazine-dm oral syrup 6.25-15 mg/5ml	1	SL (3 tablets per day.)
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (pseudoeph-bromphen-dm)	3	SL (3 tablets per day.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	3	PA; SL (3 tablets per day.)
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (Iodoxamide tromethamine)	3	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	3	SL (3 tablets per day.)
levocetirizine dihydrochloride oral tablet 5 mg	1	
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	
cefadroxil oral tablet 1 gm	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	1	SL (3 tablets per day.)
cephalexin oral suspension reconstituted 125 mg/5ml	1	
cephalexin oral suspension reconstituted 250 mg/5ml	1	SL (3 tablets per day.)
cephalexin oral tablet 250 mg, 500 mg	1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefaclor er oral tablet extended release 12 hour 500 mg	1	
cefaclor oral capsule 250 mg, 500 mg	1	SL (3 tablets per day.)
cefaclor oral suspension reconstituted 250 mg/5ml	1	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefdinir oral capsule 300 mg	1	SL (3 tablets per day.)
cefdinir oral suspension reconstituted 125 mg/5ml	1	SL (3 tablets per day.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cefdinir oral suspension reconstituted 250 mg/5ml	1	
cefixime oral capsule 400 mg	3	SL (3 tablets per day.)
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	3	SL (3 tablets per day.)
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	1	
cefpodoxime proxetil oral tablet 100 mg	1	SL (3 tablets per day.)
cefpodoxime proxetil oral tablet 200 mg	1	
ADAMANTANE ANTIVIRALS - Drugs for Viral Infections		
amantadine hcl oral capsule 100 mg	1	SL (3 tablets per day.)
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet 100 mg	1	
rimantadine hcl oral tablet 100 mg	1	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
terbinafine hcl oral tablet 250 mg	1	
AMEBICIDES - Drugs for the Mouth and Throat		
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (metronidazole benzoate)	3	PA; SL (3 tablets per day.)
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	4	
HUMATIN ORAL CAPSULE 250 MG (paromomycin sulfate)	2	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (metronidazole)	4	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (metronidazole benzoate)	3	PA; SL (3 tablets per day.)
metronidazole oral capsule 375 mg	1	SL (3 tablets per day.)
metronidazole oral tablet 250 mg	1	
metronidazole oral tablet 500 mg	1	SL (3 tablets per day.)
metronidazole vaginal gel 0.75 %	2	SL (3 tablets per day.)
VANDAZOLE VAGINAL GEL 0.75 % (metronidazole)	4	
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (amikacin sulfate liposome)	4	PA; SL (3 tablets per day.); SMCS; SP
HUMATIN ORAL CAPSULE 250 MG (paromomycin sulfate)	2	
neomycin sulfate oral tablet 500 mg	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOBI PODHALER INHALATION CAPSULE 28 MG (tobramycin)	3	PA; SL (3 tablets per day.); SMCS; SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA; SL (224 ml per 56 days.); SMCS; SP
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)	4	SL (3 tablets per day.)
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
amoxicillin oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	1	SL (3 tablets per day.)
amoxicillin oral tablet 500 mg	1	SL (3 tablets per day.)
amoxicillin oral tablet 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg	1	
amoxicillin-potassium clavulanate oral tablet 875-125 mg	1	SL (3 tablets per day.)
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicillin-clarithro-omeprazole)	3	SL (3 tablets per day.)
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (amoxicillin-vonoprazan)	4	PA; ST; SL (112 tablets per 180 days.)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (amoxicillin-clarithro-vonoprazan)	4	PA; ST; SL (112 tablets per 180 days.)
ANTHELMINTICS - Drugs for Parasites		
albendazole oral tablet 200 mg	3	PA; SL (124 tablets per month.)
BILTRICIDE ORAL TABLET 600 MG (praziquantel)	4	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EGATEN ORAL TABLET 250 MG (triclabendazole)	3	
EMVERM ORAL TABLET CHEWABLE 100 MG (mebendazole)	4	PA; SL (3 tablets per day.)
ivermectin oral tablet 3 mg	1	PA; SL (3 tablets per day.)
praziquantel oral tablet 600 mg	2	SL (3 tablets per day.)
STROMECTOL ORAL TABLET 3 MG (ivermectin)	4	PA; SL (20 tablets per 3 months.)
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
BREXAFEMME ORAL TABLET 150 MG (ibrexafungerp citrate)	4	PA; SL (4 tablets per prescription)
griseofulvin microsize oral suspension 125 mg/5ml	1	SL (3 tablets per day.)
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	3	SL (3 tablets per day.)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	3	SL (3 tablets per day.)
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	4	SL (3 tablets per day.)
ANTIMALARIALS - Drugs for the Mouth and Throat		
ARAKODA ORAL TABLET 100 MG (tafenoquine succinate)	4	SL (3 tablets per day.)
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	2	
avidoxy oral tablet 100 mg	1	SL (3 tablets per day.)
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
COARTEM ORAL TABLET 20-120 MG (artemether-lumefantrine)	2	
DARAPRIM ORAL TABLET 25 MG (pyrimethamine)	4	PA; SMCS; SP
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	SL (3 tablets per day.)
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	3	SL (3 tablets per day.)
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydroxychloroquine sulfate oral tablet 200 mg	1	SL (3 tablets per day.)
KRINTAFEL ORAL TABLET 150 MG (tafenoquine succinate)	1	SL (2 tablets per prescription.)
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (atovaquone-proguanil hcl)	4	
mefloquine hcl oral tablet 250 mg	1	
mondoxylene nl oral capsule 100 mg	1	SL (3 tablets per day.)
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral tablet 25 mg	2	PA; SL (3 tablets per day.); SMCS; SP
QUALAQUIN ORAL CAPSULE 324 MG (quinine sulfate)	4	
quinidine gluconate er oral tablet extended release 324 mg	1	SL (3 tablets per day.)
quinidine sulfate oral tablet 200 mg, 300 mg	1	SL (3 tablets per day.)
quinine sulfate oral capsule 324 mg	1	
VIBRAMYCIN ORAL CAPSULE 100 MG (doxycycline hyclate)	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (doxycycline monohydrate)	4	
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	2	
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (nitazoxanide)	2	SL (3 tablets per day.)
atovaquone oral suspension 750 mg/5ml	2	
BACTRIM DS ORAL TABLET 800-160 MG (sulfamethoxazole-trimethoprim)	4	SL (3 tablets per day.)
BACTRIM ORAL TABLET 400-80 MG (sulfamethoxazole-trimethoprim)	4	SL (3 tablets per day.)
BENZNIDAZOLE ORAL TABLET 100 MG	2	PA; SL (240 tablets per 720 days.)
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	PA; SL (720 tablets per 720 days.)
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	3	SL (3 tablets per day.)
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (metronidazole benzoate)	3	PA; SL (3 tablets per day.)
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	4	
IMPAVIDO ORAL CAPSULE 50 MG (miltefosine)	2	PA; SL (3 tablets per day.)
LAMPIT ORAL TABLET 120 MG, 30 MG (nifurtimox)	4	PA; SL (3 tablets per day.)
LIKMEZ ORAL SUSPENSION 500 MG/5ML (metronidazole)	4	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (metronidazole benzoate)	3	PA; SL (3 tablets per day.)
metronidazole oral capsule 375 mg	1	SL (3 tablets per day.)
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (pentamidine isethionate)	4	SL (3 tablets per day.)
nitazoxanide oral tablet 500 mg	2	SL (3 tablets per day.)
pentamidine isethionate inhalation solution reconstituted 300 mg	2	
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	4	SL (3 tablets per day.)
SOLOSEC ORAL PACKET 2 GM (secnidazole)	4	ST; SL (3 tablets per day.)
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	SL (3 tablets per day.)
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	SL (3 tablets per day.)
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
tinidazole oral tablet 250 mg, 500 mg	3	SL (3 tablets per day.)
ANTIRETROVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (lenacapavir sodium)	4	PA; SL (3 tablets per day.)
ANTITUBERCULOSIS AGENTS - Antibiotics		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (ciprofloxacin)	3	SL (3 tablets per day.)
CIPRO ORAL TABLET 250 MG, 500 MG (ciprofloxacin hcl)	4	SL (3 tablets per day.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg	1	SL (3 tablets per day.)
fluconazole oral tablet 150 mg, 200 mg, 50 mg	1	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
itraconazole oral capsule 100 mg	1	SL (180 capsules per 365 days)
itraconazole oral solution 10 mg/ml	2	SL (1800 ml per 365 days)
ketoconazole oral tablet 200 mg	1	SL (3 tablets per day.)
NOXAFIL ORAL PACKET 300 MG (posaconazole)	2	
NOXAFIL ORAL SUSPENSION 40 MG/ML (posaconazole)	4	SL (20 ml per day.)
posaconazole oral suspension 40 mg/ml	2	SL (20 ml per day.)
posaconazole oral tablet delayed release 100 mg	2	
SPORANOX ORAL CAPSULE 100 MG (itraconazole)	4	SL (3 tablets per day.)
SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole)	4	SL (3 tablets per day.)
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (voriconazole)	4	SL (300 mL per prescription.)
VFEND ORAL TABLET 200 MG (voriconazole)	4	SL (62 tablets per prescription.)
VFEND ORAL TABLET 50 MG (voriconazole)	3	SL (124 tablets per prescription)
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (oteseconazole)	3	PA; SL (18 capsules per 84 days.)
voriconazole oral suspension reconstituted 40 mg/ml	1	SL (3 tablets per day.)
voriconazole oral tablet 200 mg	1	SL (62 tablets per prescription.)
voriconazole oral tablet 50 mg	1	SL (124 tablets per prescription)
ERYTHROMYCIN ANTIBIOTICS - Antibiotics		
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (erythromycin ethylsuccinate)	3	SL (3 tablets per day.)
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (erythromycin ethylsuccinate)	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (erythromycin ethylsuccinate)	4	SL (3 tablets per day.)
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG (erythromycin base)	4	SL (3 tablets per day.)
ERYTHROCIN STEARATE ORAL TABLET 250 MG (erythromycin stearate)	2	SL (3 tablets per day.)
erythromycin base oral capsule delayed release particles 250 mg	1	SL (3 tablets per day.)
erythromycin base oral tablet 250 mg, 500 mg	1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	3	SL (3 tablets per day.)
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
erythromycin ethylsuccinate oral tablet 400 mg	1	SL (3 tablets per day.)
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	3	SL (3 tablets per day.)
GLYCOPEPTIDE ANTIBIOTICS - Antibiotics		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (vancomycin hcl)	4	SL (3 tablets per day.)
VANOCIN ORAL CAPSULE 250 MG (vancomycin hcl)	4	SL (3 tablets per day.)
vancomycin hcl oral capsule 125 mg	1	SL (3 tablets per day.)
vancomycin hcl oral capsule 250 mg	1	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	1	SL (3 tablets per day.)
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML (vancomycin hcl)	3	PA; SL (3 tablets per day.)
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (sofosbuvir-velpatasvir)	2	PA; SL (3 tablets per day.); SMCS; SP
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (sofosbuvir-velpatasvir)	2	PA; SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (ledipasvir-sofosbuvir)	2	PA; ST; SL (3 tablets per day.); SMCS
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (ledipasvir-sofosbuvir)	2	PA; ST; SL (3 tablets per day.); SMCS
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA; ST; SL (56 tablets per 720 days.); SMCS
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; SL (84 tablets per 720 days.); SMCS; SP
SOVALDI ORAL PACKET 150 MG, 200 MG (sofosbuvir)	4	PA; ST; SL (3 tablets per day.); SMCS; SP
SOVALDI ORAL TABLET 200 MG (sofosbuvir)	4	PA; ST; SL (3 tablets per day.); SMCS
SOVALDI ORAL TABLET 400 MG (sofosbuvir)	4	PA; ST; SL (3 tablets per day.); SMCS; SP
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuv-velpatasv-voxilaprev)	2	PA; SL (3 tablets per day.); SMCS; SP
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL PACKET 50-20 MG (glecaprevir-pibrentasvir)	2	PA; SL (5 packets per day and 280 packets per 720 days.); SMCS; SP
MAVYRET ORAL TABLET 100-40 MG (glecaprevir-pibrentasvir)	2	PA; SL (168 tablets per 720 days.); SMCS; SP
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuv-velpatasv-voxilaprev)	2	PA; SL (3 tablets per day.); SMCS; SP
ZEPATIER ORAL TABLET 50-100 MG (elbasvir-grazoprevir)	2	PA; SL (84 tablets per 720 days (12 weeks).); SMCS; SP
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (sofosbuvir-velpatasvir)	2	PA; SL (3 tablets per day.); SMCS; SP
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (sofosbuvir-velpatasvir)	2	PA; SL (3 tablets per day.); SMCS; SP
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (ledipasvir-sofosbuvir)	2	PA; ST; SL (3 tablets per day.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (ledipasvir-sofosbuvir)	2	PA; ST; SL (3 tablets per day.); SMCS
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA; ST; SL (56 tablets per 720 days.); SMCS
MAVYRET ORAL PACKET 50-20 MG (glecaprevir-pibrentasvir)	2	PA; SL (5 packets per day and 280 packets per 720 days.); SMCS; SP
MAVYRET ORAL TABLET 100-40 MG (glecaprevir-pibrentasvir)	2	PA; SL (168 tablets per 720 days.); SMCS; SP
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; SL (84 tablets per 720 days.); SMCS; SP
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuv-velpatasv-voxilaprev)	2	PA; SL (3 tablets per day.); SMCS; SP
ZEPATIER ORAL TABLET 50-100 MG (elbasvir-grazoprevir)	2	PA; SL (84 tablets per 720 days (12 weeks).); SMCS; SP
HIV CAPSID INHIBITORS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (lenacapavir sodium)	4	PA; SL (3 tablets per day.)
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (enfuvirtide)	4	M; SMCS
maraviroc oral tablet 150 mg, 300 mg	2	PA; SL (3 tablets per day.)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (fostemsavir tromethamine)	4	PA; SL (3 tablets per day.)
SELZENTRY ORAL SOLUTION 20 MG/ML (maraviroc)	2	PA; SL (3 tablets per day.)
SELZENTRY ORAL TABLET 150 MG, 300 MG (maraviroc)	4	PA; SL (3 tablets per day.)
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (bictegravir-emtricitab-tenofo)	3	SL (3 tablets per day.)
DOVATO ORAL TABLET 50-300 MG (dolutegravir-lamivudine)	2	SL (3 tablets per day.)
GENVOYA ORAL TABLET 150-150-200-10 MG (elviteg-cobic-emtricit-tenofaf)	2	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ISENTRESS HD ORAL TABLET 600 MG (raltegravir potassium)	2	
ISENTRESS ORAL PACKET 100 MG (raltegravir potassium)	2	
ISENTRESS ORAL TABLET 400 MG (raltegravir potassium)	2	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (raltegravir potassium)	2	
JULUCA ORAL TABLET 50-25 MG (dolutegravir-rilpivirine)	2	SL (3 tablets per day.)
STRIBILD ORAL TABLET 150-150-200-300 MG (elviteg-cobic-emtricit-tenofdf)	2	SL (3 tablets per day.)
TIVICAY ORAL TABLET 50 MG (dolutegravir sodium)	3	SL (3 tablets per day.)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (dolutegravir sodium)	3	SL (3 tablets per day.)
TRIUMEQ ORAL TABLET 600-50-300 MG (abacavir-dolutegravir-lamivud)	2	SL (3 tablets per day.)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (abacavir-dolutegravir-lamivud)	2	SL (3 tablets per day.)
VOCABRIA ORAL TABLET 30 MG (cabotegravir sodium)	4	SL (3 tablets per day.)
HIV NONNUCLEOSIDE REV.TRANSSCRIP. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (bictegravir-emtricitab-tenofov)	3	SL (3 tablets per day.)
COMPLERA ORAL TABLET 200-25-300 MG (emtricitab-rilpivir-tenofovir)	3	SL (3 tablets per day.)
DELSTRIGO ORAL TABLET 100-300-300 MG (doravirin-lamivudin-tenofov df)	2	SL (1 tablet per day.)
EDURANT ORAL TABLET 25 MG (rilpivirine hcl)	2	SL (3 tablets per day.)
efavirenz oral capsule 200 mg, 50 mg	2	SL (3 tablets per day.)
efavirenz oral tablet 600 mg	2	SL (3 tablets per day.)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	2	SL (3 tablets per day.)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	2	SL (3 tablets per day.)
etravirine oral tablet 100 mg, 200 mg	2	SL (3 tablets per day.)
INTELENCE ORAL TABLET 100 MG, 200 MG (etravirine)	4	SL (3 tablets per day.)
INTELENCE ORAL TABLET 25 MG (etravirine)	2	SL (3 tablets per day.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	SL (3 tablets per day.)
emtricitabine-tenofovir df oral tablet 200-300 mg	1	SL (1 tablet per day.); H
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	4	SL (3 tablets per day.)
EMTRIVA ORAL SOLUTION 10 MG/ML (emtricitabine)	2	SL (3 tablets per day.)
EPIVIR ORAL SOLUTION 10 MG/ML (lamivudine)	4	SL (3 tablets per day.)
EPIVIR ORAL TABLET 150 MG, 300 MG (lamivudine)	4	SL (3 tablets per day.)
GENVOYA ORAL TABLET 150-150-200-10 MG (elviteg-cobic-emtricit-tenofaf)	2	SL (3 tablets per day.)
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	SL (3 tablets per day.)
lamivudine-zidovudine oral tablet 150-300 mg	1	
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitab-rilpivir-tenofov af)	3	SL (3 tablets per day.)
RETROVIR ORAL CAPSULE 100 MG (zidovudine)	4	SL (3 tablets per day.)
RETROVIR ORAL SYRUP 50 MG/5ML (zidovudine)	3	SL (3 tablets per day.)
STRIBILD ORAL TABLET 150-150-200-300 MG (elviteg-cobic-emtricit-tenofdf)	2	SL (3 tablets per day.)
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz-lamivudine-tenofovir)	2	SL (3 tablets per day.)
SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivudine-tenofovir)	2	SL (3 tablets per day.)
SYMTUZA ORAL TABLET 800-150-200-10 MG (darun-cobic-emtricit-tenofaf)	3	SL (3 tablets per day.)
tenofovir disoproxil fumarate oral tablet 300 mg	1	SL (3 tablets per day.); H
TRIUMEQ ORAL TABLET 600-50-300 MG (abacavir-dolutegravir-lamivud)	2	SL (3 tablets per day.)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (abacavir-dolutegravir-lamivud)	2	SL (3 tablets per day.)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (emtricitabine-tenofovir df)	4	SL (3 tablets per day.)
VIREAD ORAL POWDER 40 MG/GM (tenofovir disoproxil fumarate)	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (tenofovir disoproxil fumarate)	2	SL (3 tablets per day.)
ZIAGEN ORAL SOLUTION 20 MG/ML (abacavir sulfate)	4	SL (3 tablets per day.)
zidovudine oral capsule 100 mg	1	SL (3 tablets per day.)
zidovudine oral syrup 50 mg/5ml	1	SL (3 tablets per day.)
zidovudine oral tablet 300 mg	1	SL (3 tablets per day.)
HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (tipranavir)	2	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	2	
darunavir oral tablet 600 mg, 800 mg	1	
EVOTAZ ORAL TABLET 300-150 MG (atazanavir-cobicistat)	2	
fosamprenavir calcium oral tablet 700 mg	2	
KALETRA ORAL SOLUTION 400-100 MG/5ML (lopinavir-ritonavir)	4	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (lopinavir-ritonavir)	4	
lopinavir-ritonavir oral solution 400-100 mg/5ml	2	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	2	SL (3 tablets per day.)
NORVIR ORAL PACKET 100 MG (ritonavir)	2	
PREZCOBIX ORAL TABLET 800-150 MG (darunavir-cobicistat)	2	SL (3 tablets per day.)
PREZISTA ORAL SUSPENSION 100 MG/ML (darunavir)	2	SL (3 tablets per day.)
PREZISTA ORAL TABLET 150 MG, 75 MG (darunavir)	2	SL (3 tablets per day.)
REYATAZ ORAL PACKET 50 MG (atazanavir sulfate)	2	
ritonavir oral tablet 100 mg	2	SL (3 tablets per day.)
SYMTUZA ORAL TABLET 800-150-200-10 MG (darun-cobic-entricit-tenofaf)	3	SL (3 tablets per day.)
VIRACEPT ORAL TABLET 250 MG, 625 MG (nelfinavir mesylate)	2	SL (3 tablets per day.)
INTERFERON ANTIVIRALS - Drugs for Viral Infections		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (ropeginterferon alfa-2b-njft)	4	PA; ST; M; SL (0.08 ml per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (peginterferon alfa-2a)	2	M; SMCS; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (peginterferon alfa-2a)	2	M; SMCS; SP
LINCOMYCIN ANTIBIOTICS - Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG (clindamycin hcl)	4	
CLEOCIN ORAL CAPSULE 75 MG (clindamycin hcl)	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (clindamycin palmitate hcl)	4	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	SL (3 tablets per day.)
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	2	
MONOBACTAM ANTIBIOTICS - Antibiotics		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (aztreonam lysine)	4	PA; ST; SL (3 tablets per day.); SMCS; SP
MONOCLONAL ANTIBODY ANTIVIRALS - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (nirsevimab-alip)	3	SL (3 tablets per day.); H
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	2	SL (3 tablets per day.)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	2	SL (180 ml per month.)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (zanamivir)	3	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
acyclovir oral capsule 200 mg	1	SL (3 tablets per day.)
acyclovir oral suspension 200 mg/5ml	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
acyclovir oral tablet 400 mg, 800 mg	1	
adefovir dipivoxil oral tablet 10 mg	2	SL (3 tablets per day.)
BARACLUDE ORAL SOLUTION 0.05 MG/ML (entecavir)	2	
entecavir oral tablet 0.5 mg, 1 mg	1	
famciclovir oral tablet 125 mg, 500 mg	2	
famciclovir oral tablet 250 mg	2	SL (3 tablets per day.)
LAGEVRIO ORAL CAPSULE 200 MG (molnupiravir)	2	SM
ribavirin inhalation solution reconstituted 6 gm	3	SL (3 tablets per day.)
ribavirin oral capsule 200 mg	1	SL (3 tablets per day.)
ribavirin oral tablet 200 mg	1	SL (3 tablets per day.)
TEMBEXA ORAL SUSPENSION 10 MG/ML (brincidofovir)	4	
TEMBEXA ORAL TABLET 100 MG (brincidofovir)	4	
valacyclovir hcl oral tablet 1 gm, 500 mg	1	SL (3 tablets per day.)
valganciclovir hcl oral solution reconstituted 50 mg/ml	1	
valganciclovir hcl oral tablet 450 mg	1	SL (3 tablets per day.)
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM (ribavirin)	4	
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
azithromycin oral packet 1 gm	1	SL (3 tablets per day.)
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (fidaxomicin)	3	SL (3 tablets per day.)
DIFICID ORAL TABLET 200 MG (fidaxomicin)	3	SL (3 tablets per day.)
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicillin-clarithro-omeprazole)	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (amoxicill-clarithro-vonoprazan)	4	PA; ST; SL (112 tablets per 180 days.)
ZITHROMAX ORAL PACKET 1 GM (azithromycin)	4	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (azithromycin)	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (azithromycin)	4	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (azithromycin)	4	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (azithromycin)	4	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
linezolid oral suspension reconstituted 100 mg/5ml	2	
linezolid oral tablet 600 mg	2	SL (3 tablets per day.)
SIVEXTRO ORAL TABLET 200 MG (tedizolid phosphate)	3	SL (3 tablets per day.)
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (linezolid)	4	
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	
POLYENE ANTIFUNGALS - Drugs for Fungus		
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral tablet 500000 unit	1	
POLYMYXIN ANTIBIOTICS - Antibiotics		
colistimethate sodium (cba) injection solution reconstituted 150 mg	1	M; SL (3 tablets per day.)
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (colistimethate sodium)	4	M; SL (3 tablets per day.)
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG (flucytosine)	4	
ANCOBON ORAL CAPSULE 500 MG (flucytosine)	3	
flucytosine oral capsule 250 mg, 500 mg	1	SL (3 tablets per day.)
QUINOLONE ANTIBIOTICS - Antibiotics		
BAXDELA ORAL TABLET 450 MG (delafloxacin meglumine)	3	SL (3 tablets per day.)
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (ciprofloxacin)	3	SL (3 tablets per day.)
CIPRO ORAL TABLET 250 MG, 500 MG (ciprofloxacin hcl)	4	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg	1	
levofloxacin oral tablet 750 mg	1	SL (3 tablets per day.)
moxifloxacin hcl oral tablet 400 mg	3	
ofloxacin oral tablet 300 mg, 400 mg	1	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (rifamycin sodium)	3	SL (3 tablets per day.)
MYCOBUTIN ORAL CAPSULE 150 MG (rifabutin)	4	
PRIFTIN ORAL TABLET 150 MG (rifapentine)	2	
rifabutin oral capsule 150 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	SL (3 tablets per day.)
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (rifampin)	3	PA; SL (3 tablets per day.)
XIFAXAN ORAL TABLET 200 MG, 550 MG (rifaximin)	3	PA; SL (3 tablets per day.)
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	4	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	4	
BACTRIM DS ORAL TABLET 800-160 MG (sulfamethoxazole-trimethoprim)	4	SL (3 tablets per day.)
BACTRIM ORAL TABLET 400-80 MG (sulfamethoxazole-trimethoprim)	4	SL (3 tablets per day.)
sulfadiazine oral tablet 500 mg	1	SL (3 tablets per day.)
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	SL (3 tablets per day.)
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	SL (3 tablets per day.)
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	SL (3 tablets per day.)
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TETRACYCLINE ANTIBIOTICS - Antibiotics		
AVIDOXY DK COMBINATION KIT 100 MG (doxycycline-sunscreen-sal acid)	3	SL (3 tablets per day.)
avidoxy oral tablet 100 mg	1	SL (3 tablets per day.)
bis subcit-metronid-tetracycl oral capsule 140-125-125 mg	3	SL (3 tablets per day.)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	3	SL (3 tablets per day.)
demeclocycline hcl oral tablet 150 mg, 300 mg	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	SL (3 tablets per day.)
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	3	SL (3 tablets per day.)
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
minocycline hcl oral capsule 100 mg, 75 mg	1	SL (3 tablets per day.)
minocycline hcl oral capsule 50 mg	1	
monodoxyne nl oral capsule 100 mg	1	SL (3 tablets per day.)
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracycl)	4	SL (3 tablets per day.)
tetracycline hcl oral capsule 250 mg	3	SL (3 tablets per day.)
tetracycline hcl oral capsule 500 mg	3	
VIBRAMYCIN ORAL CAPSULE 100 MG (doxycycline hyclate)	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (doxycycline monohydrate)	4	
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
BACTRIM DS ORAL TABLET 800-160 MG (sulfamethoxazole-trimethoprim)	4	SL (3 tablets per day.)
BACTRIM ORAL TABLET 400-80 MG (sulfamethoxazole-trimethoprim)	4	SL (3 tablets per day.)
fosfomycin tromethamine oral packet 3 gm	3	SL (3 tablets per day.)
HIPREX ORAL TABLET 1 GM (methenamine hippurate)	4	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MACROBID ORAL CAPSULE 100 MG (nitrofurantoin monohyd macro)	4	SL (3 tablets per day.)
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (nitrofurantoin macrocrystal)	4	SL (3 tablets per day.)
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	SL (3 tablets per day.)
methenamine hippurate oral tablet 1 gm	1	SL (3 tablets per day.)
methenamine mandelate oral tablet 0.5 gm, 1 gm	1	SL (3 tablets per day.)
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg	1	
nitrofurantoin macrocrystal oral capsule 50 mg	1	SL (3 tablets per day.)
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5ml	3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	SL (3 tablets per day.)
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	SL (3 tablets per day.)
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
trimethoprim oral tablet 100 mg	1	
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
uretron d/s oral tablet 81.6 mg	1	
urin ds oral tablet 81.6 mg	1	SL (3 tablets per day.)
UROGESIC-BLUE ORAL TABLET 81.6 MG (methen-hyosc-meth blue-na phos)	2	
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	SL (3 tablets per day.)
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	2	PA; SL (3 tablets per day.); SMCS; SP; CM
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (niraparib-abiraterone acetate)	4	PA; ST; SL (3 tablets per day.); SMCS; SP; CM
ALECENSA ORAL CAPSULE 150 MG (alectinib hcl)	2	PA; SL (3 tablets per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALUNBRIG ORAL TABLET 180 MG, 30 MG (brigatinib)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
anastrozole oral tablet 1 mg	1	H
AUGTYRO ORAL CAPSULE 40 MG (repotrectinib)	2	PA; SL (8 capsules per day.); SMCS; SP; CM
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (avapritinib)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (erdafitinib)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (ropeginterferon alfa-2b-njft)	4	PA; ST; M; SL (0.08 ml per day.)
bexarotene external gel 1 %	3	SL (3 tablets per day.); SMCS; SP
bexarotene oral capsule 75 mg	2	SMCS; CM
bicalutamide oral tablet 50 mg	1	CM
BOSULIF ORAL CAPSULE 100 MG (bosutinib)	2	PA; ST; SL (3 Capsules per day.); SMCS; SP; CM
BOSULIF ORAL CAPSULE 50 MG (bosutinib)	2	PA; ST; SL (1 Capsule per day.); SMCS; SP; CM
BOSULIF ORAL TABLET 100 MG (bosutinib)	2	PA; ST; SL (4 tablets per day.); SMCS; SP; CM
BOSULIF ORAL TABLET 400 MG, 500 MG (bosutinib)	2	PA; ST; SL (1 tablet per day.); SMCS; SP; CM
BRAFTOVI ORAL CAPSULE 75 MG (encorafenib)	4	PA; ST; SL (3 tablets per day.); SMCS; SP; CM
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	3	PA; ST; SL (4 capsules per day.); SMCS; SP; CM
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (cabozantinib s-malate)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
CALQUENCE ORAL TABLET 100 MG (acalabrutinib maleate)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
capecitabine oral tablet 150 mg, 500 mg	1	SL (3 tablets per day.); SMCS; SP; CM
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	2	PA; SL (3 tablets per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CASODEX ORAL TABLET 50 MG (bicalutamide)	4	SL (3 tablets per day.); CM
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG (cabozantinib s-malate)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	4	PA; SL (2 capsules per day.); SMCS; SP; CM
COTELLIC ORAL TABLET 20 MG (cobimetinib fumarate)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
cyclophosphamide oral capsule 25 mg, 50 mg	2	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM
DAURISMO ORAL TABLET 100 MG, 25 MG (glasdegib maleate)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
DROXIA ORAL CAPSULE 200 MG, 300 MG (hydroxyurea)	2	CM
DROXIA ORAL CAPSULE 400 MG (hydroxyurea)	2	SL (3 tablets per day.); CM
EMCYT ORAL CAPSULE 140 MG (estramustine phosphate sodium)	2	CM
ERIVEDGE ORAL CAPSULE 150 MG (vismodegib)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
ERLEADA ORAL TABLET 240 MG (apalutamide)	2	PA; SL (3 tablets per day.); SMCS
ERLEADA ORAL TABLET 60 MG (apalutamide)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
erlotinib hcl oral tablet 100 mg, 150 mg	2	PA; SL (1 tablet per day.); SMCS; SP; CM
erlotinib hcl oral tablet 25 mg	2	PA; SL (3 tablets per day.); SMCS; SP; CM
etoposide oral capsule 50 mg	1	SMCS; SP; CM
everolimus oral tablet 10 mg, 7.5 mg	2	PA; SL (2 tablets per day.); SMCS; SP; CM
everolimus oral tablet 2.5 mg	2	PA; SL (1 tablet per day.); SMCS; SP; CM
everolimus oral tablet 5 mg	2	PA; SL (3 tablets per day.); SMCS; SP; CM
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	2	PA; SL (1 tablet per day.); SMCS; SP; CM
exemestane oral tablet 25 mg	2	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EXKIVITY ORAL CAPSULE 40 MG (mobocertinib succinate)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (degarelix acetate)	3	M; SL (3 tablets per day.); SMCS; SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (degarelix acetate)	3	M; SL (3 tablets per day.); SMCS; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (tivozanib hcl)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (fruquintinib)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
GAVRETO ORAL CAPSULE 100 MG (pralsetinib)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
gefitinib oral tablet 250 mg	3	PA; SL (2 tablets per day.); SMCS; SP; CM
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib dimaleate)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	2	SL (3 tablets per day.); SMCS; SP; CM
HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG (melphalan hcl)	3	M
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG (melphalan hcl)	3	M
HYCANTIN ORAL CAPSULE 0.25 MG (topotecan hcl)	2	PA; SL (15 capsules per 15 days.); SMCS; SP; CM
HYCANTIN ORAL CAPSULE 1 MG (topotecan hcl)	2	PA; SL (305 capsules per 15 days.); SMCS; SP; CM
HYDREA ORAL CAPSULE 500 MG (hydroxyurea)	4	SL (3 tablets per day.); CM
hydroxyurea oral capsule 500 mg	1	CM
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	2	PA; SL (21 capsules per month.); SMCS; SP; CM
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (palbociclib)	2	PA; SL (0.75 tablets per day.); SMCS; SP; CM
ICLUSIG ORAL TABLET 15 MG, 45 MG (ponatinib hcl)	3	PA; SL (3 tablets per day.); SMCS; SP; CM
IDHIFA ORAL TABLET 100 MG, 50 MG (enasidenib mesylate)	2	PA; SL (3 tablets per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
imatinib mesylate oral tablet 100 mg	1	PA; SL (6 tablets per day.); SMCS; SP; CM
imatinib mesylate oral tablet 400 mg	1	PA; SL (1 tablet per day.); SMCS; SP; CM
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (ibrutinib)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
IMBRUVICA ORAL SUSPENSION 70 MG/ML (ibrutinib)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
IMBRUVICA ORAL TABLET 420 MG (ibrutinib)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
INLYTA ORAL TABLET 1 MG (axitinib)	3	PA; SL (6 tablets per day.); SMCS; SP; CM
INLYTA ORAL TABLET 5 MG (axitinib)	3	PA; SL (124 tablets per 30 days.); SMCS; SP; CM
INQOVI ORAL TABLET 35-100 MG (decitabine-cedazuridine)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
INREBIC ORAL CAPSULE 100 MG (fedratinib hcl)	4	PA; ST; SL (3 tablets per day.); SMCS; SP; CM
IRESSA ORAL TABLET 250 MG (gefitinib)	4	PA; SL (2 tablets per day.); SMCS; SP; CM
IWILFIN ORAL TABLET 192 MG (eflornithine hcl)	2	PA; SL (8 tablets per day.); SMCS; SP; CM
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (ruxolitinib phosphate)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
JAYPIRCA ORAL TABLET 100 MG (pirtobrutinib)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
JAYPIRCA ORAL TABLET 50 MG (pirtobrutinib)	4	PA; SL (1 tablet per day.); SMCS; SP; CM
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	4	PA; CM
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (ribociclib-letrozole)	4	PA; ST; SL (Benefit maximum quantity 49 tablets 21 days.); SMCS; CM
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (ribociclib-letrozole)	4	PA; ST; SL (Benefit maximum quantity 70 tablets per 21 days.); SMCS; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (ribociclib-letrozole)	4	PA; ST; SL (Benefit maximum quantity 91 tablets per 21 days.); SMCS; CM
KISQALI ORAL TABLET THERAPY PACK 200 MG (ribociclib succinate)	4	PA; ST; SL (21 tablets per month.); SMCS; SP; CM
KISQALI ORAL TABLET THERAPY PACK 200 MG (ribociclib succinate)	4	PA; ST; SL (42 tablets per 21 days.); SMCS; SP; CM
KISQALI ORAL TABLET THERAPY PACK 200 MG (ribociclib succinate)	4	PA; ST; SL (63 tablets per 21 days.); SMCS; SP; CM
KOSELUGO ORAL CAPSULE 10 MG (selumetinib sulfate)	3	PA; SL (8 capsules per day.); SMCS; SP; CM
KOSELUGO ORAL CAPSULE 25 MG (selumetinib sulfate)	3	PA; SL (4 capsules per day.); SMCS; SP; CM
KRAZATI ORAL TABLET 200 MG (adagrasib)	4	PA; SL (6 tablets per day.); SMCS; SP; CM
lapatinib ditosylate oral tablet 250 mg	2	PA; SL (3 tablets per day.); SMCS; SP; CM
lenalidomide oral capsule 10 mg, 2.5 mg, 5 mg	2	PA; SL (28 capsules per 21 days.); SMCS; SP; CM
lenalidomide oral capsule 15 mg, 20 mg, 25 mg	2	PA; SL (21 capsules per 21 days.); SMCS; SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG (lenvatinib mesylate)	3	PA; SL (3 tablets per day.); SMCS; SP; CM
letrozole oral tablet 2.5 mg	1	H
LEUKERAN ORAL TABLET 2 MG (chlorambucil)	2	CM
leuprolide acetate injection kit 1 mg/0.2ml	1	PA; M; SMCS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (trifluridine-tipiracil)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
LORBRENA ORAL TABLET 100 MG, 25 MG (lorlatinib)	3	PA; ST; SMCS; SP; CM
LUMAKRAS ORAL TABLET 120 MG, 320 MG (sotorasib)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
LYNPARZA ORAL TABLET 100 MG, 150 MG (olaparib)	2	PA; SL (4 tablets per day.); SMCS; SP; CM
LYSODREN ORAL TABLET 500 MG (mitotane)	2	CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (futibatinib)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (futibatinib)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (futibatinib)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
MATULANE ORAL CAPSULE 50 MG (procarbazine hcl)	2	SL (3 tablets per day.); SMCS; SP; CM
megestrol acetate oral suspension 40 mg/ml	1	SL (3 tablets per day.)
megestrol acetate oral suspension 625 mg/5ml	3	SL (3 tablets per day.)
megestrol acetate oral tablet 20 mg, 40 mg	1	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (trametinib dimethyl sulfoxide)	4	ST; SL (17.4 ml per day.); SMCS; SP; CM
MEKINIST ORAL TABLET 0.5 MG (trametinib dimethyl sulfoxide)	4	PA; ST; SL (2 tablets per day.); SMCS; SP; CM
MEKINIST ORAL TABLET 2 MG (trametinib dimethyl sulfoxide)	4	PA; ST; SL (1 tablet per day.); SMCS; SP; CM
MEKTOVI ORAL TABLET 15 MG (binimetinib)	4	PA; ST; SL (3 tablets per day.); SMCS; SP; CM
mercaptopurine oral tablet 50 mg	1	SL (3 tablets per day.); CM
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	M; SL (3 tablets per day.)
methotrexate sodium injection solution reconstituted 1 gm	1	M
methotrexate sodium oral tablet 2.5 mg	1	CM
MYLERAN ORAL TABLET 2 MG (busulfan)	2	CM
NERLYNX ORAL TABLET 40 MG (neratinib maleate)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (ixazomib citrate)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
NUBEQA ORAL TABLET 300 MG (darolutamide)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
ODOMZO ORAL CAPSULE 200 MG (sonidegib phosphate)	2	PA; SL (3 tablets per day.); SMCS; SP; CM

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OGSIVEO ORAL TABLET 150 MG (nirogacestat hydrobromide)	2	PA; SMCS; SP; CM
OGSIVEO ORAL TABLET 50 MG (nirogacestat hydrobromide)	2	PA; SL (6 tablets per day.); SMCS; SP; CM
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (tovorafenib)	4	PA; SMCS; SP; CM
OJEMDA ORAL TABLET 100 MG (tovorafenib)	4	PA; SMCS; SP; CM
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (momelotinib dihydrochloride)	4	PA; SL (1 tablet per day.); SMCS; SP; CM
ONUREG ORAL TABLET 200 MG, 300 MG (azacitidine)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
ORGOVYX ORAL TABLET 120 MG (relugolix)	3	PA; SL (1 tablet per day); SMCS; SP; CM
ORSERDU ORAL TABLET 345 MG, 86 MG (elacestrant hydrochloride)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
pazopanib hcl oral tablet 200 mg	3	PA; SL (4 tablets per day.); SMCS; SP; CM
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (pemigatinib)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG (alpelisib)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
PIQRAY ORAL TABLET THERAPY PACK 200 MG (alpelisib)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	3	PA; SL (3 tablets per day.); SMCS; SP; CM
PURIXAN ORAL SUSPENSION 2000 MG/100ML (mercaptopurine)	4	SL (3 tablets per day.); SMCS; SP; CM
QINLOCK ORAL TABLET 50 MG (ripretinib)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
RETEVMO ORAL CAPSULE 40 MG (selpercatinib)	4	PA; SL (6 capsules per day.); SMCS; SP; CM
RETEVMO ORAL CAPSULE 80 MG (selpercatinib)	4	PA; SMCS; SP; CM
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
REZLIDHIA ORAL CAPSULE 150 MG (olutasidenib)	2	PA; SL (3 tablets per day.); SMCS; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (entrectinib)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
ROZLYTREK ORAL PACKET 50 MG (entrectinib)	2	SL (3 tablets per day.); SMCS; SP; CM
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (rucaparib camsylate)	3	PA; ST; SL (3 tablets per day.); SMCS; SP; CM
RYDAPT ORAL CAPSULE 25 MG (midostaurin)	2	PA; SL (8 capsules per day.); SMCS; SP; CM
SCEMBLIX ORAL TABLET 20 MG, 40 MG (asciminib hcl)	4	PA; SL (2 tablets per day.); SMCS; SP; CM
sorafenib tosylate oral tablet 200 mg	2	PA; SL (3 tablets per day.); SMCS; SP; CM
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (dasatinib)	4	PA; ST; SL (1 tablet per day.); SP; CM
SPRYCEL ORAL TABLET 20 MG (dasatinib)	4	PA; ST; SL (2 tablets per day.); SMCS; SP; CM
STIVARGA ORAL TABLET 40 MG (regorafenib)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
sunitinib malate oral capsule 12.5 mg	2	PA; SL (3 tablets per day.); SMCS; SP; CM
sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg	2	PA; SL (1 capsule per day.); SMCS; SP; CM
TABLOID ORAL TABLET 40 MG (thioguanine)	2	SMCS; SP; CM
TABRECTA ORAL TABLET 150 MG, 200 MG (capmatinib hcl)	4	PA; SL (4 tablets per day.); SMCS; SP; CM
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (dabrafenib mesylate)	4	PA; ST; SL (4 capsules per day.); SMCS; SP; CM
TAFINLAR ORAL TABLET SOLUBLE 10 MG (dabrafenib mesylate)	4	ST; SL (12 tablets per day.); SMCS; SP; CM
TAGRISSE ORAL TABLET 40 MG, 80 MG (osimertinib mesylate)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (talazoparib tosylate)	4	PA; ST; SL (1 capsule per day.); SMCS; SP; CM
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG (nilotinib hcl)	2	PA; ST; SL (4 capsules per day.); SP; CM
TASIGNA ORAL CAPSULE 50 MG (nilotinib hcl)	2	PA; ST; SL (4 capsules per day.); SMCS; SP; CM
TAZVERIK ORAL TABLET 200 MG (tazemetostat hbr)	4	PA; SL (8 tablets per day.); SMCS; SP; CM
temozolomide oral capsule 100 mg, 140 mg, 20 mg, 250 mg, 5 mg	1	PA; SMCS; SP; CM
temozolomide oral capsule 180 mg	1	PA; SL (3 tablets per day.); SMCS; SP; CM
TEPMETKO ORAL TABLET 225 MG (tepotinib hcl)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
TIBSOVO ORAL TABLET 250 MG (ivosidenib)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
toremifene citrate oral tablet 60 mg	2	SL (3 tablets per day.); CM
tretinoin oral capsule 10 mg	2	SL (279 capsules per prescription.); SMCS; SP; CM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	SL (3 tablets per day.); CM
TRUQAP ORAL TABLET 160 MG, 200 MG (capivasertib)	2	PA; SL (64 tablets per month.); SP
TUKYSA ORAL TABLET 150 MG, 50 MG (tucatinib)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
TURALIO ORAL CAPSULE 125 MG (pexidartinib hcl)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (quizartinib dihydrochloride)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
VENCLEXTA ORAL TABLET 10 MG, 100 MG (venetoclax)	2	PA; SL (4 tablets per day.); SMCS; SP; CM
VENCLEXTA ORAL TABLET 50 MG (venetoclax)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (venetoclax)	2	PA; SL (42 tablets per year.); SMCS; SP; CM
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (abemaciclib)	2	PA; SL (2 tablets per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (larotrectinib sulfate)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
VITRAKVI ORAL SOLUTION 20 MG/ML (larotrectinib sulfate)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (dacomitinib)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
VONJO ORAL CAPSULE 100 MG (pacritinib citrate)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
WELIREG ORAL TABLET 40 MG (belzutifan)	4	PA; SL (3 tablets day.); SMCS; SP; CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	4	PA; SL (3 tablets per day.); CM
XOSPATA ORAL TABLET 40 MG (gilteritinib fumarate)	3	PA; SL (3 tablets per day.); SMCS; SP; CM
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (selinexor)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (selinexor)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (selinexor)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (selinexor)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (selinexor)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (selinexor)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (selinexor)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
XTANDI ORAL CAPSULE 40 MG (enzalutamide)	2	PA; SL (4 capsules per day.); SMCS; SP; CM
XTANDI ORAL TABLET 40 MG (enzalutamide)	2	PA; SL (4 tablets per day.); SMCS; SP; CM
XTANDI ORAL TABLET 80 MG (enzalutamide)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (niraparib tosylate)	2	PA; SL (1 tablet per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZELBORAF ORAL TABLET 240 MG (vemurafenib)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
ZOLINZA ORAL CAPSULE 100 MG (vorinostat)	2	PA; SL (4 capsules per day.); SMCS; SP; CM
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS (THERAPEUTIC) - DRUGS FOR THE IMMUNE SYSTEM		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (timothy grass pollen allergen)	4	PA; SL (3 tablets per day.)
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (dust mite mixed allergen ext)	4	PA; SL (3 tablets per day.)
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (grass mix pollens allergen ext)	4	PA; SL (3 tablets per day.)
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (grass mix pollens allergen ext)	4	PA; SL (3 tablets per day.)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (grass mix pollens allergen ext)	4	PA; SL (3 tablets per day.)
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG (peanut powder-dnfp)	3	PA; SL (3 tablets per day.); SMCS; SP
PALFORZIA ORAL PACKET 300 MG (peanut powder-dnfp)	3	PA; SL (3 tablets per day.); SMCS; SP
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (short ragweed pollen ext)	4	PA; SL (3 tablets per day.)
TOXOIDS - Vaccines		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (tetanus-diphth-acell pertussis)	3	SL (3 tablets per day.); H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (tetanus-diphth-acell pertussis)	2	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (tetanus-diphth-acell pertussis)	2	SL (3 tablets per day.); H
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (diphth-acell pertussis-tetanus)	2	M; SL (3 tablets per day.); H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (diphth-acell pertussis-tetanus)	2	M; SL (3 tablets per day.); H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (diphth-acell pertussis-tetanus)	3	M; SL (3 tablets per day.); H
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dtap-hepatitis b recomb-ipv)	3	SL (3 tablets per day.); H
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (dtap-ipv-hib vaccine)	3	SL (3 tablets per day.); H
QUADRACEL INTRAMUSCULAR SUSPENSION (dtap-ipv vaccine)	3	SL (3 tablets per day.); H
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (tetanus-diphtheria toxoids td)	3	H
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (tetanus-diphtheria toxoids td)	3	SL (3 tablets per day.); H
VAXELIS INTRAMUSCULAR SUSPENSION (dtap-ipv-hib-hepatitis b recmb)	3	SL (3 tablets per day.); H
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dtap-ipv-hib-hepatitis b recmb)	3	SL (3 tablets per day.); H
VACCINES - Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (rsv pre-fusion f a&b vac rcmb)	3	H
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (haemophilus b polysac conj vac)	2	M; SL (3 tablets per day.); H
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (tetanus-diphth-acell pertussis)	3	SL (3 tablets per day.); H
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (influenza vac split quad)	3	SL (3 tablets per day.); H
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza vac split quad)	3	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (rsvpref3 vac recomb adjuvanted)	3	SL (3 tablets per day.); H
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (meningococcal b recomb omv adj)	3	SL (3 tablets per day.); H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (tetanus-diphth-acell pertussis)	2	SL (3 tablets per day.); H
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (tetanus-diphth-acell pertussis)	2	SL (3 tablets per day.); H
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML (covid-19 mrna virus vaccine)	3	H
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (covid-19 mrna virus vaccine)	3	H
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (diphth-acell pertussis-tetanus)	2	M; SL (3 tablets per day.); H
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (dengue virus vaccine live tetr)	3	SL (3 tablets per day.); H
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (hepatitis b vac recombinant)	2	SL (3 tablets per day.); H
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (hepatitis b vac recombinant)	2	SL (3 tablets per day.); H
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML (influenza vac a&b sa adj quad)	3	SL (3 tablets per day.); H
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza vac split quad)	3	SL (3 tablets per day.); H
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (influenza vac recomb ha quad)	3	SL (3 tablets per day.); H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (influenza vac subunit quad)	3	SL (3 tablets per day.); H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza vac subunit quad)	3	SL (3 tablets per day.); H
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza vac split quad)	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUMIST QUADRIVALENT NASAL SUSPENSION (influenza virus vac live quad)	3	SL (3 tablets per day.); H
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML (influenza vac high-dose quad)	3	SL (3 tablets per day.); H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (influenza vac split quad)	3	SL (3 tablets per day.); H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza vac split quad)	3	SL (3 tablets per day.); H
GARDASIL 9 INTRAMUSCULAR SUSPENSION (hvp 9-valent recomb vaccine)	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (hvp 9-valent recomb vaccine)	3	H
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (hepatitis a vaccine)	3	SL (3 tablets per day.); H
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (hepatitis b vac recomb adj)	3	SL (3 tablets per day.); H
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (haemophilus b polysac conj vac)	3	SL (3 tablets per day.); H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (diphth-acell pertussis-tetanus)	2	M; SL (3 tablets per day.); H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (diphth-acell pertussis-tetanus)	3	M; SL (3 tablets per day.); H
IPOL INJECTION INJECTABLE (poliovirus vaccine inactivated)	2	SL (3 tablets per day.); H
MENQUADFI INTRAMUSCULAR SOLUTION (mening acy&w-135 tetanus conj)	3	SL (3 tablets per day.); H
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (meningococcal a c y&w-135 olig)	3	SL (3 tablets per day.); H
M-M-R II INJECTION SOLUTION RECONSTITUTED (measles, mumps & rubella vac)	2	H
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML (covid-19 mrna virus vaccine)	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 5 MCG/0.5ML	3	H
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dtap-hepatitis b recomb-ipv)	3	SL (3 tablets per day.); H
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (haemophilus b polysac conj vac)	2	M; H
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (mening acyw(tet conj)-b(rcmb))	3	H
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (dtap-ipv-hib vaccine)	3	SL (3 tablets per day.); H
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (covid-19 mrna virus vaccine)	3	SL (3 tablets per day.); H
PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION 3 MCG/0.3ML	3	SL (3 tablets per day.); H
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML (pneumococcal vac polyvalent)	2	H
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML (hepatitis b vac 3-antigen rcmb)	3	M; H
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (pneumococcal 20-val conj vacc)	3	M; H
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (measles, mumps & rubella vac)	3	SL (3 tablets per day.); H
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (measles-mumps-rubella-varicell)	3	H
QUADRACEL INTRAMUSCULAR SUSPENSION (dtap-ipv vaccine)	3	SL (3 tablets per day.); H
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (hepatitis b vac recombinant)	2	H
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (hepatitis b vac recombinant)	2	H
ROTARIX ORAL SUSPENSION (rotavirus vaccine live oral)	3	SL (3 tablets per day.); H
ROTATEQ ORAL SOLUTION (rotavirus vac live pentavalent)	3	H
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (zoster vac recomb adjuvanted)	3	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML (covid-19 mrna virus vaccine)	3	H
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (covid-19 mrna virus vaccine)	3	H
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (meningococcal b vac (recomb))	3	H
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (hepatitis a-hep b recomb vac)	3	SL (3 tablets per day.); H
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (hepatitis a vaccine)	2	H
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML (varicella virus vaccine live)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION (dtap-ipv-hib-hepatitis b recmb)	3	SL (3 tablets per day.); H
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dtap-ipv-hib-hepatitis b recmb)	3	SL (3 tablets per day.); H
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (pneumococcal 15-val conj vacc)	3	M; H
AUTONOMIC DRUGS		
SMOKING CESSATION AGENTS		
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	SL (3 tablets per day.); H
ft nicotine mouth/throat gum 2 mg, 4 mg	1	SL (3 tablets per day.); H
ft nicotine mouth/throat lozenge 2 mg, 4 mg	1	SL (3 tablets per day.); H
goodsense nicotine mouth/throat gum 2 mg	1	H
goodsense nicotine mouth/throat lozenge 4 mg	1	H
habitrol transdermal patch 24 hour 21 mg/24hr	1	SL (3 tablets per day.); H
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG (nicotine polacrilex)	2	H
NICORETTE MOUTH/THROAT GUM 2 MG (nicotine polacrilex)	4	H
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (nicotine polacrilex)	2	H
nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nicotine polacrilex mini mouth/throat lozenge 2 mg	1	SL (3 tablets per day.); H
nicotine polacrilex mouth/throat lozenge 4 mg	1	SL (3 tablets per day.); H
nicotine transdermal kit 21-14-7 mg/24hr	1	SL (3 tablets per day.); H
nicotine transdermal patch 24 hour 21 mg/24hr	1	H
NICOTROL INHALATION INHALER 10 MG (nicotine)	4	H
NICOTROL NS NASAL SOLUTION 10 MG/ML (nicotine)	4	H
varenicline tartrate(continue) oral tablet 1 mg	3	SL (3 tablets per day.); H
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADRENALIN NASAL SOLUTION 0.1 % (epinephrine hcl (nasal))	2	SL (3 tablets per day.)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (epinephrine)	2	SL (3 tablets per day.)
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (pseudoeph-bromphen-dm)	3	SL (3 tablets per day.)
droxidopa oral capsule 100 mg	3	PA; SL (3 tablets per day.); SMCS; SP
droxidopa oral capsule 200 mg, 300 mg	3	PA; SL (180 tablets per month.); SMCS; SP
epinephrine hcl (nasal) nasal solution 0.1 %	1	SL (3 tablets per day.)
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	1	SL (2 injections per prescription.)
epinephrine injection solution auto-injector 0.15 mg/0.3ml	1	SL (4 injections per prescription.)
LETS KIT	3	PA; SL (3 tablets per day.)
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	3	
clonidine hcl oral tablet 0.1 mg, 0.2 mg	1	
clonidine hcl oral tablet 0.3 mg	1	SL (3 tablets per day.)
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LUCEMYRA ORAL TABLET 0.18 MG (lofexidine hcl)	4	PA; SL (192 tablets per year.)
METHYLDOPA ORAL TABLET 250 MG, 500 MG	4	PA; ST; SL (3 tablets per day.)
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
promethazine vc oral syrup 6.25-5 mg/5ml	1	
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (hyoscyamine sulfate)	2	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (umeclidinium-vilanterol)	3	SL (2 blisters per day.)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (ipratropium bromide hfa)	3	SL (0.87 grams per day.)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (glycopyrrolate-formoterol)	2	SL (0.36 grams per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (budeson-glycopyrrol-formoterol)	3	SL (0.36 grams per day.)
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	4	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	3	SL (0.28 grams per day.)
CUVPOSA ORAL SOLUTION 1 MG/5ML (glycopyrrolate)	4	
dicyclomine hcl oral capsule 10 mg	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	SL (3 tablets per day.)
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (aclidinium bromoterol fum)	4	SL (0.04 mcg per day.)
glycopyrrolate oral solution 1 mg/5ml	3	
glycopyrrolate oral tablet 1 mg	1	
glycopyrrolate oral tablet 2 mg	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	PA; SL (120 mL per prescription and 360 ml per month.)
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	PA; SL (3 tablets per day.)
hydromet oral solution 5-1.5 mg/5ml	1	PA; SL (120 mL per prescription and 360 ml per month.)
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	1	SL (3 tablets per day.)
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	SL (3 tablets per day.)
hyoscyamine sulfate oral solution 0.125 mg/ml	1	SL (3 tablets per day.)
hyoscyamine sulfate oral tablet 0.125 mg	1	SL (3 tablets per day.)
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	SL (3 tablets per day.)
hyosyne oral elixir 0.125 mg/5ml	1	SL (3 tablets per day.)
hyosyne oral solution 0.125 mg/ml	1	SL (3 tablets per day.)
ipratropium bromide inhalation solution 0.02 %	1	SL (3 tablets per day.)
ipratropium bromide nasal solution 0.03 %	1	
ipratropium bromide nasal solution 0.06 %	1	SL (3 tablets per day.)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	2	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (hyoscyamine sulfate)	4	SL (3 tablets per day.)
LEVSIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	4	SL (3 tablets per day.)
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (hyoscyamine sulfate)	4	SL (3 tablets per day.)
LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate-atropine)	4	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	SL (3 tablets per day.)
methscopolamine bromide oral tablet 2.5 mg	1	SL (3 tablets per day.)
methscopolamine bromide oral tablet 5 mg	1	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (hyoscyamine sulfate)	4	SL (3 tablets per day.)
OSCIMIN ORAL TABLET 0.125 MG	4	SL (3 tablets per day.)
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	4	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
scopolamine transdermal patch 72 hour 1 mg/3days	3	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (tiotropium bromide monohydrate)	2	SL (1 capsule per day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (tiotropium bromide monohydrate)	2	SL (0.15 grams per day.)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (tiotropium bromide-olodaterol)	2	SL (0.15 grams per day.)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	3	SL (2 blisters per day.)
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
uretron d/s oral tablet 81.6 mg	1	
urin ds oral tablet 81.6 mg	1	SL (3 tablets per day.)
UROGESIC-BLUE ORAL TABLET 81.6 MG (methen-hyosc-meth blue-na phos)	2	
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	SL (3 tablets per day.)
YUPELRI INHALATION SOLUTION 175 MCG/3ML (revefenacin)	4	PA; SL (3 tablets per day.)
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA; SL (3 tablets per day.)
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	SL (3 tablets per day.); H
ft nicotine mouth/throat gum 2 mg, 4 mg	1	SL (3 tablets per day.); H
ft nicotine mouth/throat lozenge 2 mg, 4 mg	1	SL (3 tablets per day.); H
goodsense nicotine mouth/throat gum 2 mg	1	H
goodsense nicotine mouth/throat lozenge 4 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
habitrol transdermal patch 24 hour 21 mg/24hr	1	SL (3 tablets per day.); H
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG (nicotine polacrilex)	2	H
NICORETTE MOUTH/THROAT GUM 2 MG (nicotine polacrilex)	4	H
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (nicotine polacrilex)	2	H
nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	SL (3 tablets per day.); H
nicotine polacrilex mini mouth/throat lozenge 2 mg	1	SL (3 tablets per day.); H
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
nicotine polacrilex mouth/throat lozenge 2 mg	1	H
nicotine polacrilex mouth/throat lozenge 4 mg	1	SL (3 tablets per day.); H
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	1	H
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	1	H
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	1	H
nicotine transdermal kit 21-14-7 mg/24hr	1	SL (3 tablets per day.); H
nicotine transdermal patch 24 hour 21 mg/24hr	1	H
NICOTROL INHALATION INHALER 10 MG (nicotine)	4	H
NICOTROL NS NASAL SOLUTION 10 MG/ML (nicotine)	4	H
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	3	SL (3 tablets per day.); H
varenicline tartrate oral tablet 0.5 mg	3	H
varenicline tartrate oral tablet 1 mg	3	SL (3 tablets per day.); H
varenicline tartrate(continue) oral tablet 1 mg	3	SL (3 tablets per day.); H
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	SL (3 tablets per day.)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA; SL (3 tablets per day.)
ENOVARX-CYCLOBENZAPRINE HCL TRANSDERMAL CREAM 20 MG/GM	3	PA
metaxalone oral tablet 400 mg, 800 mg	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methocarbamol oral tablet 750 mg	1	
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML (cyclobenzaprine hcl-msm)	3	PA; SL (3 tablets per day.)
tizanidine hcl oral capsule 2 mg	3	SL (3 tablets per day.)
tizanidine hcl oral capsule 4 mg, 6 mg	3	
tizanidine hcl oral tablet 2 mg	1	
tizanidine hcl oral tablet 4 mg	1	SL (3 tablets per day.)
VP FC KIT EXTERNAL CREAM	3	PA; SL (3 tablets per day.)
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (tizanidine hcl)	4	SL (3 tablets per day.)
ZANAFLEX ORAL TABLET 4 MG (tizanidine hcl)	4	SL (3 tablets per day.)
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
DANTRIUM ORAL CAPSULE 25 MG (dantrolene sodium)	4	SL (3 tablets per day.)
dantrolene sodium oral capsule 100 mg, 25 mg	1	
dantrolene sodium oral capsule 50 mg	1	SL (3 tablets per day.)
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
BACLOFEN ORAL SOLUTION 10 MG/5ML	4	PA
BACLOFEN ORAL SOLUTION 5 MG/5ML	4	PA; SL (3 tablets per day.)
baclofen oral suspension 25 mg/5ml	3	PA; SL (3 tablets per day.)
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	4	SL (3 tablets per day.)
ENOVARX-BACLOFEN EXTERNAL CREAM 1 %	3	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA; SL (3 tablets per day.)
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (baclofen)	4	PA; SL (3 tablets per day.)
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (ketoprofen-baclofen-gabap-lido)	3	PA; SL (3 tablets per day.)
OZOBAX DS ORAL SOLUTION 10 MG/5ML (baclofen)	4	PA; SL (3 tablets per day.)
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	4	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	4	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	SL (3 tablets per day.)
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	4	PA; SL (3 tablets per day.)
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin mesylate)	4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 8 MG (doxazosin mesylate)	3	SL (3 tablets per day.)
MINIPRESS ORAL CAPSULE 2 MG, 5 MG (prazosin hcl)	4	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	SL (3 tablets per day.)
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
dihydroergotamine mesylate injection solution 1 mg/ml	1	M
ergoloid mesylates oral tablet 1 mg	1	SL (3 tablets per day.)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (ergotamine tartrate)	4	PA; SL (3 tablets per day.)
ergotamine-caffeine oral tablet 1-100 mg	3	SL (3 tablets per day.)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine-caffeine)	3	
phenoxybenzamine hcl oral capsule 10 mg	2	SL (3 tablets per day.)
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
cevimeline hcl oral capsule 30 mg	1	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	2	SL (3 tablets per day.)
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)	2	PA; SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	SL (3 tablets per day.)
galantamine hydrobromide oral solution 4 mg/ml	1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	SL (3 tablets per day.)
MESTINON ORAL SOLUTION 60 MG/5ML (pyridostigmine bromide)	4	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
pyridostigmine bromide er oral tablet extended release 180 mg	1	SL (3 tablets per day.)
pyridostigmine bromide oral solution 60 mg/5ml	3	
pyridostigmine bromide oral tablet 60 mg	1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg	1	
rivastigmine tartrate oral capsule 6 mg	1	SL (3 tablets per day.)
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	3	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (pilocarpine hcl)	4	SL (3 tablets per day.)
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	
silodosin oral capsule 4 mg, 8 mg	3	SL (3 tablets per day.)
tamsulosin hcl oral capsule 0.4 mg	1	
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (fluticasone-salmeterol)	3	SL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	SL (10.7 grams per prescription.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	SL (1 inhaler per prescription.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	SL (3 tablets per day.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	SL (6.7 grams per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	SL (8.5 grams per prescription.)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml	1	SL (3 tablets per day.)
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	SL (3 tablets per day.)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	SL (3 tablets per day.)
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	3	PA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (umeclidinium-vilanterol)	3	SL (2 blisters per day.)
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	3	SL (2 nebulizers per day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (glycopyrrolate-formoterol)	2	SL (0.36 grams per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (fluticasone furoate-vilanterol)	3	SL (2 blisters per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (budeson-glycopyrrol-formoterol)	3	SL (0.36 grams per day.)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (arformoterol tartrate)	4	SL (3 tablets per day.)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	3	SL (0.28 grams per day.)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	SL (2 blisters per day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	SL (0.04 mcg per day.)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	3	SL (3 tablets per day.)
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	SL (15 grams per prescription.)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	4	SL (3 tablets per day.)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (salmeterol xinafoate)	2	SL (2 blisters per day.)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (tiotropium bromide-olodaterol)	2	SL (0.15 grams per day.)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	2	SL (0.14 grams per day.)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (budesonide-formoterol fumarate)	3	SL (0.35 grams per day.)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	3	SL (2 blisters per day.)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	SL (2 blisters per day)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (levalbuterol tartrate)	3	SL (3 tablets per day.)
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (atenolol)	3	PA; SL (3 tablets per day.)
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	4	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	4	SL (3 tablets per day.)
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTIANEMIA DRUGS - Vitamins and Minerals		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (darbepoetin alfa)	2	M; SL (3 tablets per day.); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (darbepoetin alfa)	2	M; SL (3 tablets per day.); SMCS; SP
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG (daprodustat)	4	PA; SL (1 tablet per day.); SMCS; SP
JESDUVROQ ORAL TABLET 6 MG (daprodustat)	4	PA; SL (2 tablets per day.); SMCS; SP
JESDUVROQ ORAL TABLET 8 MG (daprodustat)	4	PA; SL (3 tablets per day.); SMCS; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 4000 UNIT/ML (epoetin alfa-epbx)	2	M; SL (3 tablets per day.); SMCS; SP
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML (epoetin alfa-epbx)	2	M; SL (12 ml per 21 days.); SMCS; SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (epoetin alfa-epbx)	2	M; SMCS
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (epoetin alfa-epbx)	2	M; SL (4 ml per 21 days.); SMCS; SP
ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (anticoagulant cit dext soln a)	3	SL (3 tablets per day.)
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 %, 4 GM/100ML	3	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	2	M; SL (24 ml (30 syringes) per prescription)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	2	M; SL (3 tablets per day.)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	2	M; SL (12 ml (30 syringes) per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	2	M; SL (18 ml (30 syringes) per prescription)
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (anticoagulant sodium citrate)	3	SL (3 tablets per day.)
ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (caplacizumab-yhdp)	2	PA; M; SL (3 tablets per day.); SMCS; SP
LODOCO ORAL TABLET 0.5 MG (colchicine)	4	SL (1 tablet per day.)
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
OXBRYTA ORAL TABLET 300 MG, 500 MG (voxelotor)	4	PA; SL (3 tablets per day.); SMCS; SP
OXBRYTA ORAL TABLET SOLUBLE 300 MG (voxelotor)	4	PA; SL (3 tablets per day.); SMCS; SP
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (mitapivat sulfate)	3	PA; SL (3 tablets per day.); SMCS; SP; CM
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (mitapivat sulfate)	3	PA; SL (3 tablets per day.); SMCS; SP; CM
TAVALISSE ORAL TABLET 100 MG, 150 MG (fostamatinib disodium)	4	PA; SL (3 tablets per day.); SMCS; SP
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 3 mg, 5 mg, 6 mg, 7.5 mg	1	
warfarin sodium oral tablet 2.5 mg, 4 mg	1	SL (3 tablets per day.)
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (apixaban)	2	SL (2.5 tablets per day.)
ELIQUIS ORAL TABLET 2.5 MG (apixaban)	2	SL (2 tablets per day.)
ELIQUIS ORAL TABLET 5 MG (apixaban)	2	SL (2.5 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (edoxaban tosylate)	4	ST; SL (3 tablets per day.)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (rivaroxaban)	2	SL (3 tablets per day.)
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (rivaroxaban)	2	SL (3 tablets per day.)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (rivaroxaban)	2	SL (3 tablets per day.)
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	2	SL (3 tablets per day.)
PRADAXA ORAL CAPSULE 110 MG (dabigatran etexilate mesylate)	2	SL (2 tablets per day.)
PRADAXA ORAL CAPSULE 150 MG, 75 MG (dabigatran etexilate mesylate)	2	SL (62 capsules per 31 days.)
PRADAXA ORAL PACKET 110 MG, 20 MG, 30 MG, 40 MG, 50 MG (dabigatran etexilate mesylate)	4	PA; SL (4 packets per day.)
PRADAXA ORAL PACKET 150 MG (dabigatran etexilate mesylate)	4	PA; SL (2 packets per day.)
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (darbepoetin alfa)	2	M; SL (3 tablets per day.); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (darbepoetin alfa)	2	M; SL (3 tablets per day.); SMCS; SP
DOPTELET ORAL TABLET 20 MG (avatrombopag maleate)	4	PA; SL (3 tablets per day.); SMCS; SP
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG (daprodustat)	4	PA; SL (1 tablet per day.); SMCS; SP
JESDUVROQ ORAL TABLET 6 MG (daprodustat)	4	PA; SL (2 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JESDUVROQ ORAL TABLET 8 MG (daprodustat)	4	PA; SL (3 tablets per day.); SMCS; SP
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (sargramostim)	2	M; SL (3 tablets per day.); SMCS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (plerixafor)	4	M; SMCS; SP
MULPLETA ORAL TABLET 3 MG (lusutrombopag)	2	PA; SL (3 tablets per day.); SMCS; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (pegfilgrastim)	2	M; SL (3 tablets per day.); SMCS
plerixafor subcutaneous solution 24 mg/1.2ml	2	M; SMCS; SP
PROMACTA ORAL PACKET 12.5 MG (eltrombopag olamine)	4	PA; SL (6 packets per day.); SMCS; SP
PROMACTA ORAL PACKET 25 MG (eltrombopag olamine)	4	PA; SL (6 packets per day.); SMCS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	4	PA; SMCS; SP
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (epoetin alfa-epbx)	2	M; SL (4 ml per 21 days.); SMCS; SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (pegfilgrastim-cbqv)	2	SL (3 tablets per day.); SMCS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (pegfilgrastim-cbqv)	2	M; SL (3 tablets per day.); SMCS; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (filgrastim-sndz)	2	M; SL (3 tablets per day.); SMCS; SP
HEMORRHEOLOGIC AGENTS - Drugs for Blood Flow		
pentoxifylline er oral tablet extended release 400 mg	1	SL (3 tablets per day.)
HEMOSTATICS - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (antihemophil factor (rahf-pfm))	2	M; SMCS; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	4	PA; M; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (antihemophil fact single chain)	4	PA; M; SL (3 tablets per day.); SMCS; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (antihemophilic factor-vwf)	2	M; SL (3 tablets per day.); SMCS; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (coagulation factor ix)	2	M; SL (3 tablets per day.); SMCS
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (coagulation factor ix)	2	M; SL (3 tablets per day.); SMCS; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (coagulation factor ix (rfixfc))	3	M; SL (3 tablets per day.); SMCS; SP
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (antihem fact fc-vwf-xten-eh1)	4	PA; M; SL (3 tablets per day.); SMCS; SP
aminocaproic acid oral solution 0.25 gm/ml	3	SL (3 tablets per day.)
aminocaproic acid oral tablet 1000 mg, 500 mg	3	SL (3 tablets per day.)
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM (ferric subsulfate)	3	SL (3 tablets per day.)
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (coagulation factor ix (recomb))	2	M; SL (3 tablets per day.); SMCS; SP
COAGADDEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (coagulation factor x (human))	2	M; SL (3 tablets per day.); SMCS; SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (factor xiii concentrate human)	2	M; SL (3 tablets per day.); SMCS; SP
desmopressin ace spray refrig nasal solution 0.01 %	1	SL (3 tablets per day.)
desmopressin acetate injection solution 4 mcg/ml	1	M; SL (3 tablets per day.)
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate pf injection solution 4 mcg/ml	1	M; SL (3 tablets per day.)
desmopressin acetate spray nasal solution 0.01 %	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (antihem fact (bdd-rfviiiic))	4	PA; M; SL (3 tablets per day.); SMCS; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (antiinhibitor coagulant cmplx)	2	M; SL (3 tablets per day.); SMCS; SP
GELFILM OPHTHALMIC FILM (gelatin adsorbable)	2	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (emicizumab-kxwh)	2	PA; M; SL (3 tablets per day.); SMCS; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (antihemophilic factor)	2	M; SMCS
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT (antihemophilic factor)	2	M; SMCS; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (antihemophilic factor-vwf)	2	M; SL (3 tablets per day.); SMCS; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (coagulation factor ix (rix-fp))	3	M; SL (3 tablets per day.); SMCS; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (ahf (bdd-rfviii peg-auc1))	4	PA; M; SMCS; SP
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (antihemophilic factor)	2	M; SMCS
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (antihemophilic factor)	2	M; SMCS
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (antihem factor recomb (rfviii))	2	M; SMCS
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (antihemophil factor (rahf-pfm))	2	M; SMCS; SP
MONSELS FERRIC SUBSULFATE EXTERNAL SOLUTION	3	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (desmopressin acetate)	3	PA; SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (antihemophil fact bd truncated)	2	M; SMCS
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (antihemophil fact bd truncated)	2	M; SMCS; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (coagulation factor viia recomb)	2	M; SMCS; SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (antihem fact (bdd-rfviii,sim))	2	M; SL (3 tablets per day.); SMCS; SP
NUWIQ INTRAVENOUS KIT 1500 UNIT (antihem fact (bdd-rfviii,sim))	2	M; SL (3 tablets per day.); SMCS
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (antihem fact (bdd-rfviii,sim))	2	M; SL (3 tablets per day.); SMCS; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (antihem fact (bdd-rfviii,sim))	2	M; SL (3 tablets per day.); SMCS
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (factor ix complex)	2	M; SL (3 tablets per day.); SMCS; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (antihem factor recomb (rfviii))	2	M; SMCS; SP
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT (thrombin (recombinant))	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT (thrombin (recombinant))	3	
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	2	M; SMCS
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT (thrombin)	3	SL (3 tablets per day.)
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT (thrombin)	3	SL (3 tablets per day.)
THROMBOGEN EXTERNAL KIT 10000 UNIT (thrombin)	3	SL (3 tablets per day.)
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT (thrombin)	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tranexamic acid oral tablet 650 mg	2	SL (3 tablets per day.)
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (coagulation factor xiii a-sub)	3	M; SMCS; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (von willebrand factor (recomb))	2	M; SMCS; SP
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (antihemophilic factor-vwf)	2	M; SL (3 tablets per day.); SMCS; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (antihem fact (bdd-rfviii,mor))	4	PA; ST; M; SL (3 tablets per day.); SMCS
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (antihem fact (bdd-rfviii,mor))	4	PA; ST; M; SL (3 tablets per day.); SMCS
XYNTHA SOLOFUSE INTRAVENOUS KIT 3000 UNIT (antihem fact (bdd-rfviii,mor))	4	PA; ST; M; SL (3 tablets per day.); SMCS; SP
HEPARINS - Drugs to Prevent Blood Clots		
enoxaparin sodium injection solution 300 mg/3ml	2	M; SL (3 tablets per day.)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	2	M; SL (3 tablets per day.)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	2	M; SL (24 ml (30 syringes) per prescription)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	2	M; SL (9 ml (30 syringes) per prescription)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	2	M; SL (12 ml (30 syringes) per prescription)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	2	M; SL (18 ml (30 syringes) per prescription)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML (dalteparin sodium)	4	M; SL (40 ml per prescription.)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (dalteparin sodium)	4	M
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML (dalteparin sodium)	4	M; SL (10 ml (10 syringes) per prescription.)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML (dalteparin sodium)	4	M; SL (5 ml (10 syringes) per prescription.)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML (dalteparin sodium)	4	M; SL (6 ml (10 syringes) per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML (dalteparin sodium)	4	M; SL (8 ml (10 syringes) per prescription)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML (dalteparin sodium)	4	M; SL (2 ml (10 syringes) per prescription.)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML (dalteparin sodium)	4	M; SL (3 ml (10 syringes) per prescription.)
heparin na (pork) lock flsh pf intravenous solution 10 unit/ml, 100 unit/ml	1	M; SL (3 tablets per day.)
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	1	M; SL (3 tablets per day.)
heparin sodium (porcine) injection solution 1000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	M
heparin sodium (porcine) injection solution 10000 unit/ml	1	M; SL (3 tablets per day.)
heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml	1	M; SL (3 tablets per day.)
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/ml	1	M
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	1	M; SL (3 tablets per day.)
IRON PREPARATIONS - Vitamins and Minerals		
ATABEX OB ORAL TABLET 29-1 MG (prenatal vit w/ fe bisg-fa)	3	SL (3 tablets per day.)
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (prenat-fecb-fefum-fa-dha w/o a)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (prenatal vit-iron carbonyl-fa)	3	
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa-omega)	3	SL (3 tablets per day.)
hematinic/folic acid oral tablet 324-1 mg	1	SL (3 tablets per day.)
M-NATAL PLUS ORAL TABLET 27-1 MG	3	SL (3 tablets per day.)
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	SL (3 tablets per day.)
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEONATAL COMPLETE ORAL TABLET 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (prenat-fe-methylfol-dha w/o a)	3	SL (3 tablets per day.)
NESTABS ORAL TABLET 32-1 MG (prenat-fe bisgly-fa-w/o vit a)	3	SL (3 tablets per day.)
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	SL (3 tablets per day.)
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (ped multivitamins-fl-iron)	3	SL (3 tablets per day.)
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (ped multivitamins-fl-iron)	3	SL (3 tablets per day.)
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	SL (3 tablets per day.)
prenatal oral tablet 27-1 mg	1	SL (3 tablets per day.)
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	SL (3 tablets per day.)
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (prenatal-feaspgly-methylfol-fa)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecfn-feasp-meth-fa-dha)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATOL-M ORAL TABLET 27-1.2 MG (prenatal vit-fe fumarate-fa)	3	SL (3 tablets per day.)
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRIMACARE ORAL CAPSULE 30-1-470 MG (pren-fe-meth-fa-omeg w/o a)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	SL (3 tablets per day.)
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (prenatal vit-fe psac cmplx-fa)	4	
TRINATE ORAL TABLET (prenatal vit-fe fumarate-fa)	3	SL (3 tablets per day.)
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
VINATE ONE ORAL TABLET 60-1 MG (prenatal vit-fe fumarate-fa)	3	SL (3 tablets per day.)
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (prenatal-fe fum-methf-fa w/o a)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (prenat w/o a-fe-methfol-fa-dha)	3	SL (3 tablets per day.)
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (prenat-fefum-fered-fa-dha w/oa)	3	SL (3 tablets per day.)
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	4	SL (3 tablets per day.)
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	SL (3 tablets per day.)
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	SL (3 tablets per day.)
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	SL (3 tablets per day.)
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	SL (3 tablets per day.)
LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals		
cyanocobalamin injection solution 1000 mcg/ml	1	M
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	M
cyanocobalamin nasal solution 500 mcg/0.1ml	3	M; SL (3 tablets per day.)
DODEX INJECTION SOLUTION 1000 MCG/ML (cyanocobalamin)	4	M

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (cyanocobalamin)	3	M; SL (3 tablets per day.)
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low dose oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
aspirin oral tablet chewable 81 mg	E	SL (3 tablets per day.); H
aspirin oral tablet delayed release 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	3	
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)	4	SL (2 tablets per day.)
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg	1	
dipyridamole oral tablet 75 mg	1	SL (3 tablets per day.)
ft aspirin low dose oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
mm aspirin oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
prasugrel hcl oral tablet 10 mg	3	
prasugrel hcl oral tablet 5 mg	3	SL (3 tablets per day.)
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	SL (3 tablets per day.); H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	E	SL (3 tablets per day.); H
ZONTIVITY ORAL TABLET 2.08 MG (vorapaxar sulfate)	4	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots		
anagrelide hcl oral capsule 0.5 mg	1	SL (3 tablets per day.)
anagrelide hcl oral capsule 1 mg	1	
THROMBOLYTIC AGENTS - Drugs to Prevent Blood Clots		
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
aspirin oral tablet chewable 81 mg	E	SL (3 tablets per day.); H
aspirin regimen oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
ft aspirin low dose oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
mm aspirin oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	SL (3 tablets per day.); H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	E	SL (3 tablets per day.); H
CARDIOVASCULAR DRUGS		
CARBONIC ANHYDRASE INHIBITORS (24:36)		
dichlorphenamide oral tablet 50 mg	2	PA; SL (4 tablets per day.); SMCS; SP
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	4	PA; SL (3 tablets per day.); SMCS; SP
KALLIKREIN		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (lanadelumab-flyo)	2	PA; M; SL (3 tablets per day.); SMCS; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (lanadelumab-flyo)	2	PA; SL (3 tablets per day.); SMCS; SP
LOOP DIURETICS (24:36)		
BUMEX ORAL TABLET 0.5 MG (bumetanide)	3	SL (3 tablets per day.)
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (furosemide)	4	PA; M; SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
furosemide oral solution 8 mg/ml	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)	4	SL (3 tablets per day.)
torseamide oral tablet 10 mg, 100 mg, 5 mg	1	SL (3 tablets per day.)
POTASSIUM-SPARING DIURETIC		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	4	PA; SL (3 tablets per day.)
triamterene oral capsule 100 mg, 50 mg	3	SL (3 tablets per day.)
THIAZIDE DIURETICS (24:36)		
DIURIL ORAL SUSPENSION 250 MG/5ML (chlorothiazide)	2	SL (3 tablets per day.)
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ACL INHIBITORS - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (bempedoic acid)	2	PA; ST; SL (3 tablets per day.)
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid-ezetimibe)	2	PA; ST; SL (3 tablets per day.)
ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure		
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (atenolol)	3	PA; SL (3 tablets per day.)
atenolol-chlorthalidone oral tablet 100-25 mg	1	
atenolol-chlorthalidone oral tablet 50-25 mg	1	SL (3 tablets per day.)
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	4	SL (3 tablets per day.)
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin mesylate)	4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 8 MG (doxazosin mesylate)	3	SL (3 tablets per day.)
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	SL (3 tablets per day.)
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	4	SL (3 tablets per day.)
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg	1	
metoprolol-hydrochlorothiazide oral tablet 50-25 mg	1	SL (3 tablets per day.)
MINIPRESS ORAL CAPSULE 2 MG, 5 MG (prazosin hcl)	4	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	4	PA; SL (3 tablets per day.)
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	SL (3 tablets per day.)
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin mesylate)	4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG (doxazosin mesylate)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 8 MG (doxazosin mesylate)	3	SL (3 tablets per day.)
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
MINIPRESS ORAL CAPSULE 2 MG, 5 MG (prazosin hcl)	4	
prazosin hcl oral capsule 1 mg, 2 mg	1	
prazosin hcl oral capsule 5 mg	1	SL (3 tablets per day.)
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	SL (3 tablets per day.)
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
candesartan cilexetil oral tablet 16 mg	3	SL (3 tablets per day.)
candesartan cilexetil oral tablet 32 mg, 4 mg, 8 mg	3	
irbesartan oral tablet 150 mg, 300 mg	1	SL (3 tablets per day.)
irbesartan oral tablet 75 mg	1	
losartan potassium oral tablet 100 mg, 25 mg	1	
losartan potassium oral tablet 50 mg	1	SL (3 tablets per day.)
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	2	
telmisartan oral tablet 20 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
telmisartan oral tablet 40 mg, 80 mg	2	SL (3 tablets per day.)
VALSARTAN ORAL SOLUTION 4 MG/ML	4	PA; SL (3 tablets per day.)
valsartan oral tablet 160 mg	2	SL (3 tablets per day.)
valsartan oral tablet 320 mg, 40 mg, 80 mg	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart		
candesartan cilexetil-hctz oral tablet 16-12.5 mg	3	SL (3 tablets per day.)
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	3	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	4	PA; SL (2 tablets per day.)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	SL (3 tablets per day.)
losartan potassium-hctz oral tablet 100-12.5 mg, 50-12.5 mg	1	
losartan potassium-hctz oral tablet 100-25 mg	1	SL (3 tablets per day.)
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	2	
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	2	SL (3 tablets per day.)
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	2	SL (3 tablets per day.)
VALSARTAN ORAL SOLUTION 4 MG/ML	4	PA; SL (3 tablets per day.)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 80-12.5 mg	1	
valsartan-hydrochlorothiazide oral tablet 320-25 mg	1	SL (3 tablets per day.)
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure & Angina		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg	1	SL (3 tablets per day.)
benazepril hcl oral tablet 5 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg	1	
captopril oral tablet 50 mg	1	SL (3 tablets per day.)
enalapril maleate oral solution 1 mg/ml	3	PA; SL (3 tablets per day.)
enalapril maleate oral tablet 10 mg, 20 mg	1	
enalapril maleate oral tablet 2.5 mg, 5 mg	1	SL (3 tablets per day.)
EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)	4	PA; SL (3 tablets per day.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	4	SL (3 tablets per day.)
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril hcl)	4	SL (3 tablets per day.)
perindopril erbumine oral tablet 2 mg, 8 mg	2	SL (3 tablets per day.)
QBRELIS ORAL SOLUTION 1 MG/ML (lisinopril)	4	PA; SL (3 tablets per day.)
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	SL (3 tablets per day.)
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	2	SL (3 tablets per day.)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	SL (3 tablets per day.)
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	3	SL (3 tablets per day.)
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
digoxin oral solution 0.05 mg/ml	1	
digoxin oral tablet 125 mcg, 250 mcg	1	
digoxin oral tablet 62.5 mcg	1	SL (3 tablets per day.)
LANOXIN ORAL TABLET 125 MCG, 250 MCG (digoxin)	3	SL (3 tablets per day.)
LANOXIN ORAL TABLET 62.5 MCG (digoxin)	4	SL (3 tablets per day.)
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (lomitapide mesylate)	4	PA; ST; SL (1 capsule per day.); SMCS; SP
NEXLETOL ORAL TABLET 180 MG (bempedoic acid)	2	PA; ST; SL (3 tablets per day.)
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid-ezetimibe)	2	PA; ST; SL (3 tablets per day.)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg	2	
niacin er (antihyperlipidemic) oral tablet extended release 500 mg, 750 mg	2	SL (3 tablets per day.)
omega-3-acid ethyl esters oral capsule 1 gm	2	SL (3 tablets per day.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETA-ADRENERGIC BLOCKING AGENTS - Drugs for Abnormal Heart Rhythms		
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (atenolol)	3	PA; SL (3 tablets per day.)
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	4	SL (3 tablets per day.)
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	4	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	SL (3 tablets per day.)
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	4	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	4	SL (3 tablets per day.)
METHYLDOPA ORAL TABLET 250 MG, 500 MG	4	PA; ST; SL (3 tablets per day.)
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	4	PA; SL (3 tablets per day.)
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (atenolol)	3	PA; SL (3 tablets per day.)
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	4	SL (3 tablets per day.)
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	4	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	SL (3 tablets per day.)
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	2	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	4	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	4	SL (3 tablets per day.)
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (nitroglycerin)	3	SL (3 tablets per day.)
nitroglycerin rectal ointment 0.4 %	3	SL (30 grams per month.)
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr	1	SL (3 tablets per day.)
nitroglycerin transdermal patch 24 hour 0.4 mg/hr, 0.6 mg/hr	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG (nitroglycerin)	4	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.6 MG (nitroglycerin)	4	SL (3 tablets per day.)
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	3	SL (3 tablets per day.)
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
RECTIV RECTAL OINTMENT 0.4 % (nitroglycerin)	4	SL (3 tablets per day.)
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	4	PA; SL (3 tablets per day.)
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
BILE ACID SEQUESTRANTS - Drugs for Cholesterol		
cholestyramine light oral packet 4 gm	1	SL (3 tablets per day.)
cholestyramine light oral powder 4 gm/dose	1	SL (3 tablets per day.)
cholestyramine oral packet 4 gm	1	SL (3 tablets per day.)
cholestyramine oral powder 4 gm/dose	1	SL (3 tablets per day.)
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (clindamycin-tretinoin-cholesty)	3	PA; SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
colesevelam hcl oral packet 3.75 gm	2	SL (3 tablets per day.)
colesevelam hcl oral tablet 625 mg	2	
COLESTID ORAL GRANULES 5 GM (colestipol hcl)	3	
COLESTID ORAL TABLET 1 GM (colestipol hcl)	4	
colestipol hcl oral granules 5 gm	1	
colestipol hcl oral packet 5 gm	1	
colestipol hcl oral tablet 1 gm	1	
prevalite oral packet 4 gm	1	
prevalite oral powder 4 gm/dose	1	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (cholestyramine light)	4	SL (3 tablets per day.)
QUESTRAN ORAL PACKET 4 GM (cholestyramine)	4	SL (3 tablets per day.)
QUESTRAN ORAL POWDER 4 GM/DOSE (cholestyramine)	4	SL (3 tablets per day.)
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	SL (3 tablets per day.)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	SL (3 tablets per day.)
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	SL (3 tablets per day.)
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	SL (3 tablets per day.)
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	SL (3 tablets per day.)
faztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	SL (3 tablets per day.)
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	SL (3 tablets per day.)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	4	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	4	SL (3 tablets per day.)
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (verapamil hcl)	4	SL (3 tablets per day.)
CALCIUM-CHANNEL BLOCKING AGENTS (24:08) - Drugs for High Blood Pressure & Angina		
alyq oral tablet 20 mg	2	PA; SL (2 tablets per day); SMCS; SP
sildenafil citrate oral suspension reconstituted 10 mg/ml	3	PA; SL (186 ml per month.); SMCS; SP
sildenafil citrate oral tablet 100 mg, 50 mg	2	SL (0.5 tablet per day.)
sildenafil citrate oral tablet 20 mg	1	SL (0.5 tablet per day.); SMCS
sildenafil citrate oral tablet 25 mg	2	SL (3 tablets per day.)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (avanafil)	4	PA; SL (3 tablets per day.)
tadalafil (pah) oral tablet 20 mg	2	PA; SL (2 tablets per day); SMCS; SP
tadalafil oral tablet 10 mg	2	SL (0.5 tablet per day.)
tadalafil oral tablet 2.5 mg, 5 mg	2	SL (1 tablet per day.)
tadalafil oral tablet 20 mg	2	SL (3 tablets per day.)
TADLIQ ORAL SUSPENSION 20 MG/5ML (tadalafil (pah))	3	PA; SL (3 tablets per day.); SMCS; SP
vardenafil hcl oral tablet 10 mg	3	SL (3 tablets per month.)
vardenafil hcl oral tablet 2.5 mg, 20 mg, 5 mg	3	SL (3 tablets per day.)
vardenafil hcl oral tablet dispersible 10 mg	3	SL (3 tablets per day.)
CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure & Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	SL (3 tablets per day.)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	SL (3 tablets per day.)
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	SL (3 tablets per day.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	2	
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	2	PA; SL (1 capsule per day.); SMCS; SP
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine (cardiac))	2	PA; SL (4 capsules per day.); SMCS; SP
CARDIOTONIC AGENTS - Drugs for Angina		
CORLANOR ORAL SOLUTION 5 MG/5ML (ivabradine hcl)	3	PA; SL (3 tablets per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	3	PA; SL (3 tablets per day.)
digoxin oral tablet 62.5 mcg	1	SL (3 tablets per day.)
LANOXIN ORAL TABLET 125 MCG, 250 MCG (digoxin)	3	SL (3 tablets per day.)
LANOXIN ORAL TABLET 62.5 MCG (digoxin)	4	SL (3 tablets per day.)
CENTRAL ALPHA-AGONISTS - Drugs for High Blood Pressure & Angina		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (alprostadil (vasodilator))	3	M; SL (6 units per month.)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (alprostadil (vasodilator))	3	M; SL (6 units per month.)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (alprostadil (vasodilator))	3	M; SL (3 tablets per day.)
guanfacine hcl oral tablet 1 mg, 2 mg	1	
hydralazine hcl oral tablet 10 mg	1	SL (3 tablets per day.)
hydralazine hcl oral tablet 100 mg, 25 mg, 50 mg	1	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	4	PA; ST; SL (3 tablets per day.)
minoxidil oral tablet 10 mg, 2.5 mg	1	
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG (alprostadil (vasodilator))	3	SL (6 units per month.)
CGMP SYNTHESIS AGENT - Drugs for High Blood Pressure & Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (vericiguat)	4	PA; SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	2	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg	3	SL (3 tablets per day.)
ezetimibe-simvastatin oral tablet 10-40 mg, 10-80 mg	3	
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid-ezetimibe)	2	PA; ST; SL (3 tablets per day.)
CLASS IA ANTIARRHYTHMICS - Drugs for Angina		
disopyramide phosphate oral capsule 100 mg	1	SL (3 tablets per day.)
disopyramide phosphate oral capsule 150 mg	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (disopyramide phosphate)	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG (disopyramide phosphate)	4	
quinidine gluconate er oral tablet extended release 324 mg	1	SL (3 tablets per day.)
quinidine sulfate oral tablet 200 mg, 300 mg	1	SL (3 tablets per day.)
CLASS IB ANTIARRHYTHMICS - Drugs for Angina		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (phenytoin)	3	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (phenytoin sodium extended)	3	
DILANTIN ORAL SUSPENSION 125 MG/5ML (phenytoin)	3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (phenytoin)	3	SL (3 tablets per day.)
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	1	
phenytek oral capsule 200 mg, 300 mg	1	
phenytoin infatabs oral tablet chewable 50 mg	1	SL (3 tablets per day.)
phenytoin oral suspension 125 mg/5ml	1	SL (3 tablets per day.)
phenytoin oral tablet chewable 50 mg	1	SL (3 tablets per day.)
phenytoin sodium extended oral capsule 100 mg	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	1	SL (3 tablets per day.)
CLASS IC ANTIARRHYTHMICS - Drugs for Angina		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	3	
propafenone hcl oral tablet 150 mg	1	
propafenone hcl oral tablet 225 mg, 300 mg	1	SL (3 tablets per day.)
CLASS II ANTIARRHYTHMICS - Drugs for Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (atenolol)	3	PA; SL (3 tablets per day.)
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	4	SL (3 tablets per day.)
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg	1	SL (3 tablets per day.)
bisoprolol fumarate oral tablet 5 mg	1	
carvedilol oral tablet 12.5 mg	1	SL (3 tablets per day.)
carvedilol oral tablet 25 mg, 3.125 mg, 6.25 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	SL (3 tablets per day.)
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	4	
labetalol hcl oral tablet 100 mg	1	SL (3 tablets per day.)
labetalol hcl oral tablet 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	4	SL (3 tablets per day.)
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	SL (3 tablets per day.)
metoprolol succinate er oral tablet extended release 24 hour 50 mg	2	SL (3 tablets per day.)
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
pindolol oral tablet 10 mg	1	
pindolol oral tablet 5 mg	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	2	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg	1	SL (3 tablets per day.)
propranolol hcl oral tablet 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	4	PA; SL (3 tablets per day.)
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	4	SL (3 tablets per day.)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	2	
MULTAQ ORAL TABLET 400 MG (dronedarone hcl)	4	PA
PACERONE ORAL TABLET 100 MG, 400 MG (amiodarone hcl)	3	
PACERONE ORAL TABLET 200 MG (amiodarone hcl)	4	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	4	PA; SL (3 tablets per day.)
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (dofetilide)	4	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	SL (3 tablets per day.)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	SL (3 tablets per day.)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	2	SL (3 tablets per day.)
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 240 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl er oral capsule extended release 24 hour 180 mg	1	SL (3 tablets per day.)
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	SL (3 tablets per day.)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	SL (3 tablets per day.)
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	SL (3 tablets per day.)
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	SL (3 tablets per day.)
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	SL (3 tablets per day.)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	4	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	SL (3 tablets per day.)
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 240 mg	1	SL (3 tablets per day.)
verapamil hcl er oral tablet extended release 180 mg	1	
verapamil hcl oral tablet 120 mg	1	SL (3 tablets per day.)
verapamil hcl oral tablet 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	4	SL (3 tablets per day.)
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (verapamil hcl)	4	SL (3 tablets per day.)
DIHYDROPYRIDINES - Drugs for High Blood Pressure & Angina		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (amlodipine besylate)	3	PA; SL (3 tablets per day.)
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amlodipine besylate-valsartan oral tablet 10-160 mg, 5-160 mg, 5-320 mg	2	
amlodipine besylate-valsartan oral tablet 10-320 mg	2	SL (3 tablets per day.)
nicardipine hcl oral capsule 20 mg, 30 mg	1	SL (3 tablets per day.)
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	SL (3 tablets per day.)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	SL (3 tablets per day.)
nisoldipine er oral tablet extended release 24 hour 20 mg, 25.5 mg, 30 mg, 40 mg	2	
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	4	PA; SL (3 tablets per day.)
NYMALIZE ORAL SOLUTION 6 MG/ML (nimodipine)	2	SL (3 tablets per day.)
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (nisoldipine)	4	SL (3 tablets per day.)
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (amlodipine besylate)	3	PA; SL (3 tablets per day.)
amlodipine besylate oral tablet 10 mg, 2.5 mg	1	SL (3 tablets per day.)
amlodipine besylate oral tablet 5 mg	1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg	1	
isradipine oral capsule 5 mg	1	SL (3 tablets per day.)
nicardipine hcl oral capsule 20 mg, 30 mg	1	SL (3 tablets per day.)
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	SL (3 tablets per day.)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	SL (3 tablets per day.)
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	SL (3 tablets per day.)
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	4	PA; SL (3 tablets per day.)
NYMALIZE ORAL SOLUTION 6 MG/ML (nimodipine)	2	SL (3 tablets per day.)
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (nisoldipine)	4	SL (3 tablets per day.)
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure & Angina		
elixophyllin oral elixir 80 mg/15ml	3	SL (3 tablets per day.)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	SL (3 tablets per day.)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg	1	SL (3 tablets per day.)
theophylline er oral tablet extended release 12 hour 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	SL (3 tablets per day.)
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	SL (3 tablets per day.)
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release 135 mg	3	
fenofibric acid oral capsule delayed release 45 mg	3	SL (3 tablets per day.)
gemfibrozil oral tablet 600 mg	1	
LOPID ORAL TABLET 600 MG (gemfibrozil)	4	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (atorvastatin calcium)	4	PA; SL (3 tablets per day.)
atorvastatin calcium oral tablet 10 mg	1	H
atorvastatin calcium oral tablet 20 mg	1	SL (3 tablets per day.); H
atorvastatin calcium oral tablet 40 mg, 80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin calcium)	3	PA; SL (3 tablets per day.)
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	4	PA; SL (3 tablets per day.)
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	3	ST
fluvastatin sodium oral capsule 20 mg, 40 mg	1	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	H
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	
simvastatin oral tablet 10 mg, 40 mg, 5 mg	1	H
simvastatin oral tablet 20 mg	1	SL (3 tablets per day.); H
simvastatin oral tablet 80 mg	1	SL (3 tablets per day.)
HYPOTENSIVE AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
phenoxybenzamine hcl oral capsule 10 mg	2	SL (3 tablets per day.)
VECAMYL ORAL TABLET 2.5 MG (mecamylamine hcl)	4	PA; SL (3 tablets per day.)
LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
bumetanide oral tablet 0.5 mg	1	SL (3 tablets per day.)
bumetanide oral tablet 1 mg, 2 mg	1	
BUMEX ORAL TABLET 0.5 MG (bumetanide)	3	SL (3 tablets per day.)
ethacrynic acid oral tablet 25 mg	3	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (furosemide)	4	PA; M; SL (3 tablets per day.)
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)	4	SL (3 tablets per day.)
torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	SL (3 tablets per day.)
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	4	PA; SL (3 tablets per day.)
KERENDIA ORAL TABLET 10 MG, 20 MG (finerenone)	4	PA; SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
spironolactone-hctz oral tablet 25-25 mg	1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure & Angina		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	4	PA; SL (3 tablets per day.)
MTP PROTEIN INHIBITORS - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (lomitapide mesylate)	4	PA; ST; SL (1 capsule per day.); SMCS; SP
NITRATES AND NITRITES - Drugs for the Heart		
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (nitroglycerin)	3	SL (3 tablets per day.)
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG (nitroglycerin)	4	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	3	SL (3 tablets per day.)
OMEGA-3-MEDIATED ANTILIPEMICS - Drugs for Cholesterol		
omega-3-acid ethyl esters oral capsule 1 gm	2	SL (3 tablets per day.)
PCSK9 INHIBITORS - Drugs for Cholesterol		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (evolocumab)	2	PA; ST; M; SL (3 tablets per day.)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (evolocumab)	2	PA; ST; M; SL (3 tablets per day.)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (evolocumab)	2	PA; ST; M; SL (3 tablets per day.)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
alyq oral tablet 20 mg	2	PA; SL (2 tablets per day); SMCS; SP
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (avanafil)	4	PA; SL (3 tablets per day.)
TADLIQ ORAL SUSPENSION 20 MG/5ML (tadalafil (pah))	3	PA; SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
vardenafil hcl oral tablet dispersible 10 mg	3	SL (3 tablets per day.)
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
amiloride hcl oral tablet 5 mg	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	4	PA; SL (3 tablets per day.)
eplerenone oral tablet 25 mg, 50 mg	2	
spironolactone oral suspension 25 mg/5ml	3	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
triamterene oral capsule 100 mg, 50 mg	3	SL (3 tablets per day.)
RENIN INHIBITORS - Drugs for the Heart		
aliskiren fumarate oral tablet 150 mg, 300 mg	3	SL (3 tablets per day.)
TEKTURNA ORAL TABLET 150 MG, 300 MG (aliskiren fumarate)	3	SL (3 tablets per day.)
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	4	PA; SL (2 tablets per day.)
SCLEROSING AGENTS - Drugs for Varicose Veins		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin mesylate)	4	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	4	
MINIPRESS ORAL CAPSULE 2 MG, 5 MG (prazosin hcl)	4	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	SL (3 tablets per day.)
STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	4	PA; SL (3 tablets per day.)
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
DIURIL ORAL SUSPENSION 250 MG/5ML (chlorothiazide)	2	SL (3 tablets per day.)
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 50 mg	1	
hydrochlorothiazide oral tablet 25 mg	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	SL (3 tablets per day.)
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
ambrisentan oral tablet 10 mg, 5 mg	2	PA; SL (1 tablet per day.); SMCS; SP
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (amlodipine besylate)	3	PA; SL (3 tablets per day.)
bosentan oral tablet 125 mg, 62.5 mg	2	PA; SL (2 tablets per day.); SMCS; SP
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	SL (3 tablets per day.)
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (alprostadil (vasodilator))	3	M; SL (6 units per month.)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (alprostadil (vasodilator))	3	M; SL (6 units per month.)
CORLANOR ORAL SOLUTION 5 MG/5ML (ivabradine hcl)	3	PA; SL (3 tablets per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	3	PA; SL (3 tablets per day.)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	SL (3 tablets per day.)
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	SL (3 tablets per day.)
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	SL (3 tablets per day.)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (alprostadil (vasodilator))	3	M; SL (3 tablets per day.)
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	SL (3 tablets per day.)
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG (alprostadil (vasodilator))	3	SL (6 units per month.)
nicardipine hcl oral capsule 20 mg, 30 mg	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	SL (3 tablets per day.)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	SL (3 tablets per day.)
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	4	PA; SL (3 tablets per day.)
NYMALIZE ORAL SOLUTION 6 MG/ML (nimodipine)	2	SL (3 tablets per day.)
OPSUMIT ORAL TABLET 10 MG (macitentan)	2	PA; SL (3 tablets per day.); SMCS; SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (treprostinil diolamine)	4	PA; SL (3 tablets per day.); SMCS; SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (treprostinil diolamine)	4	PA; SL (3 tablets per day.); SMCS; SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (treprostinil diolamine)	4	PA; SL (3 tablets per day.); SMCS; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (treprostinil diolamine)	4	PA; SL (3 tablets per day.); SMCS; SP
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	SL (3 tablets per day.)
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	SL (3 tablets per day.)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	4	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	2	PA; SL (3 tablets per day.); SMCS; SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (bosentan)	2	PA; SL (3 tablets per day.); SMCS; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	2	PA; SL (3 tablets per day.); SMCS; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	2	PA; SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (treprostinil)	2	PA; SL (3 tablets per day.); SMCS; SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (treprostinil)	2	PA; SL (3 tablets per day.); SMCS
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (treprostinil)	2	PA; SL (3 tablets per day.); SMCS
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (treprostinil)	2	PA; SL (3 tablets per day.); SMCS
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (iloprost)	2	PA; SL (3 tablets per day.); SMCS; SP
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	SL (3 tablets per day.)
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	4	SL (3 tablets per day.)
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (verapamil hcl)	4	SL (3 tablets per day.)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (vericiguat)	4	PA; SL (1 tablet per day.)
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
AMPHETAMINE DERIVATIVES - Drugs for the Nervous System		
ADIPEX-P ORAL TABLET 37.5 MG (phentermine hcl)	4	PA; SL (3 tablets per day.)
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	1	PA
diethylpropion hcl oral tablet 25 mg	1	PA; SL (3 tablets per day.)
LOMAIRA ORAL TABLET 8 MG (phentermine hcl)	3	PA
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	1	PA
phendimetrazine tartrate oral tablet 35 mg	1	PA
phentermine hcl oral capsule 15 mg, 30 mg	1	PA
phentermine hcl oral capsule 37.5 mg	1	PA; SL (3 tablets per day.)
phentermine hcl oral tablet 37.5 mg	1	PA

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMPHETAMINES - Drugs for the Nervous System		
amphetamine sulfate oral tablet 10 mg, 5 mg	2	
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 5 mg	2	SL (2 capsules per day.)
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 30 mg	2	SL (3 tablets per day.)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	
benzphetamine hcl oral tablet 50 mg	1	PA
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	2	SL (3 tablets per day.)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	3	SL (3 tablets per day.)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	SL (10 capsules per day.)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	SL (3 tablets per day.)
dextroamphetamine sulfate oral tablet 10 mg	2	SL (3 tablets per day.)
dextroamphetamine sulfate oral tablet 5 mg	2	
lisdexamfetamine dimesylate oral capsule 10 mg, 30 mg	3	SL (2 capsules per day.)
lisdexamfetamine dimesylate oral capsule 20 mg, 40 mg, 50 mg, 60 mg	3	SL (3 tablets per day.)
lisdexamfetamine dimesylate oral capsule 70 mg	3	SL (1 capsule per day)
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	3	SL (3 tablets per day.)
methamphetamine hcl oral tablet 5 mg	1	SL (3 tablets per day.)
PROCENTRA ORAL SOLUTION 5 MG/5ML (dextroamphetamine sulfate)	3	
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (dextroamphetamine)	3	PA; SL (3 tablets per day.)
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	SL (3 tablets per day.); NTT
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	4	SL (3 tablets per day.); NTT
bac oral tablet 50-325-40 mg	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	NTT
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	SL (3 tablets per day.)
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	SL (3 tablets per day.)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	SL (3 tablets per day.); NTT
ESGIC ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	4	SL (3 tablets per day.)
ESGIC ORAL TABLET 50-325-40 MG (butalbital-apap-caffeine)	4	SL (3 tablets per day.)
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (gabapentin)	3	PA; SL (3 tablets per day.)
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-apap-caffeine)	4	SL (3 tablets per day.)
gabapentin oral capsule 100 mg, 300 mg	1	
gabapentin oral capsule 400 mg	1	SL (3 tablets per day.)
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	SL (3 tablets per day.); NTT
NEURAPTINE EXTERNAL CREAM 10 % (gabapentin)	3	PA; SL (3 tablets per day.)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)	4	PA
NEURONTIN ORAL SOLUTION 250 MG/5ML (gabapentin)	4	PA
NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)	4	PA
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	SL (3 tablets per day.); NTT
TREZIX ORAL CAPSULE 320.5-30-16 MG (apap-caff-dihydrocodeine)	4	SL (3 tablets per day.); NTT
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
uretron d/s oral tablet 81.6 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
urin ds oral tablet 81.6 mg	1	SL (3 tablets per day.)
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phosph sal)	3	SL (3 tablets per day.)
ANOREXIGENIC AGENTS AND STIMULANTS, MISC - Drugs for the Nervous System		
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (phentermine-topiramate)	3	PA; SL (3 tablets per day.)
ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (naltrexone-bupropion hcl)	3	PA; SL (3 tablets per day.)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (setmelanotide acetate)	3	PA; M; SMCS; SP
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (tirzepatide-weight management)	3	PA; M; SL (0.08 ml per day.)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML (tirzepatide-weight management)	3	PA; M; SL (0.08 ml per day and 4 ml per 365 days.)
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA; SL (3 tablets per day.)
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (eslicarbazepine acetate)	3	PA; SL (3 tablets per day.)
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	4	PA; SL (3 tablets per day.)
BANZEL ORAL TABLET 200 MG, 400 MG (rufinamide)	4	PA; SL (3 tablets per day.)
BRIVIACT ORAL SOLUTION 10 MG/ML (brivaracetam)	4	PA; SL (3 tablets per day.)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (brivaracetam)	3	PA; SL (3 tablets per day.)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	2	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	3	
carbamazepine oral suspension 100 mg/5ml	1	SL (3 tablets per day.)
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	SL (3 tablets per day.)
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine)	4	SL (3 tablets per day.)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (divalproex sodium)	4	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	4	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (divalproex sodium)	4	PA
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (stiripentol)	3	PA; SL (3 tablets per day.); SMCS; SP
DIACOMIT ORAL PACKET 250 MG, 500 MG (stiripentol)	3	PA; SL (3 tablets per day.); SMCS; SP
divalproex sodium er oral tablet extended release 24 hour 250 mg	2	SL (3 tablets per day.)
divalproex sodium er oral tablet extended release 24 hour 500 mg	2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	SL (3 tablets per day.)
divalproex sodium oral tablet delayed release 125 mg, 500 mg	1	
divalproex sodium oral tablet delayed release 250 mg	1	SL (3 tablets per day.)
EPIDIOLEX ORAL SOLUTION 100 MG/ML (cannabidiol)	3	PA; SL (3 tablets per day.); SMCS; SP
epitol oral tablet 200 mg	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine (antipsychotic))	3	SL (3 tablets per day.)
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (gabapentin)	3	PA; SL (3 tablets per day.)
felbamate oral suspension 600 mg/5ml	1	
felbamate oral tablet 400 mg, 600 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FELBATOL ORAL TABLET 400 MG, 600 MG (felbamate)	4	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML (fenfluramine hcl)	4	PA; SL (3 tablets per day.); SMCS
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (perampanel)	4	PA; SL (3 tablets per day.)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (perampanel)	3	PA; SL (3 tablets per day.)
KEPPRA ORAL SOLUTION 100 MG/ML (levetiracetam)	4	PA; SL (3 tablets per day.)
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)	4	PA; SL (3 tablets per day.)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (levetiracetam)	4	PA; SL (3 tablets per day.)
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	2	SL (3 tablets per day.)
lacosamide oral tablet 100 mg, 200 mg, 50 mg	2	
lacosamide oral tablet 150 mg	2	SL (3 tablets per day.)
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (lamotrigine)	4	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (lamotrigine)	4	PA
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	4	PA
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (lamotrigine)	4	PA
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (lamotrigine)	4	PA
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (lamotrigine)	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (lamotrigine)	3	PA
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 250 mg, 300 mg, 50 mg	3	
lamotrigine er oral tablet extended release 24 hour 25 mg	3	SL (3 tablets per day.)
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	3	PA; SL (3 tablets per day.)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	3	PA; SL (3 tablets per day.)
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	SL (3 tablets per day.)
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	SL (3 tablets per day.)
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	SL (3 tablets per day.)
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	2	SL (3 tablets per day.)
levetiracetam oral solution 100 mg/ml	1	
levetiracetam oral solution 500 mg/5ml	1	SL (3 tablets per day.)
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	4	PA
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	4	PA
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (lacosamide)	3	PA
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)	4	PA
NEURONTIN ORAL SOLUTION 250 MG/5ML (gabapentin)	4	PA
NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)	4	PA
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 75 mg	2	
pregabalin oral capsule 50 mg	2	SL (3 tablets per day.)
pregabalin oral solution 20 mg/ml	3	SL (3 tablets per day.)
roweepra oral tablet 500 mg	1	SL (3 tablets per day.)
rufinamide oral suspension 40 mg/ml	3	
rufinamide oral tablet 200 mg, 400 mg	3	PA
SABRIL ORAL TABLET 500 MG (vigabatrin)	4	PA; SL (3 tablets per day.); SMCS; SP
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
subvenite starter kit-blue oral kit 35 x 25 mg	1	SL (3 tablets per day.)
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	SL (3 tablets per day.)
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	SL (3 tablets per day.)
TEGRETOL ORAL SUSPENSION 100 MG/5ML (carbamazepine)	3	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (carbamazepine)	4	
tiagabine hcl oral tablet 12 mg, 4 mg	1	
tiagabine hcl oral tablet 16 mg, 2 mg	1	SL (3 tablets per day.)
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	4	PA; SL (3 tablets per day.)
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (topiramate)	4	PA; SL (3 tablets per day.)
topiramate oral capsule sprinkle 15 mg	1	SL (3 tablets per day.)
topiramate oral capsule sprinkle 25 mg	1	
topiramate oral tablet 100 mg, 200 mg, 50 mg	1	
topiramate oral tablet 25 mg	1	SL (3 tablets per day.)
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (oxcarbazepine)	4	PA
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (oxcarbazepine)	4	PA
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
vigabatrin oral packet 500 mg	2	PA; SL (6 packets per day.); SMCS
vigabatrin oral tablet 500 mg	2	PA; SL (6 tablets per day.); SMCS; SP
vigadrone oral packet 500 mg	2	PA; SL (6 packets per day.); SMCS
vigadrone oral tablet 500 mg	2	PA; SL (6 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
vigpoder oral packet 500 mg	2	PA; SL (6 packets per day.); SMCS
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (lacosamide)	4	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (cenobamate)	3	PA; SL (3 tablets per day.)
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (cenobamate)	3	PA; SL (3 tablets per day.)
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)	4	PA; SL (3 tablets per day.)
ZONISADE ORAL SUSPENSION 100 MG/5ML (zonisamide)	4	PA; SL (3 tablets per day.)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (ganaxolone)	4	PA; SMCS; SP
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (dextromethorphan-bupropion)	4	ST; SL (2 tablets per day.)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	H
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	1	SL (3 tablets per day.)
bupropion hcl oral tablet 100 mg, 75 mg	1	
mirtazapine oral tablet 15 mg	1	SL (3 tablets per day.)
mirtazapine oral tablet 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	1	SL (3 tablets per day.)
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (esketamine hcl)	4	PA; SL (3 tablets per day.); SMCS
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (esketamine hcl)	4	PA; SL (3 tablets per day.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (zuranolone)	2	PA; SL (3 tablets per day.); SMCS; SP
ANTIMANIC AGENTS - Drugs for Personality Disorder		
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	3	SL (3 tablets per day.)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	2	SL (3 tablets per day.)
carbamazepine oral suspension 100 mg/5ml	1	SL (3 tablets per day.)
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine)	4	SL (3 tablets per day.)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (divalproex sodium)	4	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	4	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (divalproex sodium)	4	PA
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	SL (3 tablets per day.)
epitol oral tablet 200 mg	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine (antipsychotic))	3	SL (3 tablets per day.)
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (lamotrigine)	4	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (lamotrigine)	4	PA
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	4	PA
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (lamotrigine)	4	PA
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (lamotrigine)	4	PA
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (lamotrigine)	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (lamotrigine)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	3	PA; SL (3 tablets per day.)
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	3	PA; SL (3 tablets per day.)
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	SL (3 tablets per day.)
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	SL (3 tablets per day.)
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	SL (3 tablets per day.)
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	SL (3 tablets per day.)
lithium oral solution 8 meq/5ml	1	SL (3 tablets per day.)
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)	4	PA; SL (3 tablets per day.)
quetiapine fumarate oral tablet 150 mg	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	SL (3 tablets per day.)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	SL (3 tablets per day.)
subvenite starter kit-blue oral kit 35 x 25 mg	1	SL (3 tablets per day.)
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	SL (3 tablets per day.)
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	SL (3 tablets per day.)
TEGRETOL ORAL SUSPENSION 100 MG/5ML (carbamazepine)	3	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (carbamazepine)	4	
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
aspirin childrens oral tablet chewable 81 mg	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
aspirin oral tablet chewable 81 mg	E	SL (3 tablets per day.); H
aspirin regimen oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	SL (3 tablets per day.)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (divalproex sodium)	4	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	4	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (divalproex sodium)	4	PA
dihydroergotamine mesylate injection solution 1 mg/ml	1	M
dihydroergotamine mesylate nasal solution 4 mg/ml	4	PA; SL (3 tablets per day.)
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	SL (3 tablets per day.)
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (naproxen)	3	SL (3 tablets per day.)
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (naproxen)	4	SL (3 tablets per day.)
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	SL (3 tablets per day.)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (ergotamine tartrate)	4	PA; SL (3 tablets per day.)
ergotamine-caffeine oral tablet 1-100 mg	3	SL (3 tablets per day.)
ft aspirin low dose oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	SL (3 tablets per day.)
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	SL (3 tablets per day.)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine-caffeine)	3	
mm aspirin oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
naproxen dr oral tablet delayed release 500 mg	1	SL (3 tablets per day.)
naproxen oral tablet delayed release 500 mg	1	SL (3 tablets per day.)
naproxen sodium oral tablet 275 mg, 550 mg	2	SL (3 tablets per day.)
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	SL (3 tablets per day.); H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	E	SL (3 tablets per day.); H
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	4	PA; SL (3 tablets per day.)
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (topiramate)	4	PA; SL (3 tablets per day.)
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (loxapine)	3	SL (3 tablets per day.)
loxapine succinate oral capsule 10 mg	1	SL (3 tablets per day.)
loxapine succinate oral capsule 25 mg, 5 mg, 50 mg	1	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	3	SL (3 tablets per day.)
pimozide oral tablet 1 mg, 2 mg	2	SL (3 tablets per day.)
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	4	ST; SL (1 tablet per day.)
bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg	1	
bupirone hcl oral tablet 7.5 mg	1	SL (3 tablets per day.)
DAYVIGO ORAL TABLET 10 MG, 5 MG (lemborexant)	4	ST; SL (3 tablets per day.)
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA; SL (3 tablets per day.)
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	2	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (tasimelteon)	4	PA; SL (3 tablets per day.); SMCS; SP
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	4	PA; SL (3 tablets per day.); SMCS; SP
hydroxyzine hcl oral syrup 10 mg/5ml	1	SL (3 tablets per day.)
hydroxyzine pamoate oral capsule 100 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
meprobamate oral tablet 200 mg, 400 mg	1	SL (3 tablets per day.)
promethazine hcl oral solution 6.25 mg/5ml	1	SL (3 tablets per day.)
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	SL (3 tablets per day.)
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
ramelteon oral tablet 8 mg	3	ST; SL (1 tablet per day)
tasimelteon oral capsule 20 mg	3	PA; SL (1 capsule per day.); SMCS; SP
VISTARIL ORAL CAPSULE 25 MG (hydroxyzine pamoate)	4	
zaleplon oral capsule 10 mg, 5 mg	1	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	2	
zolpidem tartrate oral tablet 10 mg, 5 mg	1	
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
aripiprazole oral solution 1 mg/ml	3	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 5 mg	2	
aripiprazole oral tablet 30 mg	2	SL (3 tablets per day.)
aripiprazole oral tablet dispersible 10 mg	2	SL (1 tablet per day.)
aripiprazole oral tablet dispersible 15 mg	2	SL (3 tablets per day.)
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	3	SL (3 tablets per day.)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (lumateperone tosylate)	4	PA; ST; SL (3 tablets per day.)
clozapine oral tablet 100 mg, 200 mg	1	SL (3 tablets per day.)
clozapine oral tablet 25 mg, 50 mg	1	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (clozapine)	4	SL (3 tablets per day.)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (iloperidone)	4	SL (3 tablets per day.)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (iloperidone)	3	SL (3 tablets per day.)
lurasidone hcl oral tablet 120 mg, 40 mg, 60 mg	2	SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lurasidone hcl oral tablet 20 mg	2	SL (3 tablets per day.)
lurasidone hcl oral tablet 80 mg	2	SL (2 tablets per day.)
NUPLAZID ORAL CAPSULE 34 MG (pimavanserin tartrate)	4	PA; SL (3 tablets per day.)
NUPLAZID ORAL TABLET 10 MG (pimavanserin tartrate)	4	PA; SL (3 tablets per day.)
olanzapine oral tablet 10 mg, 15 mg, 20 mg, 7.5 mg	1	
olanzapine oral tablet 2.5 mg, 5 mg	1	SL (3 tablets per day.)
olanzapine oral tablet dispersible 10 mg, 20 mg, 5 mg	2	
olanzapine oral tablet dispersible 15 mg	2	SL (3 tablets per day.)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	3	SL (1 tablet per day)
paliperidone er oral tablet extended release 24 hour 6 mg	3	SL (2 tablets per day)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg	3	SL (3 tablets per day.)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg, 400 mg, 50 mg	3	
quetiapine fumarate oral tablet 100 mg	1	SL (3 tablets per day.)
quetiapine fumarate oral tablet 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (brexpirazole)	4	PA; ST; SL (3 tablets per day.)
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet 0.5 mg	1	SL (3 tablets per day.)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	SL (3 tablets per day.)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (olanzapine-fluoxetine hcl)	4	SL (1 capsule per day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine hcl)	4	SL (3 tablets per day.)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (cariprazine hcl)	4	SL (3 tablets per day.)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
MYSOLINE ORAL TABLET 250 MG, 50 MG (primidone)	2	PA; SL (3 tablets per day.)
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
primidone oral tablet 125 mg	1	PA; SL (3 tablets per day.)
primidone oral tablet 250 mg, 50 mg	1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
ascomp-codeine oral capsule 50-325-40-30 mg	1	SL (3 tablets per day.)
bac oral tablet 50-325-40 mg	1	SL (3 tablets per day.)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	SL (3 tablets per day.)
ESGIC ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	4	SL (3 tablets per day.)
ESGIC ORAL TABLET 50-325-40 MG (butalbital-apap-caffeine)	4	SL (3 tablets per day.)
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-apap-caffeine)	4	SL (3 tablets per day.)
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	3	
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
clobazam oral suspension 2.5 mg/ml	3	PA; SL (3 tablets per day.)
clobazam oral tablet 10 mg	2	PA; SL (3 tablets per day.)
clobazam oral tablet 20 mg	2	PA
clonazepam oral tablet 0.5 mg	1	SL (3 tablets per day.)
clonazepam oral tablet 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 2 mg	1	SL (3 tablets per day.)
clonazepam oral tablet dispersible 1 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diazepam oral solution 5 mg/5ml	1	SL (3 tablets per day.)
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	SL (3 tablets per day.)
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (midazolam (anticonvulsant))	3	PA; SL (3 tablets per day.)
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	4	PA; SL (3 tablets per day.)
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	4	PA; SL (3 tablets per day.)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (clobazam)	4	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML (diazepam)	3	PA; SL (3 tablets per day.)
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML (diazepam)	3	PA; SL (3 tablets per day.)
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP) - Drugs for Anxiety & Sleep Disorder		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	1	
alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg	1	SL (3 tablets per day.)
alprazolam intensol oral concentrate 1 mg/ml	1	
alprazolam oral tablet 0.25 mg, 1 mg, 2 mg	1	
alprazolam oral tablet 0.5 mg	1	SL (3 tablets per day.)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg	1	SL (3 tablets per day.)
alprazolam oral tablet dispersible 1 mg, 2 mg	1	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	1	SL (3 tablets per day.)
chlordiazepoxide hcl oral capsule 10 mg	1	SL (3 tablets per day.)
chlordiazepoxide hcl oral capsule 25 mg, 5 mg	1	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	SL (3 tablets per day.)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	SL (3 tablets per day.)
estazolam oral tablet 1 mg, 2 mg	1	
flurazepam hcl oral capsule 15 mg, 30 mg	1	SL (3 tablets per day.)
HALCION ORAL TABLET 0.25 MG (triazolam)	4	
lorazepam intensol oral concentrate 2 mg/ml	1	
midazolam hcl oral syrup 2 mg/ml	1	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (midazolam)	3	PA; SL (3 tablets per day.)
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	4	PA; SL (3 tablets per day.)
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	4	PA; SL (3 tablets per day.)
oxazepam oral capsule 10 mg	1	
oxazepam oral capsule 15 mg, 30 mg	1	SL (3 tablets per day.)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (clobazam)	4	PA
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1	
triazolam oral tablet 0.125 mg	1	SL (3 tablets per day.)
triazolam oral tablet 0.25 mg	1	
BUTYROPHENONES - Drugs for Depression & Psychosis		
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 20 mg, 5 mg	1	SL (3 tablets per day.)
haloperidol oral tablet 1 mg, 10 mg, 2 mg	1	
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (erenumab-aooe)	2	PA; ST; M; SL (3 tablets per day.)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (galcanezumab-gnlm)	2	PA; ST; M; SL (0.04 ml per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (galcanezumab-gnlm)	2	PA; ST; M; SL (0.1 mL per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (galcanezumab-gnlm)	2	PA; ST; M; SL (0.04 ml per day.)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (rimegepant sulfate)	2	PA; ST; SL (0.27 tablets per day.)
UBRELVY ORAL TABLET 100 MG, 50 MG (ubrogepant)	2	PA; ST; SL (0.27 tablets per day.)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (zavegepant hcl)	4	PA; ST; SL (3 tablets per day.)
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg	1	SL (3 tablets per day.)
entacapone oral tablet 200 mg	1	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (carbidopa-levodopa-entacapone)	4	SL (3 tablets per day.)
tolcapone oral tablet 100 mg	4	PA; SL (3 tablets per day.)
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
acamprosate calcium oral tablet delayed release 333 mg	1	
ADDYI ORAL TABLET 100 MG (flibanserin)	4	PA; SL (3 tablets per day.)
atomoxetine hcl oral capsule 10 mg	3	SL (3 capsules per day.)
atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg	3	SL (3 tablets per day.)
atomoxetine hcl oral capsule 40 mg	3	SL (2 capsules per day)
atomoxetine hcl oral capsule 60 mg, 80 mg	3	SL (1 capsule per day)
DAYBUE ORAL SOLUTION 200 MG/ML (trofinetide)	2	PA; SL (3 tablets per day.); SMCS; SP
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	2	SL (3 tablets per day.)
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (sodium oxybate)	4	PA; SL (1 packet per day.); SMCS; SP
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	3	SL (3 tablets per day.)
memantine hcl oral solution 2 mg/ml	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	
NOURIANZ ORAL TABLET 20 MG, 40 MG (istradefylline)	3	PA; SL (3 tablets per day.)
NUDEXTA ORAL CAPSULE 20-10 MG (dextromethorphan-quinidine)	2	PA; SL (3 tablets per day.)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (edaravone)	3	PA; SL (3 tablets per day.); SMCS; SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (edaravone)	3	PA; SL (3 tablets per day.); SMCS; SP
RELYVRIO ORAL PACKET 3-1 GM (phenylbutyrate-taurursodiol)	4	PA; SL (2 packets per day.); SMCS; SP
riluzole oral tablet 50 mg	1	SMCS
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; SL (18 ml per day.); SMCS; SP
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (riluzole)	3	PA; SL (3 tablets per day.); SMCS; SP
VEOZAH ORAL TABLET 45 MG (fezolinetant)	4	PA; SL (1 tablet per day.)
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (bremelanotide acetate)	4	PA; M; SL (4 autoinjector pens (1.2mls) per month.)
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	2	PA; SL (1 capsule per day.); SMCS; SP
XYWAV ORAL SOLUTION 500 MG/ML (ca, mg, k, and na oxybates)	4	PA; SL (3 tablets per day.); SMCS; SP
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	2	SL (3 tablets per day.)
DOPAMINE PRECURSORS - Drugs for Parkinson		
carbidopa oral tablet 25 mg	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg	1	SL (3 tablets per day.)
carbidopa-levodopa er oral tablet extended release 50-200 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	SL (3 tablets per day.)
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (carbidopa-levodopa)	4	PA
INBRIJA INHALATION CAPSULE 42 MG (levodopa)	3	PA; SL (10 tablets per day.); SMCS; SP
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (carbidopa-levodopa)	4	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (carbidopa-levodopa-entacapone)	4	SL (3 tablets per day.)
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
bromocriptine mesylate oral capsule 5 mg	1	
bromocriptine mesylate oral tablet 2.5 mg	1	SL (3 tablets per day.)
cabergoline oral tablet 0.5 mg	2	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	4	PA
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	4	PA
pregabalin oral solution 20 mg/ml	3	SL (3 tablets per day.)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran hcl)	4	SL (2 tablets per day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (milnacipran hcl)	4	SL (1 pack per 365 days.)
HYDANTOINS - Drugs for Seizures		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (phenytoin)	3	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (phenytoin sodium extended)	3	
DILANTIN ORAL SUSPENSION 125 MG/5ML (phenytoin)	3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (phenytoin)	3	SL (3 tablets per day.)
phenytek oral capsule 200 mg, 300 mg	1	
phenytoin infatabs oral tablet chewable 50 mg	1	SL (3 tablets per day.)
phenytoin oral suspension 125 mg/5ml	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
phenytoin oral tablet chewable 50 mg	1	SL (3 tablets per day.)
phenytoin sodium extended oral capsule 200 mg, 300 mg	1	SL (3 tablets per day.)
INHALATION ANESTHETICS - Anesthetics		
FORANE INHALATION SOLUTION (isoflurane)	2	
isoflurane inhalation solution	1	SL (3 tablets per day.)
sevoflurane inhalation solution	1	SL (3 tablets per day.)
terrell inhalation solution	1	SL (3 tablets per day.)
ULTANE INHALATION SOLUTION (sevoflurane)	3	
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (selegiline)	3	SL (3 tablets per day.)
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (selegiline hcl)	3	
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (selegiline)	3	SL (3 tablets per day.)
MARPLAN ORAL TABLET 10 MG (isocarboxazid)	3	
NARDIL ORAL TABLET 15 MG (phenelzine sulfate)	4	
PARNATE ORAL TABLET 10 MG (tranylcypromine sulfate)	4	SL (3 tablets per day.)
phenelzine sulfate oral tablet 15 mg	1	SL (3 tablets per day.)
rasagiline mesylate oral tablet 0.5 mg	3	SL (3 tablets per day.)
rasagiline mesylate oral tablet 1 mg	3	
selegiline hcl oral capsule 5 mg	1	SL (3 tablets per day.)
selegiline hcl oral tablet 5 mg	1	
tranylcypromine sulfate oral tablet 10 mg	1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (selegiline hcl)	3	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (apomorphine hcl)	4	PA; M; SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	3	PA; M; SL (3 tablets per day.); SMCS; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (rotigotine)	3	SL (3 tablets per day.)
pramipexole dihydrochloride oral tablet 0.125 mg, 0.5 mg, 0.75 mg, 1 mg	1	
pramipexole dihydrochloride oral tablet 0.25 mg, 1.5 mg	1	SL (3 tablets per day.)
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
OPIATE AGONISTS - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	SL (3 tablets per day.); NTT
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	NTT
acetaminophen-codeine oral tablet 300-30 mg	1	SL (3 tablets per day.); NTT
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	4	SL (3 tablets per day.); NTT
ascomp-codeine oral capsule 50-325-40-30 mg	1	SL (3 tablets per day.)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	NTT
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	SL (3 tablets per day.)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	SL (3 tablets per day.)
codeine sulfate oral tablet 30 mg, 60 mg	1	NTT
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	SL (3 tablets per day.); NTT
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	2	PA; SL (4 lozenges per day)
fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA; SL (0.34 patches per day.)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr	2	PA; SL (15 patches per 31 days.)
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	3	PA; SL (3 tablets per day.)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	3	PA; SL (3 tablets per day.)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	SL (3 tablets per day.); NTT

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg	1	SL (3 tablets per day.); NTT
hydromorphone hcl er oral tablet extended release 24 hour 12 mg	3	PA; SL (2 tablets per day.)
hydromorphone hcl er oral tablet extended release 24 hour 16 mg	3	PA; SL (3 tablets per day.)
hydromorphone hcl er oral tablet extended release 24 hour 32 mg	3	PA; SL (0 tablet per 100 days, diagnosis review required.)
hydromorphone hcl er oral tablet extended release 24 hour 8 mg	3	PA; SL (1 tablet per day.)
hydromorphone hcl oral liquid 1 mg/ml	1	NTT
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	NTT
hydromorphone hcl rectal suppository 3 mg	1	NTT
levorphanol tartrate oral tablet 2 mg	4	ST; SL (3 tablets per day.); NTT
levorphanol tartrate oral tablet 3 mg	4	ST; SL (4 tablets per day.); NTT
meperidine hcl oral solution 50 mg/5ml	1	NTT
meperidine hcl oral tablet 50 mg	1	SL (3 tablets per day.); NTT
methadone hcl intensol oral concentrate 10 mg/ml	1	SL (6 ml per day.)
methadone hcl oral concentrate 10 mg/ml	1	SL (3 tablets per day.)
methadone hcl oral solution 10 mg/5ml	1	PA; SL (11.3 ml per day.)
methadone hcl oral solution 5 mg/5ml	1	PA; SL (22.6 ml per day.)
methadone hcl oral tablet 10 mg	1	PA; SL (2 tablets per day.)
methadone hcl oral tablet 5 mg	1	PA; SL (3 tablets per day.)
methadone hcl oral tablet soluble 40 mg	1	SL (1.5 tablets per day.)
METHADOSE ORAL CONCENTRATE 10 MG/ML (methadone hcl)	3	SL (6 ml per day.)
methadose oral tablet soluble 40 mg	1	SL (1.5 tablets per day.)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (methadone hcl)	3	SL (6 ml per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	NTT
morphine sulfate er beads oral capsule extended release 24 hour 120 mg	3	PA; SL (0 capsule per 100 days, diagnosis review required.)
morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	3	PA; SL (1 capsule per day.)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg	3	PA; SL (62 capsules per 31 days.)
morphine sulfate er oral capsule extended release 24 hour 100 mg	3	PA; SL (0 capsule per 100 days, diagnosis review required.)
morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg	3	PA; SL (1 capsule per day.)
morphine sulfate er oral tablet extended release 100 mg	1	PA; SL (0 capsules per 100 days, diagnosis review required.)
morphine sulfate er oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg	1	PA; SL (3 tablets per day.)
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	1	NTT
morphine sulfate oral tablet 15 mg, 30 mg	1	NTT
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	NTT
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (tapentadol hcl)	3	PA; SL (3 tablets per day.)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (tapentadol hcl)	4	SL (3 tablets per day.); NTT
oxycodone hcl oral capsule 5 mg	1	SL (3 tablets per day.); NTT
oxycodone hcl oral concentrate 100 mg/5ml	1	NTT
oxycodone hcl oral solution 5 mg/5ml	1	NTT
oxycodone hcl oral tablet 10 mg, 30 mg	1	NTT
oxycodone hcl oral tablet 15 mg, 20 mg	1	SL (3 tablets per day.); NTT
oxycodone hcl oral tablet 5 mg	1	SL (12 tablets per day.); NTT

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	3	PA; SL (3 tablets per day.)
oxymorphone hcl oral tablet 10 mg, 5 mg	2	SL (3 tablets per day.); NTT
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML (tramadol hcl)	3	PA; SL (3 tablets per day.); NTT
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	2	SL (3 tablets per day.)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	2	SL (3 tablets per day.)
tramadol hcl oral tablet 50 mg	1	NTT
tramadol-acetaminophen oral tablet 37.5-325 mg	1	SL (3 tablets per day.); NTT
TREZIX ORAL CAPSULE 320.5-30-16 MG (apap-caff-dihydrocodeine)	4	SL (3 tablets per day.); NTT
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (oxycodone)	4	PA; SL (3 tablets per day.)
OPIATE PARTIAL AGONISTS - Drugs for Pain		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)	3	PA; SL (3 tablets per day.)
buprenorphine hcl sublingual tablet sublingual 2 mg	1	SL (3 sublingual tablets per day.)
buprenorphine hcl sublingual tablet sublingual 8 mg	1	SL (3 tablets per day.)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	SL (2 films per day.)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg	1	SL (1 film per day.)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	SL (3 films per day.)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	SL (3 tablets per day.)
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	3	PA; SL (3 tablets per day.)
butorphanol tartrate nasal solution 10 mg/ml	2	SL (3 tablets per day.)
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	SL (3 tablets per day.); NTT

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUBOXONE SUBLINGUAL FILM 12-3 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; SL (2 films per day.)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; SL (1 film per day.)
SUBOXONE SUBLINGUAL FILM 8-2 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; SL (3 films per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (buprenorphine hcl-naloxone hcl)	1	SL (3 tablets per day.)
OPIOID ANTAGONIST - Drugs for Overdose or Poisoning		
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	SL (3 tablets per day.)
KLOXXADO NASAL LIQUID 8 MG/0.1ML (naloxone hcl)	2	SL (3 tablets per day.)
naloxone hcl injection solution 0.4 mg/ml	1	SL (3 tablets per day.)
naloxone hcl injection solution 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naloxone hcl liquid 4 mg/0.1ml nasal (otc)	1	SL (3 tablets per day.)
naloxone hcl liquid 4 mg/0.1ml nasal (rx)	1	SL (2 auto-injectors per prescription.)
naloxone hcl liquid 4 mg/0.1ml nasal (rx)	1	SL (3 tablets per day.)
naltrexone hcl oral tablet 50 mg	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (naloxone hcl)	2	SL (3 tablets per day.)
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (nalmefene hcl)	2	SL (2 spray bottles per prescription.)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (methylnaltrexone bromide)	4	PA; M; SL (3 tablets per day.)
RIVIVE NASAL LIQUID 3 MG/0.1ML (naloxone hcl)	2	
SUBOXONE SUBLINGUAL FILM 12-3 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; SL (2 films per day.)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; SL (1 film per day.)
SUBOXONE SUBLINGUAL FILM 8-2 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; SL (3 films per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (naloxone hcl)	2	SL (1 ml per prescription.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (buprenorphine hcl-naloxone hcl)	1	SL (3 tablets per day.)
OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	4	ST; SL (1 tablet per day.)
DAYVIGO ORAL TABLET 10 MG, 5 MG (lemborexant)	4	ST; SL (3 tablets per day.)
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Pain		
DAYPRO ORAL TABLET 600 MG (oxaprozin)	4	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	3	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	3	
diflunisal oral tablet 500 mg	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (naproxen)	3	SL (3 tablets per day.)
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (naproxen)	4	SL (3 tablets per day.)
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	SL (3 tablets per day.)
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg	3	
etodolac er oral tablet extended release 24 hour 600 mg	3	SL (3 tablets per day.)
etodolac oral capsule 200 mg, 300 mg	2	SL (3 tablets per day.)
etodolac oral tablet 400 mg	2	SL (3 tablets per day.)
etodolac oral tablet 500 mg	2	
flurbiprofen oral tablet 100 mg	1	
flurbiprofen oral tablet 50 mg	1	SL (3 tablets per day.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg	1	SL (3 tablets per day.); NTT
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	NTT
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	SL (3 tablets per day.)
INDOCIN ORAL SUSPENSION 25 MG/5ML (indomethacin)	4	PA; SL (3 tablets per day.)
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	4	PA; SL (3 tablets per day.)
indomethacin er oral capsule extended release 75 mg	2	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral suspension 25 mg/5ml	3	PA; SL (3 tablets per day.)
indomethacin rectal suppository 50 mg	3	PA; SL (3 tablets per day.)
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (ketoprofen-baclofen-gabap-lido)	3	PA; SL (3 tablets per day.)
ketorolac tromethamine oral tablet 10 mg	1	
meclofenamate sodium oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	3	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	4	PA
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
naproxen dr oral tablet delayed release 500 mg	1	SL (3 tablets per day.)
naproxen oral tablet 250 mg, 375 mg	1	
naproxen oral tablet 500 mg	1	SL (3 tablets per day.)
naproxen oral tablet delayed release 375 mg	1	
naproxen oral tablet delayed release 500 mg	1	SL (3 tablets per day.)
naproxen sodium oral tablet 275 mg, 550 mg	2	SL (3 tablets per day.)
oxaprozin oral tablet 600 mg	2	
piroxicam oral capsule 10 mg, 20 mg	2	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (ketorolac tromethamine)	4	ST; SL (3 tablets per day.)
sulindac oral tablet 150 mg	1	
sulindac oral tablet 200 mg	1	SL (3 tablets per day.)
TOLECTIN 600 ORAL TABLET 600 MG (tolmetin sodium)	3	SL (3 tablets per day.)
tolmetin sodium oral capsule 400 mg	2	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHENOTHIAZINES - Drugs for Depression & Psychosis		
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	4	PA
chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg	1	SL (3 tablets per day.)
chlorpromazine hcl oral tablet 100 mg	1	SL (4 tablets per day.)
chlorpromazine hcl oral tablet 200 mg	1	SL (2 tablets per day.)
compro rectal suppository 25 mg	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
perphenazine oral tablet 16 mg, 2 mg	1	
perphenazine oral tablet 4 mg, 8 mg	1	SL (3 tablets per day.)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	4	SL (3 tablets per day.); NTT
ascomp-codeine oral capsule 50-325-40-30 mg	1	SL (3 tablets per day.)
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (serdexmethylphen-dexmethylphen)	3	ST; SL (3 tablets per day.)
bac oral tablet 50-325-40 mg	1	SL (3 tablets per day.)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	SL (3 tablets per day.)
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	SL (3 tablets per day.)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 5 mg	2	SL (2 capsules per day.)
dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg, 30 mg, 35 mg, 40 mg	2	SL (3 tablets per day.)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg	1	
dexmethylphenidate hcl oral tablet 5 mg	1	SL (3 tablets per day.)
elixophyllin oral elixir 80 mg/15ml	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ergotamine-caffeine oral tablet 1-100 mg	3	SL (3 tablets per day.)
ESGIC ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	4	SL (3 tablets per day.)
ESGIC ORAL TABLET 50-325-40 MG (butalbital-apap-caffeine)	4	SL (3 tablets per day.)
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-apap-caffeine)	4	SL (3 tablets per day.)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (dexmethylphenidate hcl)	4	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (methylphenidate hcl)	3	ST; SL (3 tablets per day.)
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML (methylphenidate hcl)	4	SL (3 tablets per day.)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg	2	SL (2 tablets per day.)
methylphenidate hcl er (cd) oral capsule extended release 60 mg	2	SL (31 capsules per 31 days.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 60 mg	2	SL (3 tablets per day.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	2	SL (3 capsules per day.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg	2	SL (2 capsules per day.)
methylphenidate hcl er (osm) oral tablet extended release 18 mg	2	SL (2 tablets per day.)
methylphenidate hcl er oral tablet extended release 10 mg	2	SL (10 tablets per day.)
methylphenidate hcl er oral tablet extended release 20 mg	2	SL (5 tablets per day.)
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	
methylphenidate hcl oral tablet chewable 10 mg, 5 mg	3	
methylphenidate hcl oral tablet chewable 2.5 mg	3	SL (3 tablets per day.)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine-caffeine)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	SL (3 tablets per day.)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	SL (3 tablets per day.)
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	SL (3 tablets per day.)
theophylline oral elixir 80 mg/15ml	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (apap-caff-dihydrocodeine)	4	SL (3 tablets per day.); NTT
SALICYLATES - Drugs for Pain		
ascomp-codeine oral capsule 50-325-40-30 mg	1	SL (3 tablets per day.)
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
aspirin oral tablet chewable 81 mg	E	SL (3 tablets per day.); H
aspirin regimen oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	SL (3 tablets per day.)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
ft aspirin low dose oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
mm aspirin oral tablet delayed release 81 mg	E	SL (3 tablets per day.); H
salsalate oral tablet 500 mg, 750 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	SL (3 tablets per day.); H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	E	SL (3 tablets per day.); H
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	3	SL (3 tablets per day.)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg	3	SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
desvenlafaxine succinate er oral tablet extended release 24 hour 50 mg	3	SL (1 tablet per day)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (levomilnacipran hcl)	4	ST; SL (1 capsule per day.)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (levomilnacipran hcl)	4	ST; SL (28 capsules per year.)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran hcl)	4	SL (2 tablets per day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (milnacipran hcl)	4	SL (1 pack per 365 days.)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	
venlafaxine hcl oral tablet 100 mg, 37.5 mg, 75 mg	1	
venlafaxine hcl oral tablet 25 mg, 50 mg	1	SL (3 tablets per day.)
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	3	SL (3 tablets per day.)
eletriptan hydrobromide oral tablet 20 mg	2	SL (3 tablets per day.)
eletriptan hydrobromide oral tablet 40 mg	2	SL (4 tablets per prescription)
frovatriptan succinate oral tablet 2.5 mg	3	SL (3 tablets per day.)
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	SL (10 per prescription.)
REYVOW ORAL TABLET 100 MG (lasmiditan succinate)	4	PA; ST; SL (0.27 tablets per day. 8 tablets per prescription.)
REYVOW ORAL TABLET 50 MG (lasmiditan succinate)	4	PA; ST; SL (0.14 tablets per day. Benefit maximum quantity 4 tablets per prescription.)
rizatriptan benzoate oral tablet 10 mg	1	SL (10 tablets per prescription.)
rizatriptan benzoate oral tablet 5 mg	1	SL (3 tablets per day.)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	1	SL (3 tablets per day.)
sumatriptan nasal solution 20 mg/act, 5 mg/act	2	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sumatriptan succinate oral tablet 100 mg, 50 mg	1	SL (10 tablets per prescription.)
sumatriptan succinate oral tablet 25 mg	1	SL (3 tablets per day.)
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	1	M; SL (3 tablets per day.)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	M; SL (2 kits per prescription)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	M; SL (2 kits per prescription)
zolmitriptan oral tablet 2.5 mg	2	SL (4 tablets per prescription)
zolmitriptan oral tablet 5 mg	2	SL (3 tablets per day.)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	3	SL (3 tablets per day.)
ZOMIG NASAL SOLUTION 5 MG (zolmitriptan)	2	SL (3 tablets per day.)
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
citalopram hydrobromide oral solution 10 mg/5ml	1	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	
escitalopram oxalate oral solution 5 mg/5ml	3	
escitalopram oxalate oral tablet 10 mg, 20 mg	1	
escitalopram oxalate oral tablet 5 mg	1	SL (3 tablets per day.)
fluoxetine hcl oral capsule 10 mg, 40 mg	1	
fluoxetine hcl oral capsule 20 mg	1	SL (3 tablets per day.)
fluoxetine hcl oral capsule delayed release 90 mg	3	SL (3 tablets per day.)
fluoxetine hcl oral solution 20 mg/5ml	1	SL (3 tablets per day.)
fluoxetine hcl oral tablet 10 mg	3	SL (1 tablet per day.)
fluoxetine hcl oral tablet 20 mg	3	SL (3 tablets per day.)
fluoxetine hcl oral tablet 60 mg	3	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	3	SL (2 capsules per day)
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	2	SL (1 capsule per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	3	SL (3 tablets per day.)
paroxetine hcl oral suspension 10 mg/5ml	3	SL (3 tablets per day.)
paroxetine hcl oral tablet 10 mg, 20 mg	1	SL (3 tablets per day.)
paroxetine hcl oral tablet 30 mg, 40 mg	1	
PAXIL ORAL SUSPENSION 10 MG/5ML (paroxetine hcl)	4	SL (3 tablets per day.)
sertraline hcl oral concentrate 20 mg/ml	1	SL (3 tablets per day.)
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (olanzapine-fluoxetine hcl)	4	SL (1 capsule per day)
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
trazodone hcl oral tablet 100 mg	1	SL (3 tablets per day.)
trazodone hcl oral tablet 150 mg, 300 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (vortioxetine hbr)	4	ST; SL (3 tablets per day.)
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	3	SL (1 tablet per day)
SUCCINIMIDES - Drugs for Seizures		
CELONTIN ORAL CAPSULE 300 MG (methsuximide)	4	
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5ml	1	
methsuximide oral capsule 300 mg	2	SL (3 tablets per day.)
ZARONTIN ORAL CAPSULE 250 MG (ethosuximide)	4	
ZARONTIN ORAL SOLUTION 250 MG/5ML (ethosuximide)	4	
THIOXANTHENES - Drugs for Depression & Psychosis		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	SL (3 tablets per day.)
TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression & Psychosis		
amitriptyline hcl oral tablet 10 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amitriptyline hcl oral tablet 100 mg	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	3	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 50 mg, 75 mg	1	
desipramine hcl oral tablet 25 mg	1	SL (3 tablets per day.)
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg	1	
doxepin hcl oral capsule 150 mg, 75 mg	1	SL (3 tablets per day.)
doxepin hcl oral concentrate 10 mg/ml	1	SL (3 tablets per day.)
ENOVARX-AMITRIPTYLINE EXTERNAL KIT 2 %	3	PA
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	SL (3 tablets per day.)
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine hcl)	4	SL (3 tablets per day.)
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg	1	
nortriptyline hcl oral capsule 75 mg	1	SL (3 tablets per day.)
nortriptyline hcl oral solution 10 mg/5ml	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
protriptyline hcl oral tablet 10 mg	1	SL (3 tablets per day.)
protriptyline hcl oral tablet 5 mg	1	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	3	SL (3 tablets per day.)
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	2	PA; SL (3 tablets per day.); SMCS; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG (deutetrabenazine)	2	SL (3 tablets per day.); SMCS; SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG (deutetrabenazine)	2	SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tetrabenazine oral tablet 12.5 mg	2	PA; SL (3 tablets per day.); SMCS
tetrabenazine oral tablet 25 mg	2	PA; SL (3 tablets per day.); SMCS; SP
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
armodafinil oral tablet 150 mg, 250 mg	2	SL (1 tablet per day)
armodafinil oral tablet 200 mg	2	SL (1 tablet per day.)
armodafinil oral tablet 50 mg	2	SL (2 tablets per day.)
modafinil oral tablet 100 mg	2	SL (3 tablets per day.)
modafinil oral tablet 200 mg	2	SL (2 tablets per day.)
SUNOSI ORAL TABLET 150 MG, 75 MG (solriamfetol hcl)	2	PA; SL (1 tablet per day.)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (pitolisant hcl)	4	PA; SL (3 tablets per day.); SMCS; SP
DENTAL AGENTS - Oral Care		
DENTAL AGENTS - Oral Care		
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sod fluoride-potassium nitrate)	3	SL (3 tablets per day.)
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sod fluoride-potassium nitrate)	3	SL (3 tablets per day.)
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (sod fluoride-potassium nitrate)	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % (sod fluoride-potassium nitrate)	3	
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA IN VITRO SOLUTION (blood glucose calibration)	1	SL (3 tablets per day.)
ACCU-CHEK FASTCLIX LANCET KIT KIT (lancets misc.)	1	SL (3 tablets per day.)
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (blood glucose calibration)	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACCU-CHEK GUIDE KIT W/DEVICE (blood glucose monitoring suppl)	3	M; SL (3 tablets per day.)
ACCU-CHEK GUIDE ME KIT W/DEVICE (blood glucose monitoring suppl)	3	M; SL (3 tablets per day.)
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (blood glucose calibration)	1	SL (3 tablets per day.)
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT (lancets misc.)	1	SL (3 tablets per day.)
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM (insulin pen needle)	2	SL (3 tablets per day.)
AEROCHAMBER HOLDING CHAMBER DEVICE (spacer/aero-holding chambers)	3	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (spacer/aero-holding chambers)	3	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (spacer/aero-holding chambers)	3	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (spacer/aero-holding chambers)	3	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (spacer/aero-holding chambers)	3	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (spacer/aero-holding chambers)	3	
ALCOHOL PREP PADS SHEET 70 %	3	SL (3 tablets per day.)
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	SL (10 syringes per day.)
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	2	SL (10 pen needles per day.)
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (insulin pen needle)	2	SL (10 pen needles per day.)
ASSURE ID PRO PEN NEEDLES 30G X 5 MM (insulin pen needle)	2	SL (10 pen needles per day.)
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	2	SL (10 pen needles per day.)
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	SL (10 pen needles per day.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUM PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	SL (10 pen needles per day.)
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (insulin pen needle)	2	SL (10 pen needles per day.)
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (insulin pen needle)	2	SL (10 pen needles per day.)
AUTOLET LANCING DEVICE (lancet devices)	3	SL (3 tablets per day.)
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM (insulin pen needle)	2	SL (10 pen needles per day.)
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" (needle (disp))	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 1-1/2" , 25G X 5/8" (needle (disp))	2	
BD SHARPS COLLECTOR (sharps container)	3	
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (insulin syringe-needle u-100)	2	SL (10 syringes per day.)
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML (insulin syringe/needle u-500)	2	SL (10 syringes per day.)
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (insulin pen needle)	2	SL (10 pen needles per day.)
BREATHE COMFORT CHAMBER/ADULT DEVICE	3	
BREATHE COMFORT CHAMBER/CHILD DEVICE	3	
CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 21G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 27G X 1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	2	
CARESENS CONTROL SOLUTION A/B IN VITRO SOLUTION (blood glucose calibration)	2	
CARESENS LANCETS 30G (lancets)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (blood glucose calibration)	3	SL (3 tablets per day.)
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 27G X 1-1/2" (needle (disp))	2	SL (3 tablets per day.)
CARETOUCH LANCING/EJECTOR (lancet devices)	3	SL (3 tablets per day.)
CEQUR SIMPLICITY 2U DEVICE (injection device for insulin)	3	ST
CHEMSTRIP BG LOG BOOK (blood glucose monitoring suppl)	1	M; SL (3 tablets per day.)
CHOSEN LANCETS 30G (lancets)	3	SL (3 tablets per day.)
CHOSEN LANCING DEVICE (lancet devices)	3	SL (3 tablets per day.)
CHOSEN SAFETY LANCETS 28G (lancets)	3	SL (3 tablets per day.)
CLEVER CHOICE COMFORT EZ (lancets)	3	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM (insulin pen needle)	2	SL (3 tablets per day.)
COMFORT TOUCH TWIST LANCET 30G (lancets)	3	
CONTOUR CONTROL IN VITRO LIQUID HIGH (blood glucose calibration)	3	
CONTOUR CONTROL IN VITRO LIQUID LOW , NORMAL (blood glucose calibration)	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL (blood glucose calibration)	2	
CONTOUR NEXT MONITOR KIT W/DEVICE (blood glucose monitoring suppl)	2	M
CONTOUR NEXT ONE KIT (blood glucose monitoring suppl)	2	M
DEXCOM G6 RECEIVER DEVICE (continuous glucose receiver)	3	PA; M; SL (1 kit per 999 days.)
DEXCOM G6 SENSOR (continuous glucose sensor)	3	PA; M; SL (3 sensors per month.)
DEXCOM G6 TRANSMITTER (continuous glucose transmitter)	3	PA; M; SL (Benefit maximum quantity 1 transmitter per 3 months for Dexcom G6 Transmitter.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEXCOM G7 RECEIVER DEVICE (continuous glucose receiver)	3	PA; M; SL (1 kit per 999 days.)
DEXCOM G7 SENSOR (continuous glucose sensor)	3	PA; M; SL (3 sensors per month.)
DROPLET MICRON 34G X 3.5 MM (insulin pen needle)	2	SL (10 pen needles per day.)
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (insulin syringe-needle u-100)	2	SL (10 syringes per day.)
DROPSAFE SICURA 25G X 1" (needle (disp))	2	
EASIVENT (spacer/aero-holding chambers)	3	SL (3 tablets per day.)
EASY COMFORT SHARPS CONTAINER	3	SL (3 tablets per day.)
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID (blood glucose calibration)	3	SL (3 tablets per day.)
EASYMAX CONTROL IN VITRO SOLUTION NORMAL (blood glucose calibration)	3	SL (3 tablets per day.)
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID (blood glucose calibration)	3	SL (3 tablets per day.)
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (insulin pen needle)	2	SL (10 pen needles per day.)
ENLITE GLUCOSE SENSOR (continuous glucose sensor)	3	PA; M
FLEXICHAMBER ADULT MASK/SMALL (spacer/aero-hold chamber mask)	2	SL (3 tablets per day.)
FLEXICHAMBER CHILD MASK/LARGE (spacer/aero-hold chamber mask)	2	SL (3 tablets per day.)
FLEXICHAMBER CHILD MASK/SMALL (spacer/aero-hold chamber mask)	2	SL (3 tablets per day.)
FLEXICHAMBER DEVICE (spacer/aero-holding chambers)	3	SL (3 tablets per day.)
FORA TEST N' GO ADVANCE DEVICE (blood glucose/ketone monitor)	3	M
FORTISCARE CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL (blood glucose calibration)	2	SL (3 tablets per day.)
FREESTYLE LIBRE 14 DAY READER DEVICE (continuous glucose receiver)	3	PA; M; SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FREESTYLE LIBRE 14 DAY SENSOR (continuous glucose sensor)	3	PA; M; SL (3 tablets per day.)
FREESTYLE LIBRE 2 READER DEVICE (continuous glucose receiver)	3	PA; M; SL (3 tablets per day.)
FREESTYLE LIBRE 2 SENSOR (continuous glucose sensor)	3	PA; M; SL (3 tablets per day.)
FREESTYLE LIBRE 3 READER DEVICE (continuous glucose receiver)	3	PA; M; SL (3 tablets per day.)
FREESTYLE LIBRE 3 SENSOR (continuous glucose sensor)	3	PA; M; SL (3 tablets per day.)
FREESTYLE LIBRE READER DEVICE (continuous glucose receiver)	3	PA; M; SL (3 tablets per day.)
GUARDIAN 4 GLUCOSE SENSOR (continuous glucose sensor)	3	PA; M; SL (3 tablets per day.)
GUARDIAN 4 TRANSMITTER (continuous glucose transmitter)	3	PA; M; SL (3 tablets per day.)
GUARDIAN CONNECT TRANSMITTER (continuous glucose transmitter)	3	PA; M; SL (1 transmitter per 365 days.)
GUARDIAN LINK 3 TRANSMITTER (continuous glucose transmitter)	3	PA; M; SL (3 tablets per day.)
GUARDIAN SENSOR (3) (continuous glucose sensor)	3	PA; M; SL (5 sensors per 24 days.)
GUARDIAN SENSOR 3	3	PA; M; SL (3 tablets per day.)
INPEN 100-BLUE-LILLY-HUMALOG DEVICE (injection device for insulin)	3	ST; SL (3 tablets per day.)
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE (injection device for insulin)	3	ST; SL (3 tablets per day.)
INPEN 100-GREY-LILLY-HUMALOG DEVICE (injection device for insulin)	3	ST; SL (3 tablets per day.)
INPEN 100-GREY-NOVOLOG-FIASP DEVICE (injection device for insulin)	3	ST; SL (3 tablets per day.)
INPEN 100-PINK-LILLY-HUMALOG DEVICE (injection device for insulin)	3	ST; SL (3 tablets per day.)
INPEN 100-PINK-NOVOLOG-FIASP DEVICE (injection device for insulin)	3	ST; SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INSPIREASE RESERVOIR BAGS (spacer/aero-hold chamber bags)	2	
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 31G X 4 MM , 31G X 6 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (insulin pen needle)	2	SL (10 pen needles per day.)
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM (insulin pen needle)	2	SL (3 tablets per day.)
INSULIN PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	SL (10 pen needles per day.)
INSULIN PEN NEEDLES 31G X 6 MM , 32G X 4 MM	2	SL (3 tablets per day.)
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (OTC)	2	SL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (RX)	2	SL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (OTC)	2	SL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (RX)	2	SL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (OTC)	2	SL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (RX)	2	SL (10 syringes per day.)
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML (insulin syringe-needle u-100)	2	SL (10 syringes per day.)
INSULIN SYRINGES 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	SL (10 syringes per day.)
INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (insulin syringe-needle u-100)	2	SL (3 tablets per day.)
INSULIN SYRINGES 31G X 1/2" 0.3 ML, 31G X 5/16" 0.3 ML, 32G X 5/16" 1 ML	2	SL (3 tablets per day.)
LANCETS (lancets)	1	
LANCETS (lancets)	1	SL (3 tablets per day.)
LANCETS (lancets)	3	
LANCETS (lancets)	3	SL (3 tablets per day.)
MICROLET NEXT LANCING DEVICE (lancet devices)	3	SL (1 device per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORDIPEN 5 INJECTION DEVICE (injection device)	3	
NOVOFINE PEN NEEDLE 32G X 6 MM (insulin pen needle)	2	SL (10 pen needles per day.)
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (insulin pen needle)	2	SL (10 pen needles per day.)
NOVOPEN ECHO DEVICE (injection device for insulin)	3	
OMNIPOD 5 G6 INTRO (GEN 5) KIT (insulin disposable pump)	2	PA; SL (1 kit per 180 days.)
OMNIPOD 5 G6 PODS (GEN 5) (insulin disposable pump)	2	PA; SL (10 pods per prescription.)
ONETOUCH DELICA PLUS LANCING (lancet devices)	1	SL (1 device per prescription.)
ONETOUCH DELICA SAFETY LANCING (lancets)	1	
ONETOUCH ULTRA 2 KIT W/DEVICE (blood glucose monitoring suppl)	1	M; SL (3 tablets per day.)
ONETOUCH ULTRA IN VITRO LIQUID (blood glucose calibration)	1	SL (3 tablets per day.)
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (blood glucose monitoring suppl)	1	M; SL (3 tablets per day.)
ONETOUCH VERIO IN VITRO LIQUID HIGH (blood glucose calibration)	1	SL (3 tablets per day.)
ONETOUCH VERIO REFLECT KIT W/DEVICE (blood glucose monitoring suppl)	1	M; SL (3 tablets per day.)
PARI VORTEX ADULT MASK (spacer/aero-hold chamber mask)	2	
PEN NEEDLES 31G X 8 MM (OTC)	2	SL (10 pen needles per day.)
PEN NEEDLES 31G X 8 MM (RX)	2	SL (10 pen needles per day.)
PEN NEEDLES 32G X 4 MM (OTC)	2	SL (10 pen needles per day.)
PEN NEEDLES 32G X 4 MM (RX)	2	SL (10 pen needles per day.)
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID (blood glucose calibration)	3	SL (3 tablets per day.)
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	SL (3 tablets per day.)
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	2	SL (10 pen needles per day.)
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	2	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SHARPS COLLECTOR	3	SL (3 tablets per day.)
SHARPS CONTAINER (OTC)	3	
SHARPS CONTAINER (RX)	3	SL (3 tablets per day.)
TECHLITE LANCETS 26G (lancets)	3	
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW (blood glucose calibration)	2	SL (3 tablets per day.)
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL (blood glucose calibration)	2	SL (3 tablets per day.)
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH (blood glucose calibration)	2	SL (3 tablets per day.)
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (insulin pen needle)	2	SL (10 pen needles per day.)
UNISTRIP CONTROL IN VITRO SOLUTION LOW (blood glucose calibration)	3	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (insulin pen needle)	2	SL (3 tablets per day.)
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (insulin syringe-needle u-100)	2	SL (3 tablets per day.)
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (insulin pen needle)	2	SL (3 tablets per day.)
VERIFINE SAFE LANCET MINI 21G (lancets)	3	SL (3 tablets per day.)
VERIFINE SAFE LANCET MINI 23G (lancets)	3	SL (3 tablets per day.)
VERIFINE SAFE LANCET MINI 28G (lancets)	3	SL (3 tablets per day.)
VERIFINE SAFE LANCET MINI 30G (lancets)	3	SL (3 tablets per day.)
VERIFINE SHARPS CONTAINER (sharps container)	3	SL (3 tablets per day.)
VIVAGUARD INO CONTROL SOLUTION LIQUID IN VITRO (blood glucose calibration)	2	SL (3 tablets per day.)
VIVAGUARD INO CONTROL SOLUTION LIQUID IN VITRO (blood glucose calibration)	3	SL (3 tablets per day.)
VIVAGUARD LANCETS 30G (lancets)	3	SL (3 tablets per day.)
VIVAGUARD LANCING DEVICE (lancet devices)	3	SL (3 tablets per day.)
VIVAGUARD SAFETY LANCETS 28G (lancets)	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VORTEX VALVED HOLDING CHAMBER DEVICE (spacer/aero-holding chambers)	2	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR INJECTION GEL 80 UNIT/ML (corticotropin)	4	PA; ST; M; SL (3 tablets per day.); SMCS; SP
CORTROPHIN INJECTION GEL 80 UNIT/ML (corticotropin)	4	PA; ST; M; SL (3 tablets per day.); SMCS; SP
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG (cosyntropin)	4	M
cosyntropin injection solution reconstituted 0.25 mg	1	M
DIABETES MELLITUS		
ACCU-CHEK GUIDE IN VITRO STRIP (glucose blood)	3	SL (3 tablets per day.)
CONTOUR NEXT TEST IN VITRO STRIP (glucose blood)	2	SL (51 strips per prescription without history 204 strips per prescription with history.)
FORA TEST N'GO ADV-VOICE-6 CON IN VITRO STRIP (ketone blood test)	3	
ONETOUCH ULTRA IN VITRO STRIP (glucose blood)	1	SL (3 tablets per day.)
ONETOUCH ULTRA TEST IN VITRO STRIP (glucose blood)	1	SL (3 tablets per day.)
ONETOUCH VERIO IN VITRO STRIP (glucose blood)	1	SL (3 tablets per day.)
DIAGNOSTIC AGENTS		
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT (covid-19 at home test)	3	SM
CARESTART COVID-19 HOME TEST IN VITRO KIT (covid-19 at home test)	3	SL (3 tablets per day.); SM
CLEARDETECT COVID-19 AG HOME IN VITRO KIT (covid-19 at home test)	3	SL (3 tablets per day.); SM
CLINITEST RAPID COVID-19 TEST IN VITRO KIT (covid-19 at home test)	3	SM
COVID-19 AT HOME ANTIGEN TEST IN VITRO KIT	3	SL (3 tablets per day.); SM
COVID-19 AT-HOME TEST IN VITRO KIT	3	SM
DIATRUST COVID-19 HOME TEST IN VITRO KIT (covid-19 at home test)	3	SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELLUME COVID-19 HOME TEST IN VITRO KIT	3	SL (3 tablets per day.); SM
FASTEP COVID-19 ANTIGEN TEST IN VITRO KIT	3	SM
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT (covid-19 at home test)	3	SM
IHEALTH COVID-19 RAPID TEST IN VITRO KIT (covid-19 at home test)	3	SL (3 tablets per day.); SM
INDICAID COVID-19 RAPID TEST IN VITRO KIT (covid-19 at home test)	3	SL (3 tablets per day.); SM
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT (covid-19 at home test)	3	SM
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT (covid-19 at home test)	3	SL (3 tablets per day.); SM
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT (covid-19 at home test)	3	SL (3 tablets per day.); SM
PILOT COVID-19 AT-HOME TEST IN VITRO KIT (covid-19 at home test)	3	SM
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT (covid-19 at home test)	3	SM
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT (covid-19 at home test)	3	SM
KETONES		
CHEMSTRIP K IN VITRO STRIP (acetone (urine) test)	2	SL (3 tablets per day.)
KETONE TEST IN VITRO STRIP	2	SL (3 tablets per day.)
KETOSTIX IN VITRO STRIP (acetone (urine) test)	2	
PHEOCHROMOCYTOMA		
DEMSEER ORAL CAPSULE 250 MG (metirosine)	4	SL (3 tablets per day.)
metirosine oral capsule 250 mg	3	SL (3 tablets per day.)
SUGAR		
DIASTIX REAGENT IN VITRO STRIP (glucose urine test-glucose ox)	3	
URINE AND FECES CONTENTS		
CHEMSTRIP UGK IN VITRO STRIP (urine glucose-ketones test)	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CVS KETONE CARE IN VITRO STRIP (urine glucose-ketones test)	2	SL (3 tablets per day.)
KETO-DIASTIX IN VITRO STRIP (urine glucose-ketones test)	3	
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
formaldehyde external solution 10 %, 37 %	1	SL (3 tablets per day.)
glutaraldehyde external solution 25 %	1	SL (3 tablets per day.)
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS NO 2 ORAL TABLET 305-700 MG (pot & sod ac phosphates)	2	
ALKALINIZING AGENTS		
cytra k crystals oral packet 3300-1002 mg	1	SL (3 tablets per day.)
ORACIT ORAL SOLUTION 490-640 MG/5ML (sod citrate-citric acid)	2	SL (3 tablets per day.)
ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML	2	SL (3 tablets per day.)
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg)	1	SL (3 tablets per day.)
potassium citrate er oral tablet extended release 5 meq (540 mg)	1	
potassium citrate-citric acid oral solution 1100-334 mg/5ml	1	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
tricitrates oral solution 550-500-334 mg/5ml	1	SL (3 tablets per day.)
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (potassium citrate)	4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (potassium citrate)	4	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (potassium citrate)	4	
AMMONIA DETOXICANTS		
carglumic acid oral tablet soluble 200 mg	2	PA; SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
constulose oral solution 10 gm/15ml	1	SL (3 tablets per day.)
enulose oral solution 10 gm/15ml	1	SL (3 tablets per day.)
generlac oral solution 10 gm/15ml	1	SL (3 tablets per day.)
KRISTALOSE ORAL PACKET 10 GM, 20 GM (lactulose)	3	SL (3 tablets per day.)
lactulose encephalopathy oral solution 10 gm/15ml	1	SL (3 tablets per day.)
lactulose oral solution 10 gm/15ml, 20 gm/30ml	1	
LITHOSTAT ORAL TABLET 250 MG (acetohydroxamic acid)	3	
RAVICTI ORAL LIQUID 1.1 GM/ML (glycerol phenylbutyrate)	4	PA; ST; SL (17.5 ml per day.); SMCS; SP
sodium phenylbutyrate oral powder 3 gm/tsp	1	PA; SL (3 tablets per day.); SMCS
sodium phenylbutyrate oral tablet 500 mg	3	PA; SL (3 tablets per day.); SMCS
CALORIC AGENTS - Drugs for Nutrition		
DOJOLVI ORAL LIQUID 100 % (triheptanoin)	4	PA; SL (3 tablets per day.); SMCS; SP
L-ISOLEUCINE POWDER	3	PA; SL (3 tablets per day.)
DIURETICS, MISCELLANEOUS - Drugs for Water Balance		
elixophyllin oral elixir 80 mg/15ml	3	SL (3 tablets per day.)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	SL (3 tablets per day.)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	SL (3 tablets per day.)
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	SL (3 tablets per day.)
theophylline oral elixir 80 mg/15ml	1	
LOOP DIURETICS (40:28) - Drugs for Water Balance		
BUMEX ORAL TABLET 0.5 MG (bumetanide)	3	SL (3 tablets per day.)
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (furosemide)	4	PA; M; SL (3 tablets per day.)
furosemide oral solution 8 mg/ml	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)	4	SL (3 tablets per day.)
torseamide oral tablet 10 mg, 100 mg, 5 mg	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OTHER ION-REMOVING AGENTS		
RADIOGARDASE ORAL CAPSULE 0.5 GM (prussian blue insoluble)	3	SL (3 tablets per day.)
PHOSPHATE-REMOVING AGENTS		
calcium acetate (phos binder) oral tablet 667 mg	1	SL (3 tablets per day.)
calcium acetate oral tablet 667 mg	1	SL (3 tablets per day.)
FOSRENOL ORAL PACKET 1000 MG, 750 MG (lanthanum carbonate)	3	ST; SL (3 tablets per day.)
lanthanum carbonate oral tablet chewable 1000 mg	3	ST
lanthanum carbonate oral tablet chewable 500 mg, 750 mg	3	ST; SL (3 tablets per day.)
sevelamer carbonate oral packet 0.8 gm	2	PA; SL (3 tablets per day.)
sevelamer carbonate oral packet 2.4 gm	2	PA
sevelamer carbonate oral tablet 800 mg	2	
sevelamer hcl oral tablet 400 mg	3	SL (3 tablets per day.)
sevelamer hcl oral tablet 800 mg	3	
VELPHORO ORAL TABLET CHEWABLE 500 MG (sucroferric oxyhydroxide)	2	SL (3 tablets per day.)
XPHOZAH ORAL TABLET 20 MG, 30 MG (tenapanor hcl (ckd))	4	PA; SL (2 tablets per day.); SMCS; SP
POTASSIUM-REMOVING AGENTS		
LOKELMA ORAL PACKET 10 GM (sodium zirconium cyclosilicate)	3	PA; SL (1 packet per day.)
LOKELMA ORAL PACKET 5 GM (sodium zirconium cyclosilicate)	3	PA; SL (3 packets per day.)
sodium polystyrene sulfonate oral powder	1	
SPS ORAL SUSPENSION 15 GM/60ML (sodium polystyrene sulfonate)	3	SL (3 tablets per day.)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (patiromer sorbitex calcium)	3	PA; SL (3 tablets per day.)
XPHOZAH ORAL TABLET 30 MG (tenapanor hcl (ckd))	4	PA; SL (2 tablets per day.); SMCS; SP
POTASSIUM-SPARING DIURETICS - Drugs for Water Balance		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	4	PA; SL (3 tablets per day.)
triamterene oral capsule 100 mg, 50 mg	3	SL (3 tablets per day.)
triamterene-hctz oral capsule 37.5-25 mg	1	SL (3 tablets per day.)
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
REPLACEMENT PREPARATIONS		
CALCIFOL ORAL WAFER 1342-1.6 MG (ca carb-fa-d-b6-b12-boron-mg)	3	
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	SL (3 tablets per day.)
calcium acetate oral tablet 667 mg	1	SL (3 tablets per day.)
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (potassium bicarb-citric acid)	2	SL (3 tablets per day.)
effer-k oral tablet effervescent 25 meq	1	SL (3 tablets per day.)
GALZIN ORAL CAPSULE 25 MG, 50 MG (zinc acetate (oral))	3	SL (3 tablets per day.)
klor-con 10 oral tablet extended release 10 meq	1	
klor-con m10 oral tablet extended release 10 meq	1	
klor-con m15 oral tablet extended release 15 meq	1	
klor-con m20 oral tablet extended release 20 meq	1	
klor-con oral packet 20 meq	1	
klor-con oral tablet extended release 8 meq	1	
klor-con/ef oral tablet effervescent 25 meq	1	
K-PHOS ORAL TABLET 500 MG (potassium phosphate monobasic)	2	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (k phos mono-sod phos di & mono)	2	
k-prime oral tablet effervescent 25 meq	1	SL (3 tablets per day.)
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ (potassium chloride)	3	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (insulin regular(human) in nacl)	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (k phos mono-sod phos di & mono)	2	SL (3 tablets per day.)
phosphorous oral tablet 155-852-130 mg	1	SL (3 tablets per day.)
phospho-trin 250 neutral oral tablet 155-852-130 mg	1	SL (3 tablets per day.)
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION 22-4-1 MEQ-MMOL/L	3	SL (3 tablets per day.)
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5-1 MEQ-MMOL/L	3	SL (3 tablets per day.)
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	SL (3 tablets per day.)
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	1	
potassium chloride oral packet 20 meq	1	SL (3 tablets per day.)
potassium chloride oral solution 10 %, 20 meq/15ml (10%)	1	
potassium chloride oral solution 40 meq/15ml (20%)	1	SL (3 tablets per day.)
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa- ginger)	3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat- feasp-meth-fa-dha w/o a)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat- fecbn-feasp-meth-fa-dha)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (prenat mv-min-methylfolate-fa)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat- feasp-meth-fa-dha w/o a)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L (bicarb-dextrose-k (crrt))	3	SL (3 tablets per day.)
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L (bicarb-dextrose-ca (crrt))	3	SL (3 tablets per day.)
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L (bicarb-dextrose-k (crrt))	3	SL (3 tablets per day.)
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L (bicarb-dextrose-k-ca (crrt))	3	SL (3 tablets per day.)
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L (bicarb-dextrose-k-mg (crrt))	3	SL (3 tablets per day.)
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L (bicarb-dextrose-k-ca (crrt))	3	SL (3 tablets per day.)
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L (bicarb-mg (crrt))	3	SL (3 tablets per day.)
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (prenat w/o a-fe-methfol-fa-dha)	3	SL (3 tablets per day.)
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	SL (3 tablets per day.)
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	SL (3 tablets per day.)
wes-phos 250 neutral oral tablet 155-852-130 mg	1	SL (3 tablets per day.)
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	SL (3 tablets per day.)
THIAZIDE DIURETICS - Drugs for Water Balance		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (quinapril-hydrochlorothiazide)	4	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
DIURIL ORAL SUSPENSION 250 MG/5ML (chlorothiazide)	2	SL (3 tablets per day.)
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	SL (3 tablets per day.)
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	4	SL (3 tablets per day.)
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	2	SL (3 tablets per day.)
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	2	SL (3 tablets per day.)
URICOSURIC AGENTS		
colchicine-probenecid oral tablet 0.5-500 mg	1	
probenecid oral tablet 500 mg	1	
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan)	2	PA; SL (3 tablets per day.); SMCS; SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (tolvaptan)	2	PA; SL (3 tablets per day.); SMCS; SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG (tolvaptan)	2	PA; SL (3 tablets per day.); SMCS
SAMSCA ORAL TABLET 15 MG, 30 MG (tolvaptan)	4	PA; SL (3 tablets per day.); SMCS; SP
tolvaptan oral tablet 15 mg, 30 mg	2	PA; SL (3 tablets per day.); SMCS; SP
ENZYMES		
ENZYME COFACTORS/CHAPERONES		
GALAFOLD ORAL CAPSULE 123 MG (migalastat hcl)	4	PA; SL (3 tablets per day.); SMCS; SP
ENZYME INHIBITORS		
CERDELGA ORAL CAPSULE 84 MG (eliglustat tartrate)	2	PA; SL (3 tablets per day.); SMCS; SP
OPFOLDA ORAL CAPSULE 65 MG (miglustat (gaa deficiency))	2	PA; SL (3 tablets per day.); SMCS; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	2	PA; SL (3 tablets per day.); SMCS; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (nitisinone)	2	PA; SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZOKINVY ORAL CAPSULE 50 MG (lonafarnib)	2	PA; SL (5 capsules per day.); SMCS; SP
ZOKINVY ORAL CAPSULE 75 MG (lonafarnib)	2	PA; SL (1 tablet per day.); SMCS; SP
ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (pancrelipase (lip-prot-amyl))	2	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (pegvaliase-pqpz)	3	PA; ST; M; SL (3 tablets per day.); SMCS; SP
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (pancrelipase (lip-prot-amyl))	3	ST; SL (3 tablets per day.)
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (pancrelipase (lip-prot-amyl))	4	ST; SL (3 tablets per day.)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (dornase alfa)	2	PA; SL (3 tablets per day.); SMCS; SP
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (collagenase)	3	SL (3 tablets per day.)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (asfotase alfa)	2	PA; M; SL (3 tablets per day.); SMCS; SP
SUCRAID ORAL SOLUTION 8500 UNIT/ML (sacrosidase)	2	PA; SL (3 tablets per day.); SMCS; SP
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (pancrelipase (lip-prot-amyl))	4	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (pancrelipase (lip-prot-amyl))	2	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (brimonidine tartrate)	2	SL (10 ml per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (brimonidine tartrate)	4	SL (10 ml per prescription)
apraclonidine hcl ophthalmic solution 0.5 %	1	SL (3 tablets per day.)
brimonidine tartrate ophthalmic solution 0.15 %	2	SL (10 ml per prescription)
brimonidine tartrate ophthalmic solution 0.2 %	1	SL (3 tablets per day.)
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	2	SL (5 ml per prescription)
IOPIDINE OPHTHALMIC SOLUTION 1 % (apraclonidine hcl)	3	
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALOCRILOPHTHALMIC SOLUTION 2 % (nedocromil sodium)	3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (iodoxamide tromethamine)	3	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	SL (3 tablets per day.)
azelastine hcl ophthalmic solution 0.05 %	1	SL (3 tablets per day.)
cromolyn sodium ophthalmic solution 4 %	1	SL (3 tablets per day.)
epinastine hcl ophthalmic solution 0.05 %	3	SL (3 tablets per day.)
olopatadine hcl nasal solution 0.6 %	3	SL (3 tablets per day.)
ANTIBACTERIALS (52:04) - Drugs for Infections		
AZASITE OPHTHALMIC SOLUTION 1 % (azithromycin)	3	
bacitracin ophthalmic ointment 500 unit/gm	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	SL (3 tablets per day.)
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	SL (3 tablets per day.)
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (besifloxacin hcl)	3	SL (3 tablets per day.)
CETRAXAL OTIC SOLUTION 0.2 % (ciprofloxacin hcl)	3	SL (3 tablets per day.)
CILOXAN OPHTHALMIC OINTMENT 0.3 % (ciprofloxacin hcl)	3	
CIPRO HC OTIC SUSPENSION 0.2-1 % (ciprofloxacin-hydrocortisone)	3	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	SL (3 tablets per day.)
ciprofloxacin hcl otic solution 0.2 %	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin-colist-hc-thonzonium)	3	SL (3 tablets per day.)
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	PA; SL (3 tablets per day.)
erythromycin ophthalmic ointment 5 mg/gm	1	H
gatifloxacin ophthalmic solution 0.5 %	3	SL (3 tablets per day.)
gentamicin sulfate ophthalmic solution 0.3 %	1	SL (3 tablets per day.)
levofloxacin ophthalmic solution 1.5 %	1	SL (3 tablets per day.)
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	4	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (neomycin-polymyxin-dexameth)	4	
MITOSOL OPHTHALMIC KIT 0.2 MG (mitomycin)	3	SL (3 tablets per day.)
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	3	SL (3 tablets per day.)
moxifloxacin hcl ophthalmic solution 0.5 %	3	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	1	SL (3 tablets per day.)
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	SL (3 tablets per day.)
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	SL (3 tablets per day.)
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	SL (3 tablets per day.)
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	SL (3 tablets per day.)
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	SL (3 tablets per day.)
neo-polycin hc ophthalmic ointment 1 %	1	
neo-polycin ophthalmic ointment 3.5-400-10000	1	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (ofloxacin)	4	
ofloxacin ophthalmic solution 0.3 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ofloxacin otic solution 0.3 %	2	
polycin ophthalmic ointment 500-10000 unit/gm	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	SL (3 tablets per day.)
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	SL (3 tablets per day.)
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	SL (3 tablets per day.)
TOBI PODHALER INHALATION CAPSULE 28 MG (tobramycin)	3	PA; SL (3 tablets per day.); SMCS; SP
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	3	
tobramycin ophthalmic solution 0.3 %	1	SL (3 tablets per day.)
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	2	
TOBREX OPHTHALMIC OINTMENT 0.3 % (tobramycin)	3	SL (3.5 grams per prescription.)
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA; SL (3 tablets per day.)
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA; SL (3 tablets per day.)
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	3	SL (3 tablets per day.)
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (natamycin)	3	SL (3 tablets per day.)
ANTI-INFECTIVES, MISCELLANEOUS (52:04) - Drugs for Infections		
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 % (silver nitrate-pot nitrate)	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (povidone-iodine)	3	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	4	SL (3 tablets per day.)
periogard mouth/throat solution 0.12 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRAMOTIC OTIC LIQUID 1-0.1 % (pramoxine-chloroxylenol)	3	SL (3 tablets per day.)
silver nitrate external solution 0.5 %	1	
XDEMVI OPTHALMIC SOLUTION 0.25 % (lotilaner)	4	PA; SL (10 ml per 63 days.)
ANTI-INFLAMMATORY AGENTS (EENT) - Drugs for Inflammation		
OXERVATE OPTHALMIC SOLUTION 0.002 % (cenegermin-bkbj)	4	PA; SL (3 tablets per day.); SMCS; SP
ANTIVIRALS (EENT) - Drugs for Infections		
trifluridine ophthalmic solution 1 %	1	SL (3 tablets per day.)
ZIRGAN OPTHALMIC GEL 0.15 % (ganciclovir)	3	SL (3 tablets per day.)
ASTRINGENT(S) - Drugs for Infections		
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	4	SL (3 tablets per day.)
perio gard mouth/throat solution 0.12 %	1	
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
betaxolol hcl ophthalmic solution 0.5 %	1	SL (3 tablets per day.)
BETIMOL OPTHALMIC SOLUTION 0.25 % (timolol hemihydrate)	2	SL (5 ml per prescription)
BETIMOL OPTHALMIC SOLUTION 0.5 % (timolol hemihydrate)	2	SL (5 ml per prescription.)
BETOPTIC-S OPTHALMIC SUSPENSION 0.25 % (betaxolol hcl)	3	
carteolol hcl ophthalmic solution 1 %	1	SL (3 tablets per day.)
COMBIGAN OPTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	2	SL (5 ml per prescription)
COSOPT OPTHALMIC SOLUTION 2-0.5 % (dorzolamide hcl-timolol mal)	4	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	2	SL (3 tablets per day.)
ISTALOL OPTHALMIC SOLUTION 0.5 % (timolol maleate)	4	SL (3 tablets per day.)
levobunolol hcl ophthalmic solution 0.5 %	1	SL (3 tablets per day.)
timolol maleate (once-daily) ophthalmic solution 0.5 %	3	SL (3 tablets per day.)
timolol maleate ophthalmic gel forming solution 0.25 %	1	SL (3 tablets per day.)
timolol maleate ophthalmic gel forming solution 0.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
timolol maleate ophthalmic solution 0.25 %	1	SL (3 tablets per day.)
timolol maleate ophthalmic solution 0.5 %	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	2	SL (3 tablets per day.)
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % (timolol maleate)	4	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % (timolol maleate)	4	SL (3 tablets per day.)
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
brinzolamide ophthalmic suspension 1 %	2	SL (10 ml per prescription)
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (dorzolamide hcl-timolol mal)	4	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	SL (3 tablets per day.)
dorzolamide hcl solution 2 % ophthalmic	1	SL (3 tablets per day.)
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	2	SL (3 tablets per day.)
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	SL (10.7 grams per prescription.)
ALREX OPHTHALMIC SUSPENSION 0.2 % (loteprednol etabonate)	4	SL (3 tablets per day.)
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	SL (3 tablets per day.)
CIPRO HC OTIC SUSPENSION 0.2-1 % (ciprofloxacin-hydrocortisone)	3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin-colist-hc-thonzonium)	3	SL (3 tablets per day.)
DERMOTIC OTIC OIL 0.01 % (fluocinolone acetonide)	4	SL (3 tablets per day.)
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	SL (3 tablets per day.)
difluprednate ophthalmic emulsion 0.05 %	3	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	PA; SL (3 tablets per day.)
DUREZOL OPHTHALMIC EMULSION 0.05 % (difluprednate)	4	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (loteprednol etabonate)	4	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
flac otic oil 0.01 %	1	SL (3 tablets per day.)
FLAREX OPHTHALMIC SUSPENSION 0.1 % (fluorometholone acetate)	2	
flunisolide nasal solution 25 mcg/act (0.025%)	3	SL (3 tablets per day.)
fluocinolone acetonide otic oil 0.01 %	1	SL (3 tablets per day.)
fluorometholone ophthalmic suspension 0.1 %	1	SL (3 tablets per day.)
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (fluorometholone)	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (fluorometholone)	4	
hydrocortisone-acetic acid otic solution 1-2 %	1	
INVELTYS OPHTHALMIC SUSPENSION 1 % (loteprednol etabonate)	3	SL (3 tablets per day.)
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (loteprednol etabonate)	3	SL (3 tablets per day.)
LOTEMAX SM OPHTHALMIC GEL 0.38 % (loteprednol etabonate)	3	SL (3 tablets per day.)
loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %	3	SL (3 tablets per day.)
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (dexamethasone)	2	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	4	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (neomycin-polymyxin-dexameth)	4	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	SL (3 tablets per day.)
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	SL (3 tablets per day.)
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	SL (3 tablets per day.)
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	SL (3 tablets per day.)
neo-polycin hc ophthalmic ointment 1 %	1	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	3	
prednisolone acetate ophthalmic suspension 1 %	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
prednisolone sodium phosphate ophthalmic solution 1 %	1	SL (3 tablets per day.)
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	SL (3 tablets per day.)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	3	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA; SL (3 tablets per day.)
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA; SL (3 tablets per day.)
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (ciclesonide)	3	SL (3 tablets per day.)
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	3	SL (3 tablets per day.)
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
RESTASIS OPHTHALMIC EMULSION 0.05 % (cyclosporine)	4	PA; SL (60 vials per prescription.)
XIIDRA OPHTHALMIC SOLUTION 5 % (lifitegrast)	4	PA; SL (60 vials per prescription.)
EENT DRUGS, MISCELLANEOUS		
acetic acid otic solution 2 %	1	SL (3 tablets per day.)
apraclonidine hcl ophthalmic solution 0.5 %	1	SL (3 tablets per day.)
AQUORAL MOUTH/THROAT SOLUTION (artificial saliva)	3	
cromolyn sodium ophthalmic solution 4 %	1	SL (3 tablets per day.)
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (cysteamine hcl)	4	PA; SL (3 tablets per day.); SMCS
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (cysteamine hcl)	2	PA; SL (3 tablets per day.); SMCS; SP
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (sulfuric acid-sulf phenolics)	2	SL (3 tablets per day.)
IOPIDINE OPHTHALMIC SOLUTION 1 % (apraclonidine hcl)	3	
LACRISERT OPHTHALMIC INSERT 5 MG (artificial tear insert)	2	SL (3 tablets per day.)
MUCOSITISRX MOUTH/THROAT PACKET (artificial saliva)	3	SL (3 tablets per day.)
OXERVATE OPHTHALMIC SOLUTION 0.002 % (cenegermin-bkbj)	4	PA; SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (varenicline tartrate)	4	PA; SL (0.28 ml per day.)
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (ketorolac tromethamine)	4	
ACULAR OPHTHALMIC SOLUTION 0.5 % (ketorolac tromethamine)	4	
diclofenac sodium ophthalmic solution 0.1 %	1	SL (3 tablets per day.)
flurbiprofen sodium ophthalmic solution 0.03 %	1	SL (3 tablets per day.)
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	SL (3 tablets per day.)
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (nepafenac)	4	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA; SL (3 tablets per day.)
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA; SL (3 tablets per day.)
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
AKTEN OPHTHALMIC GEL 3.5 % (lidocaine hcl)	3	
ALCAINE OPHTHALMIC SOLUTION 0.5 % (proparacaine hcl)	3	
ALTACAIN OPHTHALMIC SOLUTION 0.5 % (tetracaine hcl)	3	SL (3 tablets per day.)
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA; SL (3 tablets per day.)
lidocaine hcl mouth/throat solution 4 %	1	
lidocaine viscous hcl mouth/throat solution 2 %	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (pramoxine-chloroxylenol)	3	SL (3 tablets per day.)
proparacaine hcl ophthalmic solution 0.5 %	1	SL (3 tablets per day.)
tetracaine hcl ophthalmic solution 0.5 %	1	
MACULAR DEGENERATION AGENTS		
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (cysteamine hcl)	4	PA; SL (3 tablets per day.); SMCS
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (cysteamine hcl)	2	PA; SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MIOTICS - Drugs for the Eye		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (echothiophate iodide)	2	SL (3 tablets per day.)
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	SL (3 tablets per day.)
MYDRIATICS - Drugs for the Eye		
altafrin ophthalmic solution 10 %, 2.5 %	1	SL (3 tablets per day.)
atropine sulfate ophthalmic ointment 1 %	1	SL (3 tablets per day.)
atropine sulfate ophthalmic solution 1 %	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (cyclopentolate hcl)	4	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (cyclopentolate-phenylephrine)	3	
cyclopentolate hcl ophthalmic solution 1 %	1	SL (3 tablets per day.)
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
bimatoprost ophthalmic solution 0.03 %	2	SL (3 tablets per day.)
LATANOPROST OIL	3	PA; SL (3 tablets per day.)
latanoprost ophthalmic solution 0.005 %	1	SL (3 tablets per day.)
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (bimatoprost)	2	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (netarsudil-latanoprost)	3	SL (3 tablets per day.)
tafluprost (pf) ophthalmic solution 0.0015 %	3	ST; SL (3 tablets per day.)
travoprost (bak free) ophthalmic solution 0.004 %	3	SL (2.5 ml per prescription)
XELPROS OPHTHALMIC EMULSION 0.005 % (latanoprost)	3	SL (3 tablets per day.)
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (tafluprost)	3	ST; SL (30 unit of use droppers per prescription.)
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (netarsudil dimesylate)	3	SL (3 tablets per day.)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (netarsudil-latanoprost)	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VASOCONSTRICTORS		
ADRENALIN NASAL SOLUTION 0.1 % (epinephrine hcl (nasal))	2	SL (3 tablets per day.)
altafrin ophthalmic solution 10 %, 2.5 %	1	SL (3 tablets per day.)
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (cyclopentolate-phenylephrine)	3	
epinephrine hcl (nasal) nasal solution 0.1 %	1	SL (3 tablets per day.)
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (oxymetazoline hcl)	4	PA; SL (30 single-use vials per prescription.)
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA; SL (3 tablets per day.)
CHLORIDE CHANNEL ACTIVATORS		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	4	PA; SL (3 tablets per day.)
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	2	PA; SL (1 capsule per day.)
IMMUNOMODULATORY AGENT		
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (vedolizumab)	4	PA; M; SL (3 tablets per day.); SMCS; SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (mirikizumab-mrkz)	3	PA; M; SL (0.072 ml per day.); SMCS; SP
OPIOID ANTAGONISTS		
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (methylnaltrexone bromide)	4	PA; M; SL (3 tablets per day.)
SYMPROIC ORAL TABLET 0.2 MG (naldemedine tosylate)	2	PA; SL (3 tablets per day.)
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (netupitant-palonosetron)	4	SL (3 tablets per day.)
ANZEMET ORAL TABLET 50 MG (dolasetron mesylate)	3	SL (3 tablets per day.)
granisetron hcl oral tablet 1 mg	2	SL (3 tablets per day.)

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ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet 24 mg, 8 mg	1	SL (3 tablets per day.)
ondansetron hcl oral tablet 4 mg	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	3	SL (3 tablets per day.)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	3	SL (3 tablets per day.)
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate-atropine)	4	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (crofelemer)	4	PA; SL (3 tablets per day.)
opium oral tincture 10 mg/ml (1%)	1	SL (3 tablets per day.)
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	4	SL (3 tablets per day.)
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	3	PA; SL (3 tablets per day.)
XERMELO ORAL TABLET 250 MG (telotristat etiprate)	3	PA; SL (3 tablets per day.); SMCS; SP
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
dronabinol oral capsule 10 mg	1	SL (3 tablets per day.)
dronabinol oral capsule 2.5 mg, 5 mg	1	
MARINOL ORAL CAPSULE 2.5 MG (dronabinol)	4	SL (3 tablets per day.)
promethazine hcl oral solution 6.25 mg/5ml	1	SL (3 tablets per day.)
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	SL (3 tablets per day.)
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	4	PA; SL (4 ml per day.)
ANTIFLATULENTS - Drugs for Gas		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA; SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTI-HISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
compro rectal suppository 25 mg	1	
prochlorperazine rectal suppository 25 mg	1	
trimethobenzamide hcl oral capsule 300 mg	1	SL (3 tablets per day.)
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
alosetron hcl oral tablet 0.5 mg, 1 mg	2	PA; SL (3 tablets per day.)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (mesalamine)	1	SL (3 tablets per day.)
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	4	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	4	
balsalazide disodium oral capsule 750 mg	1	
DIPENTUM ORAL CAPSULE 250 MG (olsalazine sodium)	3	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine rectal enema 4 gm	1	SL (3 tablets per day.)
mesalamine rectal suppository 1000 mg	2	SL (1 suppository per day.)
mesalamine-cleanser rectal kit 4 gm	1	SL (3 tablets per day.)
ROWASA RECTAL KIT 4 GM (mesalamine-cleanser)	4	SL (4 grams per month.)
SFROWASA RECTAL ENEMA 4 GM/60ML (mesalamine)	4	
sulfasalazine oral tablet delayed release 500 mg	1	SL (3 tablets per day.)
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	3	SL (3 tablets per day.)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	3	SL (3 tablets per day.)
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	4	SL (3 tablets per day.)
ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
amoxicillin oral tablet chewable 125 mg, 250 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (metronidazole benzoate)	3	PA; SL (3 tablets per day.)
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	4	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (metronidazole)	4	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (metronidazole benzoate)	3	PA; SL (3 tablets per day.)
metronidazole oral capsule 375 mg	1	SL (3 tablets per day.)
CATHARTICS AND LAXATIVES - Drugs for Constipation		
bisacodyl ec oral tablet delayed release 5 mg	E	H
bisacodyl oral tablet delayed release 5 mg	E	SL (3 tablets per day.); H
citroma oral solution 1.745 gm/30ml	E	H
clearlax oral powder 17 gm/scoop	E	SL (3 tablets per day.); H
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (sod picosulfate-mag ox-cit acid)	3	SL (3 tablets per day.)
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA; SL (3 tablets per day.)
ft clearlax oral powder 17 gm/scoop	E	SL (3 tablets per day.); H
ft laxative oral tablet delayed release 5 mg	E	SL (3 tablets per day.); H
ft magnesium citrate oral solution 1.745 gm/30ml	E	SL (3 tablets per day.); H
gavilax oral powder 17 gm/scoop	E	SL (3 tablets per day.); H
gavilyte-c oral solution reconstituted 240 gm	1	SL (3 tablets per day.); H
gavilyte-g oral solution reconstituted 236 gm	1	SL (3 tablets per day.); H
gentle laxative oral tablet delayed release 5 mg	E	H
gentlelax oral powder 17 gm/scoop	E	SL (3 tablets per day.); H
glycolax oral powder 17 gm/scoop	E	SL (3 tablets per day.); H
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (peg 3350-kcl-nabcb-nacl-nasulf)	4	SL (3 tablets per day.)
magnesium citrate oral solution 1.745 gm/30ml	E	H
mineral oil heavy oral oil	1	SL (3 tablets per day.)
mm clearlax oral powder 17 gm/scoop	E	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (peg-kcl-nacl-nasulf-na asc-c)	3	SL (3 tablets per day.)
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	3	SL (3 tablets per day.)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	SL (3 tablets per day.); H
peg-3350/electrolytes oral solution reconstituted 236 gm	1	SL (3 tablets per day.); H
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	3	SL (3 tablets per day.)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	3	SL (1 kit per prescription.)
PEG-PREP ORAL KIT 5-210 MG-GM (bisacodyl-peg-kcl-nabicar-nacl)	4	SL (3 tablets per day.)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (peg-kcl-nacl-nasulf-na asc-c)	3	SL (3 tablets per day.)
polyethylene glycol 3350 oral powder 17 gm/scoop	E	SL (3 tablets per day.); H
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	SL (3 tablets per day.)
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (peg 3350-kcl-nacl-nasulf-mgsul)	3	SL (3 tablets per day.)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (na sulfate-k sulfate-mg sulf)	3	SL (3 tablets per day.)
SUTAB ORAL TABLET 1479-225-188 MG (sodium sulfate-mag sulfate-kcl)	3	SL (3 tablets per day.); H
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (odevixibat)	4	PA; SL (2 capsules per day.); SMCS; SP
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (odevixibat)	4	PA; SL (1 capsule per day.); SMCS; SP
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (odevixibat)	4	PA; SL (2 capsules per day.); SMCS; SP
CHENODAL ORAL TABLET 250 MG (chenodiol)	3	ST; SL (3 tablets per day.); SMCS; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)	2	PA; SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIVMARLI ORAL SOLUTION 9.5 MG/ML (maralixibat chloride)	4	PA; SL (4 mL per day.); SMCS; SP
OCALIVA ORAL TABLET 10 MG, 5 MG (obeticholic acid)	4	PA; ST; SL (3 tablets per day.); SMCS; SP
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML (ursodiol)	3	PA; SL (3 tablets per day.)
DIGESTANTS - Drugs for the Stomach		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (pancrelipase (lip-prot-amyl))	2	
GATTEX SUBCUTANEOUS KIT 5 MG (teduglutide (rdna))	2	PA; M; SL (3 tablets per day.); SMCS; SP
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (pancrelipase (lip-prot-amyl))	3	ST; SL (3 tablets per day.)
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (pancrelipase (lip-prot-amyl))	4	ST; SL (3 tablets per day.)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (pancrelipase (lip-prot-amyl))	4	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (pancrelipase (lip-prot-amyl))	2	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; M; SL (3 tablets per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; M; SL (3 tablets per day.); SMCS; SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; M; SL (0.08 syringe per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	2	PA; M; SL (0.08 syringe per day.); SMCS; SP
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	2	PA; M; SMCS; SP
alvimopan oral capsule 12 mg	3	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	4	PA; SL (3 tablets per day.)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (odevixibat)	4	PA; SL (2 capsules per day.); SMCS; SP
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (odevixibat)	4	PA; SL (1 capsule per day.); SMCS; SP
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (odevixibat)	4	PA; SL (2 capsules per day.); SMCS; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)	2	PA; SL (3 tablets per day.); SMCS; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	2	PA; M; SL (3 tablets per day.); SMCS; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (certolizumab pegol)	2	PA; M; SL (3 tablets per day.); SMCS; SP
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (vedolizumab)	4	PA; M; SL (3 tablets per day.); SMCS; SP
GATTEX SUBCUTANEOUS KIT 5 MG (teduglutide (rdna))	2	PA; M; SL (3 tablets per day.); SMCS; SP
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (adalimumab-bwbd)	2	PA; M; SL (0.03 ml per day.); SMCS; SP
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (adalimumab-bwbd)	2	PA; M; SL (0.06 ml per day.); SMCS; SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (adalimumab-bwbd)	2	PA; M; SL (0.03 ml per day.); SMCS; SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (adalimumab-bwbd)	2	PA; M; SL (0.06 ml per day.); SMCS; SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (4 pens per 365 days.); SMCS; SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	2	PA; M; SL (2 kits per year.); SMCS; SP
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (3 syringes per year.); SMCS; SP
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (4 pens per 365 days.); SMCS; SP
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	2	PA; M; SL (3 pens per year.); SMCS; SP
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	2	PA; SL (1 capsule per day.)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (maralixibat chloride)	4	PA; SL (4 mL per day.); SMCS; SP
lubiprostone oral capsule 24 mcg	2	PA; SL (3 tablets per day.)
lubiprostone oral capsule 8 mcg	2	PA; SL (2 capsules per day.)
MARINOL ORAL CAPSULE 2.5 MG (dronabinol)	4	SL (3 tablets per day.)
MOTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride succinate)	3	PA; SL (3 tablets per day.)
OCALIVA ORAL TABLET 10 MG, 5 MG (obeticholic acid)	4	PA; ST; SL (3 tablets per day.); SMCS; SP
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml	1	PA; M; SMCS
octreotide acetate injection solution 1000 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA; M; SL (3 tablets per day.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA; M; SL (3 tablets per day.); SMCS
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (mirikizumab-mrkz)	3	PA; M; SL (0.072 ml per day.); SMCS; SP
ORLISTAT ORAL CAPSULE 120 MG	3	PA; SL (3 tablets per day.)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (methylnaltrexone bromide)	4	PA; M; SL (3 tablets per day.)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (golimumab)	2	PA; M; SL (3 tablets per day.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (golimumab)	2	PA; M; SL (3 tablets per day.); SMCS; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (risankizumab-rzaa)	2	PA; M; SL (1.2 ml per 42 days.); SMCS; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (risankizumab-rzaa)	2	PA; M; SL (2.4 mL per 42 days.); SMCS; SP
SYMPROIC ORAL TABLET 0.2 MG (naldemedine tosylate)	2	PA; SL (3 tablets per day.)
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	4	PA; SL (4 ml per day.)
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	3	PA; SL (3 tablets per day.)
VOWST ORAL CAPSULE (fecal microb spores, live-brpk)	4	PA; SL (3 tablets per day.); SMCS; SP
XENICAL ORAL CAPSULE 120 MG (orlistat)	3	PA; SL (3 tablets per day.)
XPHOZAH ORAL TABLET 30 MG (tenapanor hcl (ckd))	4	PA; SL (2 tablets per day.); SMCS; SP
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
cimetidine hcl oral solution 300 mg/5ml	1	SL (3 tablets per day.)
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (netupitant-palonosetron)	4	SL (3 tablets per day.)
aprepitant oral 80 & 125 mg	2	SL (3 capsules per prescription)
aprepitant oral capsule 125 mg, 40 mg	2	SL (1 capsule per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aprepitant oral capsule 80 & 125 mg	2	SL (3 capsules per prescription)
aprepitant oral capsule 80 mg	2	SL (2 capsules per prescription)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (aprepitant)	2	SL (3 pouches per prescription.)
POTASSIUM-COMPETITIVE ACID BLOCKERS - Drugs for Ulcers and Stomach Acid		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (amoxicillin-vonoprazan)	4	PA; ST; SL (112 tablets per 180 days.)
VOQUEZNA ORAL TABLET 10 MG, 20 MG (vonoprazan fumarate)	4	PA; SL (1 Tablet per day.)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (amoxicill-clarithro-vonoprazan)	4	PA; ST; SL (112 tablets per 180 days.)
PROKINETIC AGENTS - Drugs for the Stomach		
metoclopramide hcl oral solution 5 mg/5ml	1	SL (3 tablets per day.)
metoclopramide hcl oral tablet 10 mg	1	
metoclopramide hcl oral tablet 5 mg	1	SL (3 tablets per day.)
REGLAN ORAL TABLET 10 MG, 5 MG (metoclopramide hcl)	4	SL (3 tablets per day.)
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (misoprostol)	4	SM
misoprostol oral tablet 100 mcg	1	SL (3 tablets per day.); SM
misoprostol oral tablet 200 mcg	1	SM
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
sucralfate oral suspension 1 gm/10ml	3	SL (3 tablets per day.)
sucralfate oral tablet 1 gm	1	
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	3	PA; ST; SL (3 tablets per day.)
FIRST PANTOPRAZOLE ORAL SUSPENSION 4 MG/ML (pantoprazole sodium)	3	SL (3 tablets per day.)
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML (lansoprazole)	3	PA; SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (omeprazole)	3	PA; SL (3 tablets per day.)
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	3	PA; ST; SL (3 tablets per day.)
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG (esomeprazole magnesium)	4	PA; ST; SL (1 packet per day)
NEXIUM ORAL PACKET 2.5 MG, 5 MG (esomeprazole magnesium)	4	PA; ST; SL (1 packet per day.)
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicillin-clarithro-omeprazole)	3	SL (3 tablets per day.)
omeprazole oral capsule delayed release 10 mg	1	SL (3 tablets per day.)
omeprazole oral capsule delayed release 20 mg, 40 mg	1	
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (omeprazole)	3	PA; SL (3 tablets per day.)
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	
rabeprazole sodium oral tablet delayed release 20 mg	2	SL (3 tablets per day.)
VOQUEZNA ORAL TABLET 10 MG, 20 MG (vonoprazan fumarate)	4	PA; SL (1 Tablet per day.)
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA ORAL CAPSULE 3 MG (auranofin)	3	SL (3 tablets per day.); SMCS; SP
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (succimer)	2	SL (3 tablets per day.)
deferasirox granules oral packet 180 mg, 90 mg	2	PA; SMCS; SP
deferasirox granules oral packet 360 mg	2	PA; SL (3 tablets per day.); SMCS; SP
deferasirox oral packet 180 mg, 360 mg, 90 mg	2	PA; SL (3 tablets per day.); SMCS; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	2	PA; SL (3 tablets per day.); SMCS; SP
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	2	PA; SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
deferiprone oral tablet 1000 mg	3	PA; SMCS
deferiprone oral tablet 500 mg	3	PA; SL (3 tablets per day.); SMCS; SP
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	2	SMCS; SP
FERRIPROX ORAL SOLUTION 100 MG/ML (deferiprone)	2	PA; SMCS; SP
FERRIPROX ORAL TABLET 1000 MG (deferiprone)	4	PA; SMCS
FERRIPROX ORAL TABLET 500 MG (deferiprone)	4	PA; SMCS; SP
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (deferiprone)	4	PA; SMCS
penicillamine oral tablet 250 mg	2	SMCS; SP
trientine hcl oral capsule 250 mg	3	PA; SL (3 tablets per day.); SMCS; SP
trientine hcl oral capsule 500 mg	3	PA; SMCS
HORMONES AND SYNTHETIC SUBSTITUTES		
MELANOCORTIN RECEPTOR ANTAGONISTS		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (setmelanotide acetate)	3	PA; M; SMCS; SP
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (bremelanotide acetate)	4	PA; M; SL (4 autoinjector pens (1.2mls) per month.)
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (fluticasone-salmeterol)	3	SL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	SL (10.7 grams per prescription.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate)	1	SL (1 blister per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (fluticasone furoate)	1	SL (1 packet per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (fluticasone furoate-vilanterol)	3	SL (2 blisters per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (budeson-glycopyrrol-formoterol)	3	SL (0.36 grams per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
budesonide oral capsule delayed release particles 3 mg	2	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	4	
dexamethasone intensol oral concentrate 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5ml	1	SL (3 tablets per day.)
dexamethasone oral solution 0.5 mg/5ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone oral tablet 1.5 mg	1	SL (3 tablets per day.)
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	3	SL (3 tablets per day.)
fludrocortisone acetate oral tablet 0.1 mg	1	SL (3 tablets per day.)
flunisolide nasal solution 25 mcg/act (0.025%)	3	SL (3 tablets per day.)
fluticasone propionate external cream 0.05 %	1	SL (3 tablets per day.)
fluticasone propionate external lotion 0.05 %	3	ST; SL (3 tablets per day.)
fluticasone propionate external ointment 0.005 %	1	SL (3 tablets per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	SL (0.04 mcg per day.)
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
INTRAROSA VAGINAL INSERT 6.5 MG (prasterone)	4	PA; SL (3 tablets per day.)
ISTURISA ORAL TABLET 1 MG, 5 MG (osilodrostat phosphate)	4	PA; SL (3 tablets per day.); SMCS; SP
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (methylprednisolone)	4	
MEDROL ORAL TABLET 2 MG (methylprednisolone)	2	
MEDROL ORAL TABLET THERAPY PACK 4 MG (methylprednisolone)	4	
methylprednisolone oral tablet 16 mg, 32 mg, 8 mg	1	SL (3 tablets per day.)
methylprednisolone oral tablet 4 mg	1	
methylprednisolone oral tablet therapy pack 4 mg	1	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate)	4	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML (prednisolone sodium phosphate)	2	SL (3 tablets per day.)
prednisolone oral solution 15 mg/5ml	1	
prednisolone oral tablet 5 mg	3	SL (3 tablets per day.)
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	1	SL (3 tablets per day.)
prednisone intensol oral concentrate 5 mg/ml	1	
prednisone oral solution 5 mg/5ml	1	
prednisone oral tablet 1 mg, 10 mg	1	SL (3 tablets per day.)
prednisone oral tablet 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablet therapy pack 10 mg (21), 5 mg (21), 5 mg (48)	1	
prednisone oral tablet therapy pack 10 mg (48)	1	SL (3 tablets per day.)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (beclomethasone diprop hfa)	1	SL (3 tablets per day.)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (budesonide-formoterol fumarate)	3	SL (0.35 grams per day.)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (dexamethasone)	3	SL (3 tablets per day.)
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (dexamethasone)	4	SL (3 tablets per day.)
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) (dexamethasone)	3	SL (3 tablets per day.)
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (dexamethasone)	3	SL (3 tablets per day.)
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (budesonide)	4	PA; SL (4 capsules per day.); SMCS; SP
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	3	SL (2 blisters per day.)
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (budesonide)	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	SL (2 blisters per day)
ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes		
acarbose oral tablet 100 mg	1	SL (3 tablets per day.)
acarbose oral tablet 25 mg, 50 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	2	SL (3 tablets per day.)
AMYLINOMIMETICS - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (pramlintide acetate)	3	SL (4 pens (10.8 ml) per month.)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (pramlintide acetate)	3	SL (4 pens (6 ml) per month.)
ANDROGENS - Hormones		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (testosterone)	2	PA; SL (1 patch per day)
COVARYX HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	3	
COVARYX ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML (testosterone cypionate)	3	M
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML (testosterone cypionate)	4	M
EC-RX TESTOSTERONE TRANSDERMAL CREAM 0.2 %, 0.4 %, 10 %, 20 %	3	PA
EEMT HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	3	
EEMT ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	1	SL (3 tablets per day.)
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	1	SL (3 tablets per day.)
KYZATREX ORAL CAPSULE 100 MG (testosterone undecanoate)	4	PA; SL (2 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KYZATREX ORAL CAPSULE 150 MG, 200 MG (testosterone undecanoate)	4	PA; SL (4 capsules per day.)
METHITEST ORAL TABLET 10 MG	2	
methyltestosterone oral capsule 10 mg	2	SL (3 tablets per day.)
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (testosterone)	2	PA; SL (3 tablets per day.)
testosterone cypionate intramuscular solution 100 mg/ml	1	M; SL (3 tablets per day.)
testosterone cypionate intramuscular solution 200 mg/ml	1	M
testosterone enanthate intramuscular solution 200 mg/ml	1	M
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA; SL (3 tablets per day.)
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA; SL (31 packets per month)
testosterone transdermal gel 1.62 %	2	PA; SL (31 packets per month)
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
colesevelam hcl oral packet 3.75 gm	2	SL (3 tablets per day.)
CYCLOSET ORAL TABLET 0.8 MG (bromocriptine mesylate)	3	SL (3 tablets per day.)
KORLYM ORAL TABLET 300 MG (mifepristone)	4	PA; SL (4 tablets per day.); SMCS; SP
mifepristone oral tablet 300 mg	4	PA; SL (4 tablets per day.); SMCS; SP
ANTIESTROGENS - Drugs for Women		
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (ribociclib-letrozole)	4	PA; ST; SL (Benefit maximum quantity 49 tablets 21 days.); SMCS; CM
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (ribociclib-letrozole)	4	PA; ST; SL (Benefit maximum quantity 70 tablets per 21 days.); SMCS; CM
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (ribociclib-letrozole)	4	PA; ST; SL (Benefit maximum quantity 91 tablets per 21 days.); SMCS; CM
ANTIGONADTROPINS - Hormones		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (degarelix acetate)	3	M; SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (degarelix acetate)	3	M; SL (3 tablets per day.); SMCS; SP
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	2	PA; SL (1 tablet day.)
ORGOVYX ORAL TABLET 120 MG (relugolix)	3	PA; SL (1 tablet per day); SMCS; SP; CM
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	2	PA; SL (2 capsules per day.)
ORLISSA ORAL TABLET 150 MG (elagolix sodium)	2	PA; SL (1 tablet per day.)
ORLISSA ORAL TABLET 200 MG (elagolix sodium)	2	PA; SL (2 tablets per day.)
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
diazoxide oral suspension 50 mg/ml	3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (diazoxide)	4	
ANTIPARATHYROID AGENTS - Drugs for Bones		
calcitonin (salmon) injection solution 200 unit/ml	3	M; SL (3 tablets per day.)
calcitonin (salmon) nasal solution 200 unit/act	2	SL (3 tablets per day.)
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	3	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin (salmon))	3	M; SL (3 tablets per day.)
ANTITHYROID AGENTS - Drugs for the Thyroid		
methimazole oral tablet 10 mg	1	
methimazole oral tablet 5 mg	1	SL (3 tablets per day.)
propylthiouracil oral tablet 50 mg	1	
BIGUANIDES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (pioglitazone hcl-metformin hcl)	4	SL (3 tablets per day.)
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	2	SL (3 tablets per day.)
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	2	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg	1	SL (3 tablets per day.)
glyburide-metformin oral tablet 5-500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin hcl)	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (linagliptin-metformin hcl)	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (linagliptin-metformin hcl)	2	SL (1 tablet per day.)
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	1	
metformin hcl oral solution 500 mg/5ml	3	SL (3 tablets per day.)
metformin hcl oral tablet 1000 mg	1	SL (3 tablets per day.)
metformin hcl oral tablet 500 mg, 850 mg	1	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg	2	SL (3 tablets per day)
pioglitazone hcl-metformin hcl oral tablet 15-850 mg	2	SL (3 tablets per day.)
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg	2	SL (3 tablets per day.)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (empagliflozin-metformin hcl)	2	SL (2 tablets per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG (empagliflozin-metformin hcl)	2	SL (1 tablet per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG (empagliflozin-metformin hcl)	2	SL (2 tablets per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (empagliflozin-linagliptin-metformin)	2	SL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (empagliflozin-linagliptin-metformin)	2	SL (2 tablets per day.)
CONTRACEPTIVES - Drugs for Women		
afirmelle oral tablet 0.1-20 mg-mcg	1	SL (3 tablets per day.); H
aftera oral tablet 1.5 mg	1	SL (3 tablets per day.); H
altavera oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
alyacen 1/35 oral tablet 1-35 mg-mcg	1	SL (3 tablets per day.); H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amethyst oral tablet 90-20 mcg	3	H
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (segesterone-ethinyl estradiol)	3	SL (3 tablets per day.); H
apri oral tablet 0.15-30 mg-mcg	1	H
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 0.15-0.03 & 0.01 mg	3	SL (3 tablets per day.); H
aubra eq oral tablet 0.1-20 mg-mcg	1	SL (3 tablets per day.); H
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	SL (3 tablets per day.); H
aurovela 1/20 oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	SL (3 tablets per day.); H
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
aviane oral tablet 0.1-20 mg-mcg	1	H
ayuna oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	2	SL (3 tablets per day.); H
balziva oral tablet 0.4-35 mg-mcg	1	H
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	SL (3 tablets per day.); H
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
briellyn oral tablet 0.4-35 mg-mcg	1	SL (3 tablets per day.); H
camila oral tablet 0.35 mg	1	SL (3 tablets per day.); H
camrese lo oral tablet 0.1-0.02 & 0.01 mg	3	H
camrese oral tablet 0.15-0.03 & 0.01 mg	3	H
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H
chateal eq oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
cryselle-28 oral tablet 0.3-30 mg-mcg	1	H
curae oral tablet 1.5 mg	1	H
cyred eq oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
dasetta 1/35 oral tablet 1-35 mg-mcg	1	H
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
daysee oral tablet 0.15-0.03 & 0.01 mg	3	SL (3 tablets per day.); H
deblitane oral tablet 0.35 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
delyla oral tablet 0.1-20 mg-mcg	1	SL (3 tablets per day.); H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (medroxyprogesterone acetate)	4	SL (5 ml per year.)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (medroxyprogesterone acetate)	4	SL (5 mL per 365 days.)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (medroxyprogesterone acetate)	2	SL (3.25 ml per year.); H
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
dolishale oral tablet 90-20 mcg	3	SL (3 tablets per day.); H
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	4	H
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	3	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	3	SL (3 tablets per day.)
econtra one-step oral tablet 1.5 mg	1	SL (3 tablets per day.); H
elinest oral tablet 0.3-30 mg-mcg	1	H
ELLA ORAL TABLET 30 MG (ulipristal acetate)	1	SL (1 tablet per 21 days.); H
eluryng vaginal ring 0.12-0.015 mg/24hr	1	SL (3 tablets per day.); H
emzahh oral tablet 0.35 mg	1	SL (3 tablets per day.); H
enilloring vaginal ring 0.12-0.015 mg/24hr	1	SL (3 tablets per day.); H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
errin oral tablet 0.35 mg	1	H
estarylla oral tablet 0.25-35 mg-mcg	1	SL (3 tablets per day.); H
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	H
falmina oral tablet 0.1-20 mg-mcg	1	H
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
gemmily oral capsule 1-20 mg-mcg(24)	4	SL (3 tablets per day.); H
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	SL (3 tablets per day.); H
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
haloette vaginal ring 0.12-0.015 mg/24hr	1	SL (3 tablets per day.); H
heather oral tablet 0.35 mg	1	SL (3 tablets per day.); H
her style oral tablet 1.5 mg	1	SL (3 tablets per day.); H
iclevia oral tablet 0.15-0.03 mg	2	SL (3 tablets per day.); H
incassia oral tablet 0.35 mg	1	SL (3 tablets per day.); H
introvale oral tablet 0.15-0.03 mg	2	SL (3 tablets per day.); H
isibloom oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
jaimiess oral tablet 0.15-0.03 & 0.01 mg	3	SL (3 tablets per day.); H
jasmiel oral tablet 3-0.02 mg	3	SL (3 tablets per day.)
jencycla oral tablet 0.35 mg	1	SL (3 tablets per day.); H
jolessa oral tablet 0.15-0.03 mg	2	H
joyeaux oral tablet 0.1-20 mg-mcg(21)	4	SL (3 tablets per day.); H
juleber oral tablet 0.15-30 mg-mcg	1	H
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel fe 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	H
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	4	SL (3 tablets per day.); H
kalliga oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
kelnor 1/35 oral tablet 1-35 mg-mcg	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
kurvelo oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin 1/20 oral tablet 1-20 mg-mcg	1	H
larin 24 fe oral tablet 1-20 mg-mcg(24)	1	H
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
larin fe 1/20 oral tablet 1-20 mg-mcg	1	H
layolis fe oral tablet chewable 0.8-25 mg-mcg	4	SL (3 tablets per day.); H
leena oral tablet 0.5/1/0.5-35 mg-mcg	1	SL (3 tablets per day.); H
lessina oral tablet 0.1-20 mg-mcg	1	H
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	4	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	4	SL (3 tablets per day.); H
levonorgestrel oral tablet 1.5 mg	1	SL (3 tablets per day.); H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	3	SL (3 tablets per day.); H
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	SL (3 tablets per day.); H
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphas)	1	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	3	SL (3 tablets per day.); H
loryna oral tablet 3-0.02 mg	3	SL (3 tablets per day.)
low-ogestrel oral tablet 0.3-30 mg-mcg	1	SL (3 tablets per day.); H
lo-zumandimine oral tablet 3-0.02 mg	3	SL (3 tablets per day.)
lutra oral tablet 0.1-20 mg-mcg	1	SL (3 tablets per day.); H
lyleq oral tablet 0.35 mg	1	SL (3 tablets per day.); H
lyza oral tablet 0.35 mg	1	SL (3 tablets per day.); H
marlissa oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	1	SL (3 tablets per day.); H
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	1	SL (3 tablets per day.); H
merzee oral capsule 1-20 mg-mcg(24)	4	SL (3 tablets per day.); H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	SL (3 tablets per day.); H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
mili oral tablet 0.25-35 mg-mcg	1	SL (3 tablets per day.); H
mono-linyah oral tablet 0.25-35 mg-mcg	1	H
my choice oral tablet 1.5 mg	1	SL (3 tablets per day.); H
my way oral tablet 1.5 mg	1	SL (3 tablets per day.); H
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	1	SL (3 tablets per day.); H
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
new day oral tablet 1.5 mg	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-estetrol)	4	SL (3 tablets per day.); H
nikki oral tablet 3-0.02 mg	3	SL (3 tablets per day.)
nora-be oral tablet 0.35 mg	1	H
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	3	SL (3 tablets per day.); H
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	4	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone oral tablet 0.35 mg	1	H
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	3	H
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	4	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	SL (3 tablets per day.); H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	SL (3 tablets per day.); H
norlyroc oral tablet 0.35 mg	1	SL (3 tablets per day.); H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nylia 1/35 oral tablet 1-35 mg-mcg	1	SL (3 tablets per day.); H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	SL (3 tablets per day.); H
nymyo oral tablet 0.25-35 mg-mcg	1	SL (3 tablets per day.); H
ocella oral tablet 3-0.03 mg	3	
opcicon one-step oral tablet 1.5 mg	1	SL (3 tablets per day.); H
OPILL ORAL TABLET 0.075 MG (norgestrel)	1	H
option 2 oral tablet 1.5 mg	1	H
philith oral tablet 0.4-35 mg-mcg	1	H
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	1	SL (3 tablets per day.); H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
react oral tablet 1.5 mg	1	SL (3 tablets per day.); H
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivelsa oral tablet 42-21-21-7 days	4	H
setlakin oral tablet 0.15-0.03 mg	2	H
sharobel oral tablet 0.35 mg	1	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	2	SL (3 tablets per day.); H
simpesse oral tablet 0.15-0.03 & 0.01 mg	3	SL (3 tablets per day.); H
SLYND ORAL TABLET 4 MG (drospirenone)	4	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	SL (3 tablets per day.); H
syeda oral tablet 3-0.03 mg	3	SL (3 tablets per day.)
take action oral tablet 1.5 mg	1	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
taysofy oral capsule 1-20 mg-mcg(24)	4	SL (3 tablets per day.); H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	3	SL (3 tablets per day.); H
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	SL (3 tablets per day.); H
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	2	SL (3 tablets per day.); H
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	2	SL (3 tablets per day.); H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	2	SL (3 tablets per day.); H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	SL (3 tablets per day.); H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	SL (3 tablets per day.); H
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	1	SL (3 tablets per day.); H
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	2	SL (3 tablets per day.); H
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	SL (3 tablets per day.); H
turqoz oral tablet 0.3-30 mg-mcg	1	SL (3 tablets per day.); H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (levonorgestrel-eth estradiol)	4	SL (3 tablets per day.); H
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	1	
tydemy oral tablet 3-0.03-0.451 mg	4	SL (3 tablets per day.); H
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 3-0.02 mg	3	
vienva oral tablet 0.1-20 mg-mcg	1	SL (3 tablets per day.); H
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	2	SL (3 tablets per day.); H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	2	SL (3 tablets per day.); H
vyfemla oral tablet 0.4-35 mg-mcg	1	SL (3 tablets per day.); H
vylibra oral tablet 0.25-35 mg-mcg	1	SL (3 tablets per day.); H
wera oral tablet 0.5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 0.4-35 mg-mcg	3	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
xulane transdermal patch weekly 150-35 mcg/24hr	3	H
YASMIN 28 ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	2	SL (3 tablets per day.); H
YAZ ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	2	SL (3 tablets per day.); H
zafemy transdermal patch weekly 150-35 mcg/24hr	3	SL (3 tablets per day.); H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	SL (3 tablets per day.); H
zumandimine oral tablet 3-0.03 mg	3	SL (3 tablets per day.)
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
ALOGLIPTIN BENZOATE ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	2	SL (3 tablets per day.)
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	2	SL (3 tablets per day.)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	2	SL (3 tablets per day.)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (empagliflozin-linagliptin)	2	ST; SL (1 tablet per day.)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin hcl)	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (linagliptin-metformin hcl)	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (linagliptin-metformin hcl)	2	SL (1 tablet per day.)
saxagliptin hcl oral tablet 2.5 mg, 5 mg	2	SL (1 tablet per day)
TRADJENTA ORAL TABLET 5 MG (linagliptin)	2	SL (1 tablet per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (empagliflozin-linagliptin-metformin)	2	SL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (empagliflozin-linagliptin-metformin)	2	SL (2 tablets per day.)
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (conj estrogens-bazedoxifene)	3	SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OSPHENA ORAL TABLET 60 MG (ospemifene)	3	PA; SL (3 tablets per day.)
raloxifene hcl oral tablet 60 mg	2	H
toremifene citrate oral tablet 60 mg	2	SL (3 tablets per day.); CM
ESTROGENS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	4	SL (3 tablets per day.)
afirmelle oral tablet 0.1-20 mg-mcg	1	SL (3 tablets per day.); H
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	3	SL (8 patches (1 box) per 28 days.)
altavera oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
alyacen 1/35 oral tablet 1-35 mg-mcg	1	SL (3 tablets per day.); H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	SL (3 tablets per day.); H
amabelz oral tablet 0.5-0.1 mg	2	SL (3 tablets per day.)
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (drospirenone-estradiol)	3	SL (3 tablets per day.)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (segesterone-ethinyl estradiol)	3	SL (3 tablets per day.); H
apri oral tablet 0.15-30 mg-mcg	1	H
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 0.15-0.03 & 0.01 mg	3	SL (3 tablets per day.); H
aubra eq oral tablet 0.1-20 mg-mcg	1	SL (3 tablets per day.); H
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	SL (3 tablets per day.); H
aurovela 1/20 oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	SL (3 tablets per day.); H
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
aviane oral tablet 0.1-20 mg-mcg	1	H
ayuna oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	2	SL (3 tablets per day.); H
balziva oral tablet 0.4-35 mg-mcg	1	H
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (estradiol-progesterone)	3	SL (3 tablets per day.)
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	SL (3 tablets per day.); H
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
briellyn oral tablet 0.4-35 mg-mcg	1	SL (3 tablets per day.); H
camrese lo oral tablet 0.1-0.02 & 0.01 mg	3	H
camrese oral tablet 0.15-0.03 & 0.01 mg	3	H
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H
chateal eq oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (estradiol-levonorgestrel)	3	SL (3 tablets per day.)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (estradiol-norethindrone acet)	3	SL (3 tablets per day.)
COVARYX HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	3	
COVARYX ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	
cryselle-28 oral tablet 0.3-30 mg-mcg	1	H
cyred eq oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
dasetta 1/35 oral tablet 1-35 mg-mcg	1	H
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
daysee oral tablet 0.15-0.03 & 0.01 mg	3	SL (3 tablets per day.); H
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (estradiol valerate)	4	M; SL (3 tablets per day.)
delyla oral tablet 0.1-20 mg-mcg	1	SL (3 tablets per day.); H
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	3	M
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (estradiol)	3	SL (3 tablets per day.)
dolishale oral tablet 90-20 mcg	3	SL (3 tablets per day.); H
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	4	H
DUAVEE ORAL TABLET 0.45-20 MG (conj estrogens-bazedoxifene)	3	SL (1 tablet per day.)
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	PA
EEMT HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	3	
EEMT ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (estradiol)	3	
elinest oral tablet 0.3-30 mg-mcg	1	H
eluryng vaginal ring 0.12-0.015 mg/24hr	1	SL (3 tablets per day.); H
enilloring vaginal ring 0.12-0.015 mg/24hr	1	SL (3 tablets per day.); H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	1	SL (3 tablets per day.)
estarylla oral tablet 0.25-35 mg-mcg	1	SL (3 tablets per day.); H
estradiol oral tablet 0.5 mg, 2 mg	1	
estradiol oral tablet 1 mg	1	SL (3 tablets per day.)
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	SL (3 tablets per day.)
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.025 mg/24hr transdermal	4	SL (3 tablets per day.)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	SL (3 tablets per day.)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	SL (3 tablets per day.)
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	SL (3 tablets per day.)
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.05 mg/24hr transdermal	4	SL (3 tablets per day.)
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.075 mg/24hr transdermal	4	SL (3 tablets per day.)
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	SL (3 tablets per day.)
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.1 mg/24hr transdermal	4	SL (3 tablets per day.)
estradiol transdermal gel 0.25 mg/0.25gm	3	SL (3 tablets per day.)
estradiol transdermal gel 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	SL (50 grams (1 box) per month.)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	SL (4 patches (1 carton) per 28 days.)
estradiol vaginal cream 0.1 mg/gm	3	
estradiol vaginal tablet 10 mcg	2	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	M
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
ESTRING VAGINAL RING 7.5 MCG/24HR (estradiol)	2	SL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (estradiol)	3	SL (50 grams (1 box) per month.)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (estradiol)	2	
falmina oral tablet 0.1-20 mg-mcg	1	H
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (estradiol acetate)	3	SL (3 tablets per day.)
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	SL (3 tablets per day.)
gemmily oral capsule 1-20 mg-mcg(24)	4	SL (3 tablets per day.); H
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	SL (3 tablets per day.); H
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
haloette vaginal ring 0.12-0.015 mg/24hr	1	SL (3 tablets per day.); H
iclevia oral tablet 0.15-0.03 mg	2	SL (3 tablets per day.); H
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (estradiol)	2	SL (3 tablets per day.)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (estradiol)	2	SL (3 tablets per day.)
introvale oral tablet 0.15-0.03 mg	2	SL (3 tablets per day.); H
isibloom oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
jaimiess oral tablet 0.15-0.03 & 0.01 mg	3	SL (3 tablets per day.); H
jasmiel oral tablet 3-0.02 mg	3	SL (3 tablets per day.)
jinteli oral tablet 1-5 mg-mcg	2	
jolessa oral tablet 0.15-0.03 mg	2	H
joyeaux oral tablet 0.1-20 mg-mcg(21)	4	SL (3 tablets per day.); H
juleber oral tablet 0.15-30 mg-mcg	1	H
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel fe 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	H
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	4	SL (3 tablets per day.); H
kalliga oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
kelnor 1/35 oral tablet 1-35 mg-mcg	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
kurvelo oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin 1/20 oral tablet 1-20 mg-mcg	1	H
larin 24 fe oral tablet 1-20 mg-mcg(24)	1	H
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
larin fe 1/20 oral tablet 1-20 mg-mcg	1	H
layolis fe oral tablet chewable 0.8-25 mg-mcg	4	SL (3 tablets per day.); H
leena oral tablet 0.5/1/0.5-35 mg-mcg	1	SL (3 tablets per day.); H
lessina oral tablet 0.1-20 mg-mcg	1	H
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	4	H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg	3	H
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	4	SL (3 tablets per day.); H
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg	1	H
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	3	SL (3 tablets per day.); H
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	SL (3 tablets per day.); H
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphas)	1	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	3	SL (3 tablets per day.); H
loryna oral tablet 3-0.02 mg	3	SL (3 tablets per day.)
low-ogestrel oral tablet 0.3-30 mg-mcg	1	SL (3 tablets per day.); H
lo-zumandimine oral tablet 3-0.02 mg	3	SL (3 tablets per day.)
lutera oral tablet 0.1-20 mg-mcg	1	SL (3 tablets per day.); H
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	SL (3 tablets per day.)
marlissa oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (esterified estrogens)	3	SL (3 tablets per day.)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (estradiol)	3	SL (3 tablets per day.)
merzee oral capsule 1-20 mg-mcg(24)	4	SL (3 tablets per day.); H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
mili oral tablet 0.25-35 mg-mcg	1	SL (3 tablets per day.); H
mimvey oral tablet 1-0.5 mg	2	
mono-lynyah oral tablet 0.25-35 mg-mcg	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	2	PA; SL (1 tablet day.)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	1	SL (3 tablets per day.); H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-estetrol)	4	SL (3 tablets per day.); H
nikki oral tablet 3-0.02 mg	3	SL (3 tablets per day.)
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	3	SL (3 tablets per day.); H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H
norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg	1	H
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	2	SL (3 tablets per day.)
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	2	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	3	H
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	4	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	SL (3 tablets per day.); H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	SL (3 tablets per day.); H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	SL (3 tablets per day.); H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nylia 1/35 oral tablet 1-35 mg-mcg	1	SL (3 tablets per day.); H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	SL (3 tablets per day.); H
nymyo oral tablet 0.25-35 mg-mcg	1	SL (3 tablets per day.); H
ocella oral tablet 3-0.03 mg	3	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	2	PA; SL (2 capsules per day.)
philith oral tablet 0.4-35 mg-mcg	1	H
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens conjugated)	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM (estrogens, conjugated)	3	
PREMPHASE ORAL TABLET 0.625-5 MG (conj estrog-medroxyprogest ace)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (conj estrog-medroxyprogest ace)	3	
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivilsa oral tablet 42-21-21-7 days	4	H
setlakin oral tablet 0.15-0.03 mg	2	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	2	SL (3 tablets per day.); H
simpesse oral tablet 0.15-0.03 & 0.01 mg	3	SL (3 tablets per day.); H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	SL (3 tablets per day.); H
syeda oral tablet 3-0.03 mg	3	SL (3 tablets per day.)
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
taysofy oral capsule 1-20 mg-mcg(24)	4	SL (3 tablets per day.); H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	3	SL (3 tablets per day.); H
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	SL (3 tablets per day.); H
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	2	SL (3 tablets per day.); H
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	2	SL (3 tablets per day.); H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	2	SL (3 tablets per day.); H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	SL (3 tablets per day.); H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	SL (3 tablets per day.); H
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	1	SL (3 tablets per day.); H
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	2	SL (3 tablets per day.); H
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	SL (3 tablets per day.); H
turqoz oral tablet 0.3-30 mg-mcg	1	SL (3 tablets per day.); H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (levonorgestrel-eth estradiol)	4	SL (3 tablets per day.); H
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	1	
tydemy oral tablet 3-0.03-0.451 mg	4	SL (3 tablets per day.); H
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 3-0.02 mg	3	
vienva oral tablet 0.1-20 mg-mcg	1	SL (3 tablets per day.); H
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	2	SL (3 tablets per day.); H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	2	SL (3 tablets per day.); H
vyfemla oral tablet 0.4-35 mg-mcg	1	SL (3 tablets per day.); H
vylibra oral tablet 0.25-35 mg-mcg	1	SL (3 tablets per day.); H
wera oral tablet 0.5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 0.4-35 mg-mcg	3	SL (3 tablets per day.); H
xulane transdermal patch weekly 150-35 mcg/24hr	3	H
YASMIN 28 ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	2	SL (3 tablets per day.); H
YAZ ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	2	SL (3 tablets per day.); H
yuvaferm vaginal tablet 10 mcg	2	SL (3 tablets per day.)
zafemy transdermal patch weekly 150-35 mcg/24hr	3	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	SL (3 tablets per day.); H
zumandimine oral tablet 3-0.03 mg	3	SL (3 tablets per day.)
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	SL (2 intranasal devices per prescription.)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	SL (2 intranasal devices per prescription.)
glucagon emergency kit injection kit 1 mg	2	SL (2 boxes per prescription.)
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	SL (3 tablets per day.)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (glucagon)	2	M; SL (3 tablets per day.)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (glucagon)	2	M; SL (3 tablets per day.)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (glucagon)	2	SL (3 tablets per day.)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (glucagon)	2	SL (3 tablets per day.)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (dasiglucagon hcl)	2	SL (1.2 ml per prescription.)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (dasiglucagon hcl)	2	SL (1.2 ml per prescription.)
GONADOTROPINS - Hormones		
SYNAREL NASAL SOLUTION 2 MG/ML (nafarelin acetate)	2	
INCRETIN MIMETICS - Drugs for Diabetes		
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (exenatide)	2	PA; SL (3.4 ml per month.)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (exenatide)	2	PA; SL (2.4 mL (one pen) per prescription)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (exenatide)	2	PA; SL (1.2 mL (one pen) per prescription)
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (tirzepatide)	2	PA; SL (0.08 ml per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (semaglutide)	2	PA; SL (6 ml per month.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (semaglutide)	2	PA; SL (9 ml per 3 months.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (semaglutide)	2	PA; SL (3 ml per 21 days.)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (semaglutide)	2	PA; SL (1 tablet per day.)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (liraglutide -weight management)	3	PA; M; SL (0.6 ml per day.)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (insulin glargine-lixisenatide)	2	SL (18 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (dulaglutide)	2	PA; SL (2 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (dulaglutide)	2	PA; SL (2 mL per 21 days)
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (liraglutide)	2	PA; SL (6 ml (2 pens) per month.)
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (liraglutide)	3	PA; SL (6 ml (2 pens) per month.)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML (semaglutide-weight management)	3	PA; M; SL (0.08 ml per day and 4 ml per 365 days.)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML (semaglutide-weight management)	3	PA; M; SL (0.11 ml per day.)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (tirzepatide-weight management)	3	PA; M; SL (0.08 ml per day.)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML (tirzepatide-weight management)	3	PA; M; SL (0.08 ml per day and 4 ml per 365 days.)
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (insulin nph isophane & regular)	2	SL (75 ml per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (insulin nph isophane & regular)	1	SL (70 ml per prescription.)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (insulin nph human (isophane))	2	SL (75 ml per prescription.)
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (insulin nph human (isophane))	1	SL (70 ml per prescription.)
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (metreleptin)	3	PA; M; SL (0.9 vial per day.); SMCS; SP
LONG-ACTING INSULINS - Drugs for Diabetes		
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin glargine)	1	SL (75 ml per prescription.)
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine)	1	SL (70 ml per prescription.)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (insulin glargine-lixisenatide)	2	SL (18 ml per month.)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (insulin glargine)	2	SL (75 ml per prescription.)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (insulin glargine)	2	SL (37.5 ml per prescription.)
MEGLITINIDES - Drugs for Diabetes		
nateglinide oral tablet 120 mg, 60 mg	2	SL (3 tablets per day)
repaglinide oral tablet 0.5 mg, 2 mg	2	SL (3 tablets per day.)
repaglinide oral tablet 1 mg	2	SL (4 tablets per day)
PARATHYROID AGENTS - Drugs for Bones		
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA; M; SL (3 tablets per day.); SMCS; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (abaloparatide)	3	PA; M; SL (3 tablets per day.); SMCS; SP
PITUITARY - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (corticotropin)	4	PA; ST; M; SL (3 tablets per day.); SMCS; SP
CORTROPHIN INJECTION GEL 80 UNIT/ML (corticotropin)	4	PA; ST; M; SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
desmopressin ace spray refrig nasal solution 0.01 %	1	SL (3 tablets per day.)
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
desmopressin acetate pf injection solution 4 mcg/ml	1	M; SL (3 tablets per day.)
desmopressin acetate spray nasal solution 0.01 %	1	SL (3 tablets per day.)
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (somatrogon-ghla)	4	PA; M; SL (0.172 ml per day.); SMCS; SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (desmopressin acetate)	3	PA; SL (3 tablets per day.)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (somatropin)	2	PA; M; SL (13.5 mL per month.); SMCS
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML (somatropin)	2	PA; M; SL (9 mL per month.); SMCS; SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (somatropin)	2	PA; M; SL (27 mL per month.); SMCS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (somatropin)	2	PA; M; SL (3 tablets per day.); SMCS; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (somatropin)	2	PA; M; SL (3 tablets per day.); SMCS; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (somatropin)	2	PA; M; SL (3 tablets per day.); SMCS; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML (somatropin)	2	PA; M; SL (13.5 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (somatropin)	2	PA; M; SL (27 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (somatropin)	2	PA; M; SL (16 vials per month.); SMCS; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (somatropin (non-refrigerated))	4	PA; M; SL (3 tablets per day.); SMCS; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (lonapegsomatropin-tcgd)	4	PA; M; SL (0.143 cartridge per day.); SMCS; SP
PROGESTINS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	4	SL (3 tablets per day.)
afirmelle oral tablet 0.1-20 mg-mcg	1	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aftera oral tablet 1.5 mg	1	SL (3 tablets per day.); H
altavera oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
alyacen 1/35 oral tablet 1-35 mg-mcg	1	SL (3 tablets per day.); H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	SL (3 tablets per day.); H
amabelz oral tablet 0.5-0.1 mg	2	SL (3 tablets per day.)
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (drospirenone-estradiol)	3	SL (3 tablets per day.)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (segesterone-ethinyl estradiol)	3	SL (3 tablets per day.); H
apri oral tablet 0.15-30 mg-mcg	1	H
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 0.15-0.03 & 0.01 mg	3	SL (3 tablets per day.); H
aubra eq oral tablet 0.1-20 mg-mcg	1	SL (3 tablets per day.); H
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	SL (3 tablets per day.); H
aurovela 1/20 oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	SL (3 tablets per day.); H
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
aviane oral tablet 0.1-20 mg-mcg	1	H
ayuna oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	2	SL (3 tablets per day.); H
balziva oral tablet 0.4-35 mg-mcg	1	H
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (estradiol-progesterone)	3	SL (3 tablets per day.)
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	SL (3 tablets per day.); H
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
briellyn oral tablet 0.4-35 mg-mcg	1	SL (3 tablets per day.); H
camila oral tablet 0.35 mg	1	SL (3 tablets per day.); H
camrese lo oral tablet 0.1-0.02 & 0.01 mg	3	H
camrese oral tablet 0.15-0.03 & 0.01 mg	3	H
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H

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chateal eq oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (estradiol-levonorgestrel)	3	SL (3 tablets per day.)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (estradiol-norethindrone acet)	3	SL (3 tablets per day.)
CRINONE VAGINAL GEL 4 %, 8 % (progesterone)	4	ST
cryselle-28 oral tablet 0.3-30 mg-mcg	1	H
curae oral tablet 1.5 mg	1	H
cyred eq oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
dasetta 1/35 oral tablet 1-35 mg-mcg	1	H
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
daysee oral tablet 0.15-0.03 &0.01 mg	3	SL (3 tablets per day.); H
deblitane oral tablet 0.35 mg	1	H
delyla oral tablet 0.1-20 mg-mcg	1	SL (3 tablets per day.); H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (medroxyprogesterone acetate)	4	SL (5 ml per year.)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (medroxyprogesterone acetate)	4	SL (5 mL per 365 days.)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (medroxyprogesterone acetate)	2	SL (3.25 ml per year.); H
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
dolishale oral tablet 90-20 mcg	3	SL (3 tablets per day.); H
drosipren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	4	H
econtra one-step oral tablet 1.5 mg	1	SL (3 tablets per day.); H
EC-RX PROGESTERONE TRANSDERMAL CREAM 10 %, 20 %	3	PA
elinest oral tablet 0.3-30 mg-mcg	1	H
ELLA ORAL TABLET 30 MG (ulipristal acetate)	1	SL (1 tablet per 21 days.); H
eluryng vaginal ring 0.12-0.015 mg/24hr	1	SL (3 tablets per day.); H
emzahh oral tablet 0.35 mg	1	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENDOMETRIN VAGINAL INSERT 100 MG (progesterone)	2	SL (3 tablets per day.)
enilloring vaginal ring 0.12-0.015 mg/24hr	1	SL (3 tablets per day.); H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
estarylla oral tablet 0.25-35 mg-mcg	1	SL (3 tablets per day.); H
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H
falmina oral tablet 0.1-20 mg-mcg	1	H
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (progesterone)	3	PA; SL (3 tablets per day.)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	SL (3 tablets per day.)
gemmily oral capsule 1-20 mg-mcg(24)	4	SL (3 tablets per day.); H
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	SL (3 tablets per day.); H
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	SL (3 tablets per day.); H
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
haloette vaginal ring 0.12-0.015 mg/24hr	1	SL (3 tablets per day.); H
heather oral tablet 0.35 mg	1	SL (3 tablets per day.); H
her style oral tablet 1.5 mg	1	SL (3 tablets per day.); H
iclevia oral tablet 0.15-0.03 mg	2	SL (3 tablets per day.); H
incassia oral tablet 0.35 mg	1	SL (3 tablets per day.); H
introvale oral tablet 0.15-0.03 mg	2	SL (3 tablets per day.); H
isibloom oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
jaimiess oral tablet 0.15-0.03 & 0.01 mg	3	SL (3 tablets per day.); H
jasmiel oral tablet 3-0.02 mg	3	SL (3 tablets per day.)
jencycla oral tablet 0.35 mg	1	SL (3 tablets per day.); H
jinteli oral tablet 1-5 mg-mcg	2	
jolessa oral tablet 0.15-0.03 mg	2	H
joyeaux oral tablet 0.1-20 mg-mcg(21)	4	SL (3 tablets per day.); H
juleber oral tablet 0.15-30 mg-mcg	1	H
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
junel 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel fe 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	H
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	4	SL (3 tablets per day.); H
kalliga oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
kelnor 1/35 oral tablet 1-35 mg-mcg	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
kurvelo oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin 1/20 oral tablet 1-20 mg-mcg	1	H
larin 24 fe oral tablet 1-20 mg-mcg(24)	1	H
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin fe 1/20 oral tablet 1-20 mg-mcg	1	H
layolis fe oral tablet chewable 0.8-25 mg-mcg	4	SL (3 tablets per day.); H
leena oral tablet 0.5/1/0.5-35 mg-mcg	1	SL (3 tablets per day.); H
lessina oral tablet 0.1-20 mg-mcg	1	H
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	4	H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg	3	H
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	4	SL (3 tablets per day.); H
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg	1	H
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	3	SL (3 tablets per day.); H
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	SL (3 tablets per day.); H
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphas)	1	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	3	SL (3 tablets per day.); H
loryna oral tablet 3-0.02 mg	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
low-ogestrel oral tablet 0.3-30 mg-mcg	1	SL (3 tablets per day.); H
lo-zumandimine oral tablet 3-0.02 mg	3	SL (3 tablets per day.)
lutera oral tablet 0.1-20 mg-mcg	1	SL (3 tablets per day.); H
lyleq oral tablet 0.35 mg	1	SL (3 tablets per day.); H
lyza oral tablet 0.35 mg	1	SL (3 tablets per day.); H
marlissa oral tablet 0.15-30 mg-mcg	1	SL (3 tablets per day.); H
medroxyprogesterone acetate oral tablet 10 mg	1	
medroxyprogesterone acetate oral tablet 2.5 mg, 5 mg	1	SL (3 tablets per day.)
megestrol acetate oral suspension 40 mg/ml	1	SL (3 tablets per day.)
megestrol acetate oral suspension 625 mg/5ml	3	SL (3 tablets per day.)
merzee oral capsule 1-20 mg-mcg(24)	4	SL (3 tablets per day.); H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	SL (3 tablets per day.); H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
mili oral tablet 0.25-35 mg-mcg	1	SL (3 tablets per day.); H
mimvey oral tablet 1-0.5 mg	2	
mono-linyah oral tablet 0.25-35 mg-mcg	1	H
my choice oral tablet 1.5 mg	1	SL (3 tablets per day.); H
my way oral tablet 1.5 mg	1	SL (3 tablets per day.); H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	2	PA; SL (1 tablet day.)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	1	SL (3 tablets per day.); H
new day oral tablet 1.5 mg	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-estetrol)	4	SL (3 tablets per day.); H
nikki oral tablet 3-0.02 mg	3	SL (3 tablets per day.)
nora-be oral tablet 0.35 mg	1	H
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	3	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H
norethindrone acetate oral tablet 5 mg	1	
norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg	1	H
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	3	H
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	4	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	SL (3 tablets per day.); H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	SL (3 tablets per day.); H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	SL (3 tablets per day.); H
norlyroc oral tablet 0.35 mg	1	SL (3 tablets per day.); H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nylia 1/35 oral tablet 1-35 mg-mcg	1	SL (3 tablets per day.); H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	SL (3 tablets per day.); H
nymyo oral tablet 0.25-35 mg-mcg	1	SL (3 tablets per day.); H
ocella oral tablet 3-0.03 mg	3	
opcicon one-step oral tablet 1.5 mg	1	SL (3 tablets per day.); H
OPILL ORAL TABLET 0.075 MG (norgestrel)	1	H
option 2 oral tablet 1.5 mg	1	H
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	2	PA; SL (2 capsules per day.)
philith oral tablet 0.4-35 mg-mcg	1	H
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	2	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	1	SL (3 tablets per day.); H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
PREMPHASE ORAL TABLET 0.625-5 MG (conj estrog-medroxyprogest ace)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (conj estrog-medroxyprogest ace)	3	
progesterone intramuscular oil 50 mg/ml	1	M; SL (3 tablets per day.)
PROGESTERONE MICRONIZED TRANSDERMAL CREAM 10 %	3	PA; SL (3 tablets per day.)
progesterone oral capsule 100 mg, 200 mg	2	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone acetate)	4	
react oral tablet 1.5 mg	1	SL (3 tablets per day.); H
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivelsa oral tablet 42-21-21-7 days	4	H
setlakin oral tablet 0.15-0.03 mg	2	H
sharobel oral tablet 0.35 mg	1	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	2	SL (3 tablets per day.); H
simpesse oral tablet 0.15-0.03 &0.01 mg	3	SL (3 tablets per day.); H
SLYND ORAL TABLET 4 MG (drospirenone)	4	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	SL (3 tablets per day.); H
syeda oral tablet 3-0.03 mg	3	SL (3 tablets per day.)
take action oral tablet 1.5 mg	1	SL (3 tablets per day.); H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	SL (3 tablets per day.); H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	SL (3 tablets per day.); H
taysofy oral capsule 1-20 mg-mcg(24)	4	SL (3 tablets per day.); H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	3	SL (3 tablets per day.); H
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	SL (3 tablets per day.); H
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	2	SL (3 tablets per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	2	SL (3 tablets per day.); H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	2	SL (3 tablets per day.); H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	SL (3 tablets per day.); H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	SL (3 tablets per day.); H
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	1	SL (3 tablets per day.); H
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	2	SL (3 tablets per day.); H
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	SL (3 tablets per day.); H
turqoz oral tablet 0.3-30 mg-mcg	1	SL (3 tablets per day.); H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (levonorgestrel-eth estradiol)	4	SL (3 tablets per day.); H
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	1	
tydemy oral tablet 3-0.03-0.451 mg	4	SL (3 tablets per day.); H
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 3-0.02 mg	3	
vienva oral tablet 0.1-20 mg-mcg	1	SL (3 tablets per day.); H
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	2	SL (3 tablets per day.); H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	2	SL (3 tablets per day.); H
vyfemla oral tablet 0.4-35 mg-mcg	1	SL (3 tablets per day.); H
vylibra oral tablet 0.25-35 mg-mcg	1	SL (3 tablets per day.); H
wera oral tablet 0.5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 0.4-35 mg-mcg	3	SL (3 tablets per day.); H
xulane transdermal patch weekly 150-35 mcg/24hr	3	H
YASMIN 28 ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	2	SL (3 tablets per day.); H
YAZ ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	2	SL (3 tablets per day.); H
zafemy transdermal patch weekly 150-35 mcg/24hr	3	SL (3 tablets per day.); H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	SL (3 tablets per day.); H
zumandimine oral tablet 3-0.03 mg	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RAPID-ACTING INSULINS - Drugs for Diabetes		
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin lispro)	2	SL (75 ml per prescription.)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (insulin lispro)	2	SL (75 ml (25 pens) per prescription.)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (insulin lispro prot & lispro)	2	SL (75 ml per prescription.)
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (insulin lispro prot & lispro)	1	SL (70 ml per prescription.)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (insulin lispro prot & lispro)	2	SL (75 ml per prescription.)
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (insulin lispro prot & lispro)	1	SL (70 ml per prescription.)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (insulin lispro)	2	SL (75 ml per prescription.)
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin lispro)	2	SL (75 ml per prescription.)
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	SL (75 ml per prescription.)
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	1	SL (70 ml per prescription.)
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	SL (75 ml per prescription.)
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	2	SL (75 ml per prescription.)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (insulin lispro-aabc)	2	SL (75 ml per prescription.)
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML (insulin lispro-aabc)	1	SL (70 ml per prescription.)
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (insulin nph isophane & regular)	2	SL (75 ml per prescription.)
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (insulin nph isophane & regular)	1	SL (70 ml per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (insulin regular human)	2	SL (75 mL per prescription.)
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML (insulin regular human)	1	SL (80 ml per prescription.)
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (insulin regular human)	1	SL (70 ml per prescription.)
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (insulin regular(human) in nacl)	3	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)	3	ST; SL (1 tablet per day.)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (empagliflozin-linagliptin)	2	ST; SL (1 tablet per day.)
JARDIANCE ORAL TABLET 10 MG, 25 MG (empagliflozin)	2	SL (30 tablets per month.)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (empagliflozin-metformin hcl)	2	SL (2 tablets per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG (empagliflozin-metformin hcl)	2	SL (1 tablet per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG (empagliflozin-metformin hcl)	2	SL (2 tablets per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (empagliflozin-linagliptin-metformin)	2	SL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (empagliflozin-linagliptin-metformin)	2	SL (2 tablets per day.)
SOMATOSTATIN AGONISTS - Hormones		
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA; M; SL (3 tablets per day.); SMCS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (pasireotide diaspertate)	4	PA; M; SL (3 tablets per day.); SMCS; SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (lanreotide acetate)	4	M; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOMATOTROPIN AGONISTS - Hormones		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG (tesamorelin acetate)	4	PA; M; SL (3 tablets per day.); SMCS
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (mecasermin)	2	PA; M; SL (52 vials per month.); SMCS; SP
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (somatropin)	2	PA; M; SL (13.5 mL per month.); SMCS
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML (somatropin)	2	PA; M; SL (9 mL per month.); SMCS; SP
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (somatropin)	2	PA; M; SL (27 mL per month.); SMCS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (somatropin)	2	PA; M; SL (3 tablets per day.); SMCS; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (somatropin)	2	PA; M; SL (3 tablets per day.); SMCS; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (somatropin)	2	PA; M; SL (3 tablets per day.); SMCS; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML (somatropin)	2	PA; M; SL (13.5 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (somatropin)	2	PA; M; SL (27 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (somatropin)	2	PA; M; SL (16 vials per month.); SMCS; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (somatropin (non-refrigerated))	4	PA; M; SL (3 tablets per day.); SMCS; SP
SOMATOTROPIN ANTAGONISTS - Hormones		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (pegvisomant)	4	PA; M; SL (1 vial per day.); SMCS; SP
SULFONYLUREAS - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone hcl-glimepiride)	3	SL (3 tablets per day.)
glimepiride oral tablet 1 mg	1	SL (3 tablets per day.)
glimepiride oral tablet 2 mg, 4 mg	1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
glipizide oral tablet 10 mg, 5 mg	1	SL (3 tablets per day.)
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	SL (3 tablets per day.)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (glipizide)	4	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 5 mg	1	
glyburide oral tablet 2.5 mg	1	SL (3 tablets per day.)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg	1	SL (3 tablets per day.)
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	1	SL (1 tablet per day)
THIAZOLIDINEDIONES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (pioglitazone hcl-metformin hcl)	4	SL (3 tablets per day.)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	2	SL (3 tablets per day.)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone hcl-glimepiride)	3	SL (3 tablets per day.)
pioglitazone hcl oral tablet 15 mg, 45 mg	1	SL (3 tablets per day.)
pioglitazone hcl oral tablet 30 mg	1	SL (1 tablet per day)
THYROID AGENTS - Drugs for the Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (thyroid)	3	
ERMEZA ORAL SOLUTION 150 MCG/5ML (levothyroxine sodium)	2	PA; SL (3 tablets per day.)
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	SL (3 tablets per day.)
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	SL (3 tablets per day.)
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 137 mcg, 300 mcg	1	SL (3 tablets per day.)
levothyroxine sodium oral tablet 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	SL (3 tablets per day.)
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	2	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	SL (3 tablets per day.)
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (resmetirom)	4	PA; SL (1 Tablet per day.); SMCS; SP
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	SL (3 tablets per day.)
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (levothyroxine sodium)	2	PA; SL (3 tablets per day.)
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	SL (3 tablets per day.)
IMMUNOMODULATORY AGNT		
DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC		
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (vedolizumab)	4	PA; M; SL (3 tablets per day.); SMCS; SP
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (abatacept)	3	PA; ST; M; SL (4 auto-injectors per month.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (abatacept)	3	PA; ST; M; SL (4 syringes per month); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (abatacept)	3	PA; ST; M; SL (0.06 ml per day.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (abatacept)	3	PA; ST; M; SL (0.1 ml per day.); SMCS; SP
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	4	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	2	PA; M; SL (3 tablets per day.); SMCS; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (certolizumab pegol)	2	PA; M; SL (3 tablets per day.); SMCS; SP
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	4	PA; CM
methotrexate sodium (pf) injection solution 50 mg/2ml	1	M
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	M; SL (3 tablets per day.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML (methotrexate (anti-rheumatic))	2	M; SL (3 tablets per day.)
RIDAURA ORAL CAPSULE 3 MG (auranofin)	3	SL (3 tablets per day.); SMCS; SP
sulfasalazine oral tablet delayed release 500 mg	1	SL (3 tablets per day.)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	SL (3 tablets per day.); CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	4	PA; SL (3 tablets per day.); CM
INTERLEUKIN-MEDIATED AGENTS, MISC		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (tocilizumab)	3	PA; ST; M; SL (3 tablets per day.); SMCS; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (tocilizumab)	3	PA; ST; M; SL (3 tablets per day.); SMCS; SP
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.072 mL per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.036 mL per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (secukinumab)	3	PA; ST; M; SL (0.018 ml per day.); SMCS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.072 mL per day.); SMCS; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.036 mL per day.); SMCS; SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (secukinumab)	3	PA; ST; SL (0.072 ml per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (sarilumab)	4	PA; ST; M; SL (2.28 ml per month.); SMCS; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (sarilumab)	4	PA; ST; M; SL (2.28 ml per month.); SMCS; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (ustekinumab)	2	PA; M; SL (3 tablets per day.); SMCS; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (ustekinumab)	2	PA; M; SL (3 tablets per day.); SMCS; SP
JANUS KINASE INHIBITORS, MISCELLANEOUS		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (upadacitinib)	2	PA; SL (1 tablet per day.); SMCS; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (upadacitinib)	2	PA; SL (84 tablets per 365 days.); SMCS; SP
XELJANZ ORAL SOLUTION 1 MG/ML (tofacitinib citrate)	2	PA; SL (8 mL per day.); SMCS; SP
XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib citrate)	2	PA; SL (2 tablets per day.); SMCS; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (tofacitinib citrate)	2	PA; SL (1 tablet per day.); SMCS; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (tofacitinib citrate)	2	PA; SL (1 tablet per day.); SMCS
MONOCLONAL ANTIBODIE(S)		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (satralizumab-mwge)	4	PA; M; SL (3 tablets per day.); SMCS; SP
MTOR INHIBITORS, MISCELLANEOUS		
HYFTOR EXTERNAL GEL 0.2 % (sirolimus)	4	PA; SL (10 g per 23 days.)
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	4	
sirolimus oral solution 1 mg/ml	2	SL (3 tablets per day.)
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
MAYZENT ORAL TABLET 0.25 MG (siponimod fumarate)	3	PA; SL (4 tablets per day.); SMCS
MAYZENT ORAL TABLET 1 MG (siponimod fumarate)	4	PA; SL (1 tablet per day.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAYZENT ORAL TABLET 2 MG (siponimod fumarate)	3	PA; SL (1 tablet per day.); SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (siponimod fumarate)	3	PA; SL (12 tablets per 365 days.); SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (siponimod fumarate)	4	PA; SL (7 tablets per 365 days.); SMCS
T-CELL BLOCKER		
LUPKYNIS ORAL CAPSULE 7.9 MG (voclosporin)	4	PA; SL (6 capsules per day.); SMCS; SP
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
LETS KIT	3	PA; SL (3 tablets per day.)
ZTLIDO EXTERNAL PATCH 1.8 % (lidocaine)	3	PA; SL (3 tablets per day.)
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITOR - Drugs for Alcohol Dependence		
disulfiram oral tablet 250 mg, 500 mg	1	SL (3 tablets per day.)
dutasteride oral capsule 0.5 mg	2	
finasteride oral tablet 5 mg	1	SL (3 tablets per day.)
ANTIDOTES - Drugs for Overdose or Poisoning		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	SL (2 intranasal devices per prescription.)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	SL (2 intranasal devices per prescription.)
CHEMET ORAL CAPSULE 100 MG (succimer)	2	SL (3 tablets per day.)
FOSRENOL ORAL PACKET 1000 MG, 750 MG (lanthanum carbonate)	3	ST; SL (3 tablets per day.)
glucagon emergency kit injection kit 1 mg	2	SL (2 boxes per prescription.)
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	SL (3 tablets per day.)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (glucagon)	2	M; SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (glucagon)	2	M; SL (3 tablets per day.)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (glucagon)	2	SL (3 tablets per day.)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (glucagon)	2	SL (3 tablets per day.)
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
RADIOGARDASE ORAL CAPSULE 0.5 GM (prussian blue insoluble)	3	SL (3 tablets per day.)
sevelamer hcl oral tablet 400 mg	3	SL (3 tablets per day.)
SPS ORAL SUSPENSION 15 GM/60ML (sodium polystyrene sulfonate)	3	SL (3 tablets per day.)
VISTOGARD ORAL PACKET 10 GM (uridine triacetate)	2	SL (3 tablets per day.)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (dasiglucagon hcl)	2	SL (1.2 ml per prescription.)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (dasiglucagon hcl)	2	SL (1.2 ml per prescription.)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (naloxone hcl)	2	SL (1 ml per prescription.)
ANTIGOUT AGENTS - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral capsule 0.6 mg	2	
colchicine oral tablet 0.6 mg	2	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (naproxen)	3	SL (3 tablets per day.)
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (naproxen)	4	SL (3 tablets per day.)
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	SL (3 tablets per day.)
febuxostat oral tablet 40 mg	3	
febuxostat oral tablet 80 mg	3	SL (3 tablets per day.)
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (colchicine)	4	PA; SL (3 tablets per day.)
INDOCIN ORAL SUSPENSION 25 MG/5ML (indomethacin)	4	PA; SL (3 tablets per day.)
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	4	PA; SL (3 tablets per day.)
indomethacin oral suspension 25 mg/5ml	3	PA; SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
indomethacin rectal suppository 50 mg	3	PA; SL (3 tablets per day.)
MITIGARE ORAL CAPSULE 0.6 MG (colchicine)	2	SL (3 tablets per day.)
naproxen dr oral tablet delayed release 500 mg	1	SL (3 tablets per day.)
naproxen oral tablet delayed release 500 mg	1	SL (3 tablets per day.)
naproxen sodium oral tablet 275 mg, 550 mg	2	SL (3 tablets per day.)
probenecid oral tablet 500 mg	1	
ANTISENSE OLIGONUCLEOTIDES		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (inotersen sodium)	2	PA; M; SL (3 tablets per day.); SMCS; SP
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (eplontersen sodium)	2	PA; M; SL (0.029 ml per day.); SMCS; SP
BONE ANABOLIC AGENTS		
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA; M; SL (3 tablets per day.); SMCS; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (abaloparatide)	3	PA; M; SL (3 tablets per day.); SMCS; SP
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
alendronate sodium oral solution 70 mg/75ml	1	
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	1	
alendronate sodium oral tablet 5 mg	1	SL (3 tablets per day.)
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	3	SL (8 patches (1 box) per 28 days.)
calcitonin (salmon) injection solution 200 unit/ml	3	M; SL (3 tablets per day.)
calcitonin (salmon) nasal solution 200 unit/act	2	SL (3 tablets per day.)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (estradiol valerate)	4	M; SL (3 tablets per day.)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	3	M
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (estradiol)	3	SL (3 tablets per day.)
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	SL (3 tablets per day.)
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (estradiol)	3	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	SL (3 tablets per day.)
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.025 mg/24hr transdermal	4	SL (3 tablets per day.)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	SL (3 tablets per day.)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	SL (3 tablets per day.)
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	SL (3 tablets per day.)
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.05 mg/24hr transdermal	4	SL (3 tablets per day.)
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	SL (3 tablets per day.)
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.075 mg/24hr transdermal	4	SL (3 tablets per day.)
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	SL (3 tablets per day.)
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.1 mg/24hr transdermal	4	SL (3 tablets per day.)
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	SL (50 grams (1 box) per month.)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	SL (4 patches (1 carton) per 28 days.)
ESTRING VAGINAL RING 7.5 MCG/24HR (estradiol)	2	SL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (estradiol)	3	SL (50 grams (1 box) per month.)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (estradiol)	2	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (estradiol acetate)	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOSAMAX ORAL TABLET 70 MG (alendronate sodium)	4	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (alendronate-cholecalciferol)	3	
ibandronate sodium oral tablet 150 mg	2	SL (3 tablets per day.)
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	SL (3 tablets per day.)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (esterified estrogens)	3	SL (3 tablets per day.)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (estradiol)	3	SL (3 tablets per day.)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin (salmon))	3	M; SL (3 tablets per day.)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens conjugated)	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM (estrogens, conjugated)	3	
risedronate sodium oral tablet 150 mg, 35 mg	3	SL (3 tablets per day.)
risedronate sodium oral tablet 30 mg, 5 mg	3	
yuvafem vaginal tablet 10 mcg	2	SL (3 tablets per day.)
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
dichlorphenamide oral tablet 50 mg	2	PA; SL (4 tablets per day.); SMCS; SP
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	4	PA; SL (3 tablets per day.); SMCS; SP
CARIOSTATIC AGENTS - Vitamins and Fluoride		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	SL (3 tablets per day.)
CLINPRO 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	SL (3 tablets per day.)
DENTA 5000 PLUS DENTAL CREAM 1.1 % (sodium fluoride)	4	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	3	
DENTAGEL DENTAL GEL 1.1 % (sodium fluoride)	4	
easygel dental gel 0.4 %	1	SL (3 tablets per day.)
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (sodium fluoride-vitamin d)	3	SL (3 tablets per day.)
fluoridex daily renewal mouth/throat concentrate 0.63 %	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUORIDEX DENTAL PASTE 1.1 % (sodium fluoride)	3	SL (3 tablets per day.)
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (sodium fluoride)	3	SL (3 tablets per day.)
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sod fluoride-potassium nitrate)	3	SL (3 tablets per day.)
FLUORIMAX 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	SL (3 tablets per day.)
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sod fluoride-potassium nitrate)	3	SL (3 tablets per day.)
JUST RIGHT 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	SL (3 tablets per day.)
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	SL (3 tablets per day.)
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	SL (3 tablets per day.)
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	SL (3 tablets per day.)
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	SL (3 tablets per day.)
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	SL (3 tablets per day.)
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	SL (3 tablets per day.)
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	SL (3 tablets per day.)
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	SL (3 tablets per day.)
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (ped multivitamins-fl-iron)	3	SL (3 tablets per day.)
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (ped multivitamins-fl-iron)	3	SL (3 tablets per day.)
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (sodium fluoride)	4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (sod fluoride-potassium nitrate)	3	
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 % (sodium fluoride)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (sodium fluoride)	4	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % (sodium fluoride-potassium nitrate)	3	
PREVIDENT DENTAL GEL 1.1 % (sodium fluoride)	4	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (sodium fluoride)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (pediatric multivitamins-fl)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins-fl)	3	
sf 5000 plus dental cream 1.1 %	1	SL (3 tablets per day.)
sf dental gel 1.1 %	1	SL (3 tablets per day.)
sodium fluoride 5000 plus dental cream 1.1 %	1	SL (3 tablets per day.)
sodium fluoride 5000 ppm dental cream 1.1 %	1	SL (3 tablets per day.)
sodium fluoride 5000 ppm dental paste 1.1 %	1	SL (3 tablets per day.)
sodium fluoride dental cream 1.1 %	1	SL (3 tablets per day.)
sodium fluoride dental gel 1.1 %	1	SL (3 tablets per day.)
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	SL (3 tablets per day.); H
sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg	1	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 2.2 (1 f) mg	1	H
sodium fluoride oral tablet chewable 1.1 (0.5 f) mg	1	SL (3 tablets per day.); H
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (ped vit a-c-d-methylfolate-fl)	3	SL (3 tablets per day.)
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	SL (3 tablets per day.)
vitamins acd-fluoride oral solution 0.25 mg/ml	1	SL (3 tablets per day.)
COMPLEMENT INHIBITOR		
BERINERT INTRAVENOUS KIT 500 UNIT (c1 esterase inhibitor (human))	4	PA; ST; M; SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (pegcetacoplan)	2	PA; M; SL (5.8 ml per day. 2,100 ml per 360 days.); SMCS; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (c1 esterase inhibitor (human))	2	PA; M; SL (3 tablets per day.); SMCS; SP
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	2	PA; M; SL (0.6 ml per day.); SMCS; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (c1 esterase inhibitor (recomb))	4	PA; M; SL (3 tablets per day.); SMCS; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (lanadelumab-flyo)	2	PA; M; SL (3 tablets per day.); SMCS; SP
TAVNEOS ORAL CAPSULE 10 MG (avacopan)	4	PA; SL (6 capsules per day.); SMCS; SP
COMPLEMENT INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (c1 esterase inhibitor (human))	4	PA; ST; M; SL (3 tablets per day.); SMCS; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (pegcetacoplan)	2	PA; M; SL (5.8 ml per day. 2,100 ml per 360 days.); SMCS; SP
FABHALTA ORAL CAPSULE 200 MG (iptacopan hcl)	2	PA; SL (2 capsules per day.); SMCS; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (c1 esterase inhibitor (human))	2	PA; M; SL (3 tablets per day.); SMCS; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (c1 esterase inhibitor (recomb))	4	PA; M; SL (3 tablets per day.); SMCS; SP
TAVNEOS ORAL CAPSULE 10 MG (avacopan)	4	PA; SL (6 capsules per day.); SMCS; SP
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (tocilizumab)	3	PA; ST; M; SL (3 tablets per day.); SMCS; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (tocilizumab)	3	PA; ST; M; SL (3 tablets per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; M; SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; M; SL (3 tablets per day.); SMCS; SP
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	2	PA; M; SMCS; SP
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA; M; SMCS; SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; M; SL (0.08 syringe per day.); SMCS; SP
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	2	PA; M; SL (0.08 syringe per day.); SMCS; SP
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	2	PA; M; SMCS; SP
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	2	PA; M; SMCS; SP
ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	2	PA; M; SMCS; SP
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	4	SL (3 tablets per day.)
azathioprine oral tablet 100 mg, 75 mg	3	SL (3 tablets per day.)
azathioprine oral tablet 50 mg	1	SL (3 tablets per day.)
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	4	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	4	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	2	PA; M; SL (3 tablets per day.); SMCS; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (certolizumab pegol)	2	PA; M; SL (3 tablets per day.); SMCS; SP
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.072 mL per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.036 mL per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (secukinumab)	3	PA; ST; M; SL (0.018 ml per day.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.072 mL per day.); SMCS; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.036 mL per day.); SMCS; SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (secukinumab)	3	PA; ST; SL (0.072 ml per day.); SMCS; SP
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	SL (3 tablets per day.)
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	2	SMCS; SP
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (etanercept)	2	PA; M; SL (3 tablets per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (etanercept)	2	PA; M; SL (3 tablets per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (etanercept)	2	PA; M; SL (3 tablets per day.); SMCS; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (etanercept)	2	PA; M; SL (3 tablets per day.); SMCS; SP
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (adalimumab-bwwd)	2	PA; M; SL (0.03 ml per day.); SMCS; SP
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (adalimumab-bwwd)	2	PA; M; SL (0.06 ml per day.); SMCS; SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (adalimumab-bwwd)	2	PA; M; SL (0.03 ml per day.); SMCS; SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (adalimumab-bwwd)	2	PA; M; SL (0.06 ml per day.); SMCS; SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (4 pens per 365 days.); SMCS; SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	2	PA; M; SL (2 kits per year.); SMCS; SP
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (3 syringes per year.); SMCS; SP
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (4 pens per 365 days.); SMCS; SP
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	2	PA; M; SL (3 pens per year.); SMCS; SP
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	4	PA; CM
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (sarilumab)	4	PA; ST; M; SL (2.28 ml per month.); SMCS; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (sarilumab)	4	PA; ST; M; SL (2.28 ml per month.); SMCS; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (anakinra)	3	PA; ST; M; SL (3 tablets per day.); SMCS; SP
methotrexate sodium (pf) injection solution 50 mg/2ml	1	M
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	M; SL (3 tablets per day.)
OLUMIANT ORAL TABLET 1 MG, 4 MG (baricitinib)	3	PA; ST; SL (1 tablet per day.); SMCS
OLUMIANT ORAL TABLET 2 MG (baricitinib)	3	PA; ST; SL (1 tablet per day.); SMCS; SP
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (abatacept)	3	PA; ST; M; SL (4 auto-injectors per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (abatacept)	3	PA; ST; M; SL (4 syringes per month); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (abatacept)	3	PA; ST; M; SL (0.06 ml per day.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (abatacept)	3	PA; ST; M; SL (0.1 ml per day.); SMCS; SP
OTEZLA ORAL TABLET 30 MG (apremilast)	2	PA; SL (3 tablets per day.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	2	PA; SL (3 tablets per day.); SMCS; SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (methotrexate (anti-rheumatic))	2	M; SL (3 tablets per day.)
RIDAURA ORAL CAPSULE 3 MG (auranofin)	3	SL (3 tablets per day.); SMCS; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (upadacitinib)	2	PA; SL (1 tablet per day.); SMCS; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (upadacitinib)	2	PA; SL (84 tablets per 365 days.); SMCS; SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	4	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (golimumab)	2	PA; M; SL (3 tablets per day.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (golimumab)	2	PA; M; SL (3 tablets per day.); SMCS; SP
sulfasalazine oral tablet delayed release 500 mg	1	SL (3 tablets per day.)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	SL (3 tablets per day.); CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	4	PA; SL (3 tablets per day.); CM
XELJANZ ORAL SOLUTION 1 MG/ML (tofacitinib citrate)	2	PA; SL (8 mL per day.); SMCS; SP
XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib citrate)	2	PA; SL (2 tablets per day.); SMCS; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (tofacitinib citrate)	2	PA; SL (1 tablet per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (tofacitinib citrate)	2	PA; SL (1 tablet per day.); SMCS
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (tocilizumab)	3	PA; ST; M; SL (3 tablets per day.); SMCS; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (tocilizumab)	3	PA; ST; M; SL (3 tablets per day.); SMCS; SP
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (interferon gamma-1b)	2	PA; M; SL (8.5 mls per month.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; M; SL (3 tablets per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; M; SL (3 tablets per day.); SMCS; SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; M; SL (0.08 syringe per day.); SMCS; SP
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	2	PA; M; SL (0.08 syringe per day.); SMCS; SP
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	2	PA; M; SMCS; SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (interferon beta-1a)	2	PA; M; SL (3 tablets per day.); SMCS; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (interferon beta-1a)	2	PA; M; SL (3 tablets per day.); SMCS; SP
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	4	SL (3 tablets per day.)
azathioprine oral tablet 100 mg, 75 mg	3	SL (3 tablets per day.)
azathioprine oral tablet 50 mg	1	SL (3 tablets per day.)
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	4	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	4	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (monomethyl fumarate)	2	PA; SL (3 tablets per day.); SMCS; SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (ropeginterferon alfa-2b-njft)	4	PA; ST; M; SL (0.08 ml per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETASERON SUBCUTANEOUS KIT 0.3 MG (interferon beta-1b)	2	PA; M; SL (3 tablets per day.); SMCS
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	2	PA; M; SL (3 tablets per day.); SMCS; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (certolizumab pegol)	2	PA; M; SL (3 tablets per day.); SMCS; SP
cyclosporine modified oral capsule 100 mg, 50 mg	1	
cyclosporine modified oral capsule 25 mg	1	SL (3 tablets per day.)
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	SL (3 tablets per day.)
dimethyl fumarate oral capsule delayed release 120 mg	1	PA; SL (3 tablets per day.); SMCS
dimethyl fumarate oral capsule delayed release 240 mg	1	PA; SL (2 capsules per day.); SMCS
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	1	PA; SL (3 tablets per day.); SMCS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (etanercept)	2	PA; M; SL (3 tablets per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (etanercept)	2	PA; M; SL (3 tablets per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (etanercept)	2	PA; M; SL (3 tablets per day.); SMCS; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (etanercept)	2	PA; M; SL (3 tablets per day.); SMCS; SP
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (satralizumab-mwge)	4	PA; M; SL (3 tablets per day.); SMCS; SP
fingolimod hcl oral capsule 0.5 mg	1	PA; SL (1 capsule per day); SMCS
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
GILENYA ORAL CAPSULE 0.25 MG (fingolimod hcl)	4	PA; SL (1 capsule per day.); SMCS
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	2	PA; M; SL (30 ml per month.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	2	PA; M; SL (12 ml per 21 days.); SMCS
glatopa subcutaneous solution prefilled syringe 20 mg/ml	2	PA; M; SL (30 ml per month.); SMCS
glatopa subcutaneous solution prefilled syringe 40 mg/ml	2	PA; M; SL (12 ml per 21 days.); SMCS
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (adalimumab-bwwd)	2	PA; M; SL (0.03 ml per day.); SMCS; SP
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (adalimumab-bwwd)	2	PA; M; SL (0.06 ml per day.); SMCS; SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (adalimumab-bwwd)	2	PA; M; SL (0.03 ml per day.); SMCS; SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (adalimumab-bwwd)	2	PA; M; SL (0.06 ml per day.); SMCS; SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (4 pens per 365 days.); SMCS; SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	2	PA; M; SL (2 kits per year.); SMCS; SP
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (3 syringes per year.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (4 pens per 365 days.); SMCS; SP
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	2	PA; M; SL (3 pens per year.); SMCS; SP
JOENJA ORAL TABLET 70 MG (leniolisib phosphate)	2	PA; SL (3 tablets per day.); SMCS; SP
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	4	PA; CM
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (ofatumumab)	2	PA; M; SL (0.02 ml per day.); SMCS; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (anakinra)	3	PA; ST; M; SL (3 tablets per day.); SMCS; SP
leflunomide oral tablet 10 mg, 20 mg	1	
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (cladribine)	3	PA; ST; SL (3 tablets per day.); SMCS
MAYZENT ORAL TABLET 0.25 MG (siponimod fumarate)	3	PA; SL (4 tablets per day.); SMCS
MAYZENT ORAL TABLET 1 MG (siponimod fumarate)	4	PA; SL (1 tablet per day.); SMCS
MAYZENT ORAL TABLET 2 MG (siponimod fumarate)	3	PA; SL (1 tablet per day.); SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (siponimod fumarate)	3	PA; SL (12 tablets per 365 days.); SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (siponimod fumarate)	4	PA; SL (7 tablets per 365 days.); SMCS
methotrexate sodium (pf) injection solution 50 mg/2ml	1	M
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	M; SL (3 tablets per day.)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (abatacept)	3	PA; ST; M; SL (4 auto-injectors per month.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (abatacept)	3	PA; ST; M; SL (4 syringes per month); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (abatacept)	3	PA; ST; M; SL (0.06 ml per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (abatacept)	3	PA; ST; M; SL (0.1 ml per day.); SMCS; SP
OTEZLA ORAL TABLET 30 MG (apremilast)	2	PA; SL (3 tablets per day.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	2	PA; SL (3 tablets per day.); SMCS; SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (peginterferon beta-1a)	3	PA; SL (3 tablets per day.); SMCS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (peginterferon beta-1a)	3	PA; M; SL (3 tablets per day.); SMCS; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (peginterferon beta-1a)	3	PA; M; SL (3 tablets per day.); SMCS; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (peginterferon beta-1a)	3	PA; M; SL (3 tablets per day.); SMCS; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (peginterferon beta-1a)	3	PA; M; SL (3 tablets per day.); SMCS; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	3	PA; SL (3 tablets per day.); SMCS; SP; CM
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
RIDAURA ORAL CAPSULE 3 MG (auranofin)	3	SL (3 tablets per day.); SMCS; SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	4	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (golimumab)	2	PA; M; SL (3 tablets per day.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (golimumab)	2	PA; M; SL (3 tablets per day.); SMCS; SP
sulfasalazine oral tablet delayed release 500 mg	1	SL (3 tablets per day.)
teriflunomide oral tablet 14 mg	2	PA; SL (1 tablet per day.); SMCS
teriflunomide oral tablet 7 mg	2	PA; SL (2 tablets per day.); SMCS
THALOMID ORAL CAPSULE 100 MG, 50 MG (thalidomide)	2	PA; SL (3 tablets per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	SL (3 tablets per day.); CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	4	PA; SL (3 tablets per day.); CM
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (ozanimod hcl)	3	PA; ST; SL (3 tablets per day.); SMCS
ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hcl)	3	PA; ST; SL (3 tablets per day.); SMCS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (ozanimod hcl)	3	PA; ST; SL (3 tablets per day.); SMCS
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	4	SL (3 tablets per day.)
azathioprine oral tablet 100 mg, 75 mg	3	SL (3 tablets per day.)
azathioprine oral tablet 50 mg	1	SL (3 tablets per day.)
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (belimumab)	2	PA; M; SL (3 tablets per day.); SMCS; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (belimumab)	2	PA; M; SL (3 tablets per day.); SMCS; SP
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	SL (3 tablets per day.)
everolimus oral tablet 0.25 mg, 0.75 mg	3	
everolimus oral tablet 0.5 mg, 1 mg	3	SL (3 tablets per day.)
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
HYFTOR EXTERNAL GEL 0.2 % (sirolimus)	4	PA; SL (10 g per 23 days.)
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	4	PA; CM
LUPKYNIS ORAL CAPSULE 7.9 MG (voclosporin)	4	PA; SL (6 capsules per day.); SMCS; SP
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (cladribine)	3	PA; ST; SL (3 tablets per day.); SMCS
methotrexate sodium (pf) injection solution 50 mg/2ml	1	M
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	M; SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	1	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet delayed release 180 mg	2	
mycophenolate sodium oral tablet delayed release 360 mg	2	SL (3 tablets per day.)
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	2	
NUJO EXTERNAL SOLUTION 0.1 %	3	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	4	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (tacrolimus)	4	PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML (mercaptopurine)	4	SL (3 tablets per day.); SMCS; SP; CM
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	4	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	4	
sirolimus oral solution 1 mg/ml	2	SL (3 tablets per day.)
sirolimus oral tablet 0.5 mg, 2 mg	1	SL (3 tablets per day.)
sirolimus oral tablet 1 mg	1	
tacrolimus oral capsule 0.5 mg, 1 mg	1	
tacrolimus oral capsule 5 mg	1	SL (3 tablets per day.)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	SL (3 tablets per day.); CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	4	PA; SL (3 tablets per day.); CM
KALLIKREIN INHIBITORS		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (lanadelumab-flyo)	2	PA; M; SL (3 tablets per day.); SMCS; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (lanadelumab-flyo)	2	PA; SL (3 tablets per day.); SMCS; SP
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (rilonacept)	2	PA; M; SL (4 vials per 21 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
betaine oral powder	2	SL (3 tablets per day.); SMCS; SP
CARNITOR ORAL SOLUTION 1 GM/10ML (levocarnitine)	4	SL (3 tablets per day.)
CARNITOR ORAL TABLET 330 MG (levocarnitine)	4	SL (3 tablets per day.)
CARNITOR SF ORAL SOLUTION 1 GM/10ML (levocarnitine)	4	SL (3 tablets per day.)
CERDELGA ORAL CAPSULE 84 MG (eliglustat tartrate)	2	PA; SL (3 tablets per day.); SMCS; SP
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (prenat-fecb-fefum-fa-dha w/o a)	3	
CYSTADANE ORAL POWDER (betaine)	4	SL (3 tablets per day.); SMCS; SP
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (cysteamine bitartrate)	2	SMCS; SP
dalfampridine er oral tablet extended release 12 hour 10 mg	2	PA; SL (3 tablets per day.); SMCS
DEMSEER ORAL CAPSULE 250 MG (metirosine)	4	SL (3 tablets per day.)
EC-RX DHEA EXTERNAL CREAM 10 %, 4 % (prasterone (dhea))	3	
ELMIRON ORAL CAPSULE 100 MG (pentosan polysulfate sodium)	4	ST; SL (3 tablets per day.)
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa-omega)	3	SL (3 tablets per day.)
ENDARI ORAL PACKET 5 GM (glutamine (sickle cell))	4	PA; SL (3 tablets per day.)
EVOTAZ ORAL TABLET 300-150 MG (atazanavir-cobicistat)	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (risdiplam)	2	PA; SL (3 tablets per day.); SMCS; SP
FILSPARI ORAL TABLET 200 MG, 400 MG (sparsentan)	4	PA; SL (3 tablets per day.); SMCS; SP
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)	2	PA; SL (3 tablets per day.); SMCS; SP
GALAFOLD ORAL CAPSULE 123 MG (migalastat hcl)	4	PA; SL (3 tablets per day.); SMCS; SP
ISTURISA ORAL TABLET 1 MG, 5 MG (osilodrostat phosphate)	4	PA; SL (3 tablets per day.); SMCS; SP
levocarnitine oral solution 1 gm/10ml	1	SL (3 tablets per day.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levocarnitine sf oral solution 1 gm/10ml	1	SL (3 tablets per day.)
LODOCO ORAL TABLET 0.5 MG (colchicine)	4	SL (1 tablet per day.)
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	SL (3 tablets per day.)
metyrosine oral capsule 250 mg	3	SL (3 tablets per day.)
miglustat oral capsule 100 mg	3	SMCS
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (prenat-fe-methylfol-dha w/o a)	3	SL (3 tablets per day.)
OPFOLDA ORAL CAPSULE 65 MG (miglustat (gaa deficiency))	2	PA; SL (3 tablets per day.); SMCS; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	2	PA; SL (3 tablets per day.); SMCS; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (nitisinone)	2	PA; SL (3 tablets per day.); SMCS; SP
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa-ginger)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	SL (3 tablets per day.)
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PREZCOBIX ORAL TABLET 800-150 MG (darunavir-cobicistat)	2	SL (3 tablets per day.)
PRIMACARE ORAL CAPSULE 30-1-470 MG (pren-fe-meth-fa-omeg w/o a)	3	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (cysteamine bitartrate)	4	PA; ST; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROCYSBI ORAL PACKET 300 MG, 75 MG (cysteamine bitartrate)	4	SMCS; SP
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	SL (3 tablets per day.)
REZUROCK ORAL TABLET 200 MG (belumosudil mesylate)	4	PA; SL (1 tablet per day.); SMCS; SP
sapropterin dihydrochloride oral packet 100 mg	2	PA; SL (16 packets per day.); SMCS; SP
sapropterin dihydrochloride oral packet 500 mg	2	PA; SL (3 tablets per day.); SMCS; SP
sapropterin dihydrochloride oral tablet 100 mg	2	PA; SL (16 tablets per day); SMCS; SP
SKYCLARYS ORAL CAPSULE 50 MG (omaveloxolone)	2	PA; SL (3 capsules per day.); SMCS; SP
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (palovarotene)	4	PA; SL (1 capsule per day.); SMCS; SP
STRIBILD ORAL TABLET 150-150-200-300 MG (elviteg-cobic-emtricit-tenofdf)	2	SL (3 tablets per day.)
SYMTUZA ORAL TABLET 800-150-200-10 MG (darun-cobic-emtricit-tenofaf)	3	SL (3 tablets per day.)
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (tiopronin)	4	SMCS; SP
THIOLA ORAL TABLET 100 MG (tiopronin)	4	SMCS; SP
tiopronin oral tablet 100 mg	3	SMCS; SP
tiopronin oral tablet delayed release 100 mg, 300 mg	3	SMCS; SP
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TYBOST ORAL TABLET 150 MG (cobicistat)	2	SL (3 tablets per day.)
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
uretron d/s oral tablet 81.6 mg	1	
urin ds oral tablet 81.6 mg	1	SL (3 tablets per day.)
UROGESIC-BLUE ORAL TABLET 81.6 MG (methen-hyosc-meth blue-na phos)	2	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (alpelisib)	4	PA; SL (84 tablets per 72 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (alpelisib)	4	PA; SL (168 tablets per 72 days.); SMCS; SP
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phosph sal)	3	SL (3 tablets per day.)
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (prenat w/o a-fe-methfol-fa-dha)	3	SL (3 tablets per day.)
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (prenat-fefum-fered-fa-dha w/oa)	3	SL (3 tablets per day.)
VOWST ORAL CAPSULE (fecal microb spores, live-brpk)	4	PA; SL (3 tablets per day.); SMCS; SP
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (vosoritide)	4	PA; M; SL (3 tablets per day.); SMCS; SP
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	2	PA; SL (1 capsule per day.); SMCS; SP
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine (cardiac))	2	PA; SL (4 capsules per day.); SMCS; SP
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	4	SL (3 tablets per day.)
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	SL (3 tablets per day.)
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	SL (3 tablets per day.)
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	SL (3 tablets per day.)
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	SL (3 tablets per day.)
XURIDEN ORAL PACKET 2 GM (uridine triacetate)	2	PA; SL (3 tablets per day.); SMCS; SP
ZOKINVY ORAL CAPSULE 50 MG (lonafarnib)	2	PA; SL (5 capsules per day.); SMCS; SP
ZOKINVY ORAL CAPSULE 75 MG (lonafarnib)	2	PA; SL (1 tablet per day.); SMCS; SP
PROTECTIVE AGENTS		
MESNEX ORAL TABLET 400 MG (mesna)	3	SL (3 tablets per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
CAYA VAGINAL DIAPHRAGM (diaphragm arc-spring)	3	SL (3 tablets per day.); H
CONDOMS	3	SL (3 tablets per day.); H
DUREX EXTRA SENSITIVE THIN DEVICE (condoms latex lubricated)	3	SL (1 box of 12 condoms per 30 days.); H
FC2 FEMALE CONDOM (condoms - female)	E	SL (3 tablets per day.); H
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical caps)	3	H
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (nonoxynol-9)	E	SL (3 tablets per day.); H
PHEXXI VAGINAL GEL 1.8-1-0.4 % (lactic ac-citric ac-pot bitart)	4	SL (3 tablets per day.); H
TRUE COVER DEVICE	3	SL (1 box of 12 condoms per 30 days.); H
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (nonoxynol-9)	E	SL (3 tablets per day.); H
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (nonoxynol-9)	E	SL (3 tablets per day.); H
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OXYTOCICS - Drugs for Women		
OXYTOCICS - Drugs for Women		
CERVIDIL VAGINAL INSERT 10 MG (dinoprostone)	3	SL (3 tablets per day.)
methergine oral tablet 0.2 mg	1	SL (3 tablets per day.)
methylergonovine maleate oral tablet 0.2 mg	1	SL (28 tablets per year.)
MIFEPREX ORAL TABLET 200 MG (mifepristone)	3	SL (3 tablets per day.); SM
mifepristone oral tablet 200 mg	1	SL (3 tablets per day.); SM
PREPIDIL VAGINAL GEL 0.5 MG/3GM (dinoprostone)	3	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
VERSAPENN (AL) ANHYD LIPID TRANSDERMAL GEL (transdermal base)	3	SL (3 tablets per day.)
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
ADRENALIN NASAL SOLUTION 0.1 % (epinephrine hcl (nasal))	2	SL (3 tablets per day.)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (epinephrine)	2	SL (3 tablets per day.)
epinephrine hcl (nasal) nasal solution 0.1 %	1	SL (3 tablets per day.)
epinephrine injection solution auto-injector 0.15 mg/0.15ml	1	SL (2 injections per prescription.)
ANTICHOLINERGIC AGENTS (RESPIR. TRACT) - Drugs for Asthma/COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (ipratropium bromide hfa)	3	SL (0.87 grams per day.)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	3	SL (0.28 grams per day.)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (tiotropium bromide monohydrate)	2	SL (1 capsule per day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (tiotropium bromide monohydrate)	2	SL (0.15 grams per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)	4	PA; SL (2 capsules per day.); SMCS; SP
pirfenidone oral tablet 534 mg	2	PA; SL (3 tablets per day.); SMCS
pirfenidone oral tablet 801 mg	2	PA; SL (3 tablets per day.); SMCS; SP
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (mepolizumab)	4	PA; M; SL (0.04 mL per day.); SMCS; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (mepolizumab)	4	PA; M; SL (0.04 mL per day.); SMCS; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (mepolizumab)	4	PA; M; SL (0.015 ml per day.); SMCS
ANTITUSSIVES - Drugs for Cough and Cold		
benzonatate oral capsule 100 mg, 200 mg	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (pseudoeph-bromphen-dm)	3	SL (3 tablets per day.)
codeine sulfate oral tablet 30 mg, 60 mg	1	NTT
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA; SL (3 tablets per day.)
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
guaifenesin-codeine oral solution 100-10 mg/5ml	1	SL (3 tablets per day.)
guaifenesin-codeine oral solution 200-20 mg/10ml	1	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	3	PA; SL (3 tablets per day.)
hydromet oral solution 5-1.5 mg/5ml	1	PA; SL (120 mL per prescription and 360 ml per month.)
maxi-tuss ac oral solution 100-10 mg/5ml	1	SL (3 tablets per day.)
promethazine-codeine oral solution 6.25-10 mg/5ml	1	PA; SL (3 tablets per day.)
promethazine-dm oral syrup 6.25-15 mg/5ml	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (lumacaftor-ivacaftor)	2	PA; SL (3 tablets per day.); SMCS; SP
ORKAMBI ORAL PACKET 75-94 MG (lumacaftor-ivacaftor)	2	PA; SL (3 tablets per day.); SMCS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor-ivacaftor)	2	PA; SL (3 tablets per day.); SMCS; SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (tezacaftor-ivacaftor)	2	PA; SL (3 tablets per day.); SMCS; SP
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (tezacaftor-ivacaftor)	2	PA; SL (3 tablets per day.); SMCS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (elexacaftor-tezacaftor-ivacaft)	2	PA; SL (3 tablets per day.); SMCS; SP
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40- 60 & 59.5 MG (elexacaftor-tezacaftor-ivacaft)	2	PA; SL (3 tablets per day.); SMCS; SP
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
KALYDECO ORAL PACKET 13.4 MG, 5.8 MG (ivacaftor)	2	PA; SL (3 tablets per day.); SMCS
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (ivacaftor)	2	PA; SL (3 tablets per day.); SMCS; SP
KALYDECO ORAL TABLET 150 MG (ivacaftor)	2	PA; SL (3 tablets per day.); SMCS; SP
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (lumacaftor-ivacaftor)	2	PA; SL (3 tablets per day.); SMCS; SP
ORKAMBI ORAL PACKET 75-94 MG (lumacaftor-ivacaftor)	2	PA; SL (3 tablets per day.); SMCS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor-ivacaftor)	2	PA; SL (3 tablets per day.); SMCS; SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (tezacaftor-ivacaftor)	2	PA; SL (3 tablets per day.); SMCS; SP
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (tezacaftor-ivacaftor)	2	PA; SL (3 tablets per day.); SMCS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (elexacaftor-tezacaftor-ivacaft)	2	PA; SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (elexacaftor-tezacaftor-ivacaft)	2	PA; SL (3 tablets per day.); SMCS; SP
ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs		
FILSPARI ORAL TABLET 200 MG, 400 MG (sparsentan)	4	PA; SL (3 tablets per day.); SMCS; SP
OPSUMIT ORAL TABLET 10 MG (macitentan)	2	PA; SL (3 tablets per day.); SMCS; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	2	PA; SL (3 tablets per day.); SMCS; SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (bosentan)	2	PA; SL (3 tablets per day.); SMCS; SP
EXPECTORANTS - Drugs for the Lungs		
guaifenesin-codeine oral solution 200-20 mg/10ml	1	
iodine strong oral solution 5 %	1	
maxi-tuss ac oral solution 100-10 mg/5ml	1	SL (3 tablets per day.)
potassium iodide oral solution 1 gm/ml	1	
SSKI ORAL SOLUTION 1 GM/ML (potassium iodide (expectorant))	3	SL (3 tablets per day.)
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
carbinoxamine maleate oral solution 4 mg/5ml	1	SL (3 tablets per day.)
carbinoxamine maleate oral tablet 4 mg	1	SL (3 tablets per day.)
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	SL (3 tablets per day.)
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA; SL (3 tablets per day.)
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
promethazine hcl oral solution 6.25 mg/5ml	1	SL (3 tablets per day.)
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	SL (3 tablets per day.)
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (rilonacept)	2	PA; M; SL (4 vials per 21 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (dupilumab)	2	PA; M; SL (0.09 ml per day.); SMCS; SP
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (benralizumab)	4	PA; M; SL (1 pen per 56 days.); SMCS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (tezepelumab-ekko)	4	PA; M; SL (3 tablets per day.); SMCS; SP
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
ACCOLATE ORAL TABLET 10 MG, 20 MG (zafirlukast)	4	SL (3 tablets per day.)
montelukast sodium oral packet 4 mg	2	SL (3 tablets per day.)
montelukast sodium oral tablet 10 mg	1	
montelukast sodium oral tablet chewable 4 mg	1	SL (3 tablets per day.)
montelukast sodium oral tablet chewable 5 mg	1	
SINGULAIR ORAL PACKET 4 MG (montelukast sodium)	3	
zafirlukast oral tablet 10 mg, 20 mg	1	SL (3 tablets per day.)
zileuton er oral tablet extended release 12 hour 600 mg	3	ST
ZYFLO ORAL TABLET 600 MG (zileuton)	4	ST
MAST-CELL STABILIZERS - Drugs for Inflammation		
ALOCRILOPHthalmic SOLUTION 2 % (nedocromil sodium)	3	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	
cromolyn sodium ophthalmic solution 4 %	1	SL (3 tablets per day.)
cromolyn sodium oral concentrate 100 mg/5ml	1	SL (3 tablets per day.)
MUCOLYTIC AGENTS - Drugs for the Lungs		
acetylcysteine inhalation solution 10 %, 20 %	1	SL (3 tablets per day.)
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % (sodium chloride)	2	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (sodium chloride)	3	SL (3 tablets per day.)
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 % (sodium chloride)	2	SL (3 tablets per day.)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (dornase alfa)	2	PA; SL (3 tablets per day.); SMCS; SP
sodium chloride inhalation nebulization solution 0.9 %	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sodium chloride inhalation nebulization solution 10 %, 3 %, 7 %	1	
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
flunisolide nasal solution 25 mcg/act (0.025%)	3	SL (3 tablets per day.)
fluticasone propionate nasal suspension 50 mcg/act	2	SL (16 grams (1 bottle) per prescription)
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	SL (10.7 grams per prescription.)
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate)	1	SL (1 blister per day.)
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (fluticasone furoate)	1	SL (1 packet per day.)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	2	SL (120 ml (2 boxes) per 30 days.)
budesonide inhalation suspension 1 mg/2ml	2	SL (60 ml (1 box) per 30 days.)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (beclomethasone diprop hfa)	1	SL (3 tablets per day.)
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
DALIRESP ORAL TABLET 250 MCG (roflumilast)	4	PA; SL (31 tablets per year.)
DALIRESP ORAL TABLET 500 MCG (roflumilast)	4	PA; SL (1 tablet per day)
roflumilast oral tablet 250 mcg	3	PA; SL (3 tablets per day.)
roflumilast oral tablet 500 mcg	3	PA; SL (1 tablet per day)
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
alyq oral tablet 20 mg	2	PA; SL (2 tablets per day); SMCS; SP
TADLIQ ORAL SUSPENSION 20 MG/5ML (tadalafil (pah))	3	PA; SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES - Drugs for the Lungs		
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (treprostinil diolamine)	4	PA; SL (3 tablets per day.); SMCS; SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (treprostinil diolamine)	4	PA; SL (3 tablets per day.); SMCS; SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (treprostinil diolamine)	4	PA; SL (3 tablets per day.); SMCS; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (treprostinil diolamine)	4	PA; SL (3 tablets per day.); SMCS; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	2	PA; SL (3 tablets per day.); SMCS; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	2	PA; SL (3 tablets per day.); SMCS; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (treprostinil)	2	PA; SL (3 tablets per day.); SMCS; SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (treprostinil)	2	PA; SL (3 tablets per day.); SMCS
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (treprostinil)	2	PA; SL (3 tablets per day.); SMCS
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (treprostinil)	2	PA; SL (3 tablets per day.); SMCS
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (iloprost)	2	PA; SL (3 tablets per day.); SMCS; SP
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
BRONCHITOL INHALATION CAPSULE 40 MG (mannitol (cystic fibrosis))	3	PA; ST; SL (20 capsules per day.); SMCS; SP; CM
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (mannitol (cystic fibrosis))	3	PA; ST; SL (20 capsules per day.); SMCS; SP; CM
pirfenidone oral capsule 267 mg	2	PA; SL (9 capsules per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pirfenidone oral tablet 267 mg, 801 mg	2	PA; SL (3 tablets per day.); SMCS; SP
pirfenidone oral tablet 534 mg	2	PA; SL (3 tablets per day.); SMCS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (tezepelumab-ekko)	4	PA; M; SL (3 tablets per day.); SMCS; SP
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG (sotatercept-csrk)	4	PA; SL (1 kit (2 vials) per month.); SMCS; SP
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG (sotatercept-csrk)	4	PA; SL (1 kit (1 vial) per month.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (omalizumab)	2	PA; SL (3 tablets per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (omalizumab)	2	PA; M; SL (3 tablets per day.); SMCS; SP
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	SL (3 tablets per day.)
azelastine hcl ophthalmic solution 0.05 %	1	SL (3 tablets per day.)
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	SL (10.7 grams per prescription.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	SL (1 inhaler per prescription.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	SL (3 tablets per day.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	SL (6.7 grams per prescription.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	SL (8.5 grams per prescription.)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	SL (3 tablets per day.)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	SL (15 grams per prescription.)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	4	SL (3 tablets per day.)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (salmeterol xinafoate)	2	SL (2 blisters per day.)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	2	SL (0.14 grams per day.)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (levalbuterol tartrate)	3	SL (3 tablets per day.)
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (riociguat)	2	PA; SL (3 tablets per day.); SMCS; SP
alyq oral tablet 20 mg	2	PA; SL (2 tablets per day.); SMCS; SP
OPSUMIT ORAL TABLET 10 MG (macitentan)	2	PA; SL (3 tablets per day.); SMCS; SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (treprostinil diolamine)	4	PA; SL (3 tablets per day.); SMCS; SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (treprostinil diolamine)	4	PA; SL (3 tablets per day.); SMCS; SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (treprostinil diolamine)	4	PA; SL (3 tablets per day.); SMCS; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (treprostinil diolamine)	4	PA; SL (3 tablets per day.); SMCS; SP
TADLIQ ORAL SUSPENSION 20 MG/5ML (tadalafil (pah))	3	PA; SL (3 tablets per day.); SMCS; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	2	PA; SL (3 tablets per day.); SMCS; SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (bosentan)	2	PA; SL (3 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	2	PA; SL (3 tablets per day.); SMCS; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	2	PA; SL (3 tablets per day.); SMCS; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (treprostinil)	2	PA; SL (3 tablets per day.); SMCS; SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (treprostinil)	2	PA; SL (3 tablets per day.); SMCS
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (treprostinil)	2	PA; SL (3 tablets per day.); SMCS
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (treprostinil)	2	PA; SL (3 tablets per day.); SMCS
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (selexipag)	4	PA; SL (3 tablets per day.); SMCS; SP
UPTRAVI ORAL TABLET 200 MCG (selexipag)	4	PA; SL (3 tablets per day.); SMCS; SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (selexipag)	4	PA; SL (3 tablets per day.); SMCS; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (iloprost)	2	PA; SL (3 tablets per day.); SMCS; SP
VASODILATING AGENTS, MISC - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (riociguat)	2	PA; SL (3 tablets per day.); SMCS; SP
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (selexipag)	4	PA; SL (3 tablets per day.); SMCS; SP
UPTRAVI ORAL TABLET 200 MCG (selexipag)	4	PA; SL (3 tablets per day.); SMCS; SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (selexipag)	4	PA; SL (3 tablets per day.); SMCS; SP
XANTHINE DERIVATIVES - Drugs for Asthma/COPD		
elixophyllin oral elixir 80 mg/15ml	3	SL (3 tablets per day.)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	SL (3 tablets per day.)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	SL (3 tablets per day.)
theophylline oral elixir 80 mg/15ml	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTIPROLIFERANTS		
AMELUZ EXTERNAL GEL 10 % (aminolevulinic acid hcl)	3	SL (3 tablets per day.)
bexarotene external gel 1 %	3	SL (3 tablets per day.); SMCS; SP
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (aminolevulinic acid hcl)	3	SL (3 tablets per day.)
PANRETIN EXTERNAL GEL 0.1 % (alitretinoin)	3	SL (3 tablets per day.)
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ANTIBACTERIALS (84:04) - Drugs for the Skin		
AMZEEQ EXTERNAL FOAM 4 % (minocycline hcl micronized)	4	SL (3 tablets per day.)
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (sulfacetamide sodium-sulfur)	4	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (sulfacetamide sodium-sulfur)	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 % (sulfacetamide sodium-sulfur)	3	
AVAR-E LS EXTERNAL CREAM 10-2 % (sulfacetamide sodium-sulfur)	3	
AVEIDA EXTERNAL GEL 1-1 %	3	
azelaic acid external gel 15 %	3	
AZELEX EXTERNAL CREAM 20 % (azelaic acid)	3	SL (30 grams per prescription.)
BENZAMYCIN EXTERNAL GEL 5-3 % (benzoyl peroxide-erythromycin)	2	SL (23.3 grams per prescription.)
benzoyl peroxide-erythromycin external gel 5-3 %	1	SL (3 tablets per day.)
bp 10-1 external emulsion 10-1 %	1	SL (3 tablets per day.)
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLEOCIN VAGINAL SUPPOSITORY 100 MG (clindamycin phosphate)	2	
CLEOCIN-T EXTERNAL LOTION 1 % (clindamycin phosphate)	4	
clindacin etz external swab 1 %	1	SL (3 tablets per day.)
clindacin external foam 1 %	3	SL (3 tablets per day.)
clindacin-p external swab 1 %	1	SL (3 tablets per day.)
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	SL (1 bottle (45 grams) per month.)
clindamycin phosphate external foam 1 %	3	SL (3 tablets per day.)
clindamycin phosphate external lotion 1 %	3	
clindamycin phosphate external solution 1 %	1	SL (3 tablets per day.)
clindamycin phosphate external swab 1 %	1	SL (3 tablets per day.)
clindamycin phosphate gel 1 % external	2	SL (3 tablets per day.)
clindamycin phosphate gel 1 % external	2	SL (75 grams per prescription.)
clindamycin phosphate vaginal cream 2 %	2	SL (3 tablets per day.)
CLINDESSE VAGINAL CREAM 2 % (clindamycin phosphate (1 dose))	2	SL (3 tablets per day.)
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (clindamycin-tretinoin-cholesty)	3	PA; SL (3 tablets per day.)
dapsone external gel 5 %	3	SL (3 tablets per day.)
dapsone external gel 7.5 %	3	SL (60 grams per prescription.)
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
ery external pad 2 %	1	SL (3 tablets per day.)
ERYGEL EXTERNAL GEL 2 % (erythromycin)	3	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	SL (3 tablets per day.)
FINACEA EXTERNAL FOAM 15 % (azelaic acid)	4	SL (3 tablets per day.)
gentamicin sulfate external cream 0.1 %	1	SL (30 grams per prescription.)
gentamicin sulfate external ointment 0.1 %	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IDARAN EXTERNAL OINTMENT 1-2 %	3	
KLARON EXTERNAL LOTION 10 % (sulfacetamide sodium (acne))	4	
METROCREAM EXTERNAL CREAM 0.75 % (metronidazole)	4	
METROLOTION EXTERNAL LOTION 0.75 % (metronidazole)	4	
metronidazole external cream 0.75 %	1	SL (3 tablets per day.)
metronidazole external gel 0.75 %	1	
metronidazole external lotion 0.75 %	1	SL (3 tablets per day.)
mupirocin calcium external cream 2 %	3	SL (15 grams per prescription)
mupirocin external ointment 2 %	1	SL (3 tablets per day.)
NANRAN EXTERNAL OINTMENT 2-2 %	3	
neuac external gel 1.2-5 %	3	SL (3 tablets per day.)
OVACE PLUS EXTERNAL CREAM 10 % (sulfacetamide sodium)	3	
OVACE PLUS EXTERNAL SHAMPOO 10 % (sulfacetamide sodium)	3	
OVACE PLUS WASH EXTERNAL GEL 10 % (sulfacetamide sodium)	3	
OVACE PLUS WASH EXTERNAL LIQUID 10 % (sulfacetamide sodium)	4	
OVACE WASH EXTERNAL LIQUID 10 % (sulfacetamide sodium)	4	
sodium sulfacetamide external shampoo 10 %	1	
sodium sulfacetamide wash external liquid 10 %	1	
sss 10-5 external cream 10-5 %	1	SL (3 tablets per day.)
SSS 10-5 EXTERNAL FOAM 10-5 %	3	SL (3 tablets per day.)
sulfacetamide sodium (acne) external lotion 10 %	1	SL (3 tablets per day.)
sulfacetamide sodium (cleans) external gel 10 %	1	SL (3 tablets per day.)
sulfacetamide sodium external liquid 10 %	1	SL (3 tablets per day.)
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	SL (3 tablets per day.)
sulfacetamide sodium-sulfur external liquid 10-5 %	1	
sulfacetamide sodium-sulfur external liquid 9-4 %	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sulfacetamide sodium-sulfur external lotion 10-5 %	1	SL (3 tablets per day.)
sulfacetamide sodium-sulfur external suspension 10-5 %	1	SL (3 tablets per day.)
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	SL (3 tablets per day.)
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	
sulfamez wash external emulsion 10-1 %	1	SL (3 tablets per day.)
SUMAXIN EXTERNAL PAD 10-4 % (sulfacetamide sodium-sulfur)	4	SL (3 tablets per day.)
VANDAZOLE VAGINAL GEL 0.75 % (metronidazole)	4	
XACIATO VAGINAL GEL 2 % (clindamycin phosphate)	2	SL (5 grams per prescription.)
XEPI EXTERNAL CREAM 1 % (ozenoxacin)	3	SL (3 tablets per day.)
ZILXI EXTERNAL FOAM 1.5 % (minocycline hcl micronized)	4	PA; ST; SL (3 tablets per day.)
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC - Drugs for the Skin		
EXODERM EXTERNAL LOTION 25-1 % (sod thiosulfate-salicylic acid)	3	
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (crisaborole)	3	ST; SL (3 tablets per day.)
VTAMA EXTERNAL CREAM 1 % (tapinarof)	4	PA; SL (60 grams per prescription.)
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)	4	SL (3 tablets per day.)
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)	4	SL (3 tablets per day.)
ANALPRAM-HC EXTERNAL CREAM 1-1 % (hydrocortisone ace-pramoxine)	4	SL (3 tablets per day.)
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (hydrocortisone ace-pramoxine)	3	SL (3 tablets per day.)
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (hc-pramoxine-chloroxylonol)	4	SL (3 tablets per day.)
doxepin hcl external cream 5 %	3	PA; SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENOVARX-LIDOCAINE HCL EXTERNAL CREAM 10 %, 5 %	3	PA
EPIFOAM EXTERNAL FOAM 1-1 % (pramoxine-hc)	2	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA; SL (3 tablets per day.)
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA; SL (3 tablets per day.)
glydo external prefilled syringe 2 %	1	SL (3 tablets per day.)
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	SL (3 tablets per day.)
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	SL (3 tablets per day.)
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (ketoprofen-baclofen-gabap-lido)	3	PA; SL (3 tablets per day.)
lidocaine external ointment 5 %	2	SL (1.19 grams per day.)
lidocaine external patch 5 %	3	PA; SL (3 patches per day)
lidocaine hcl external solution 4 %	1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	1	
lidocaine-prilocaine external cream 2.5-2.5 %	1	
LIDOPIN EXTERNAL CREAM 3.25 %	4	SL (3 tablets per day.)
LIDTOPIC MAX EXTERNAL CREAM 10 % (lidocaine hcl)	3	PA; SL (3 tablets per day.)
NANRAN EXTERNAL OINTMENT 2-2 %	3	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PRAMOSONE EXTERNAL CREAM 1-1 % (pramoxine-hc)	2	SL (3 tablets per day.)
PRAMOSONE EXTERNAL CREAM 1-2.5 % (pramoxine-hc)	4	SL (3 tablets per day.)
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (pramoxine-hc)	2	SL (3 tablets per day.)
PRAMOSONE EXTERNAL OINTMENT 1-1 % (pramoxine-hc)	2	SL (3 tablets per day.)
PRAMOSONE EXTERNAL OINTMENT 1-2.5 % (pramoxine-hc)	4	SL (3 tablets per day.)
premium lidocaine external ointment 5 %	2	SL (3 tablets per day.)
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PYRIDIUM ORAL TABLET 100 MG, 200 MG (phenazopyridine hcl)	3	SL (3 tablets per day.)
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	SL (3 tablets per day.)
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA; SL (3 tablets per day.)
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
acyclovir external ointment 5 %	3	SL (15 grams per prescription.)
ASTRINGENTS - Drugs for the Skin		
DRYSOL EXTERNAL SOLUTION 20 % (aluminum chloride)	4	
ASTRINGENTS, ANTI-INFECTIVE - Drugs for the Skin		
hydrocortisone-iodoquinol external cream 1-1 %	1	SL (3 tablets per day.)
iodine tincture external tincture 2 %	1	SL (3 tablets per day.)
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	SL (3 tablets per day.)
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	4	SL (3 tablets per day.)
periogard mouth/throat solution 0.12 %	1	
selenium sulfide external lotion 2.5 %	1	SL (3 tablets per day.)
SILVADENE EXTERNAL CREAM 1 % (silver sulfadiazine)	4	SL (3 tablets per day.)
silver sulfadiazine external cream 1 %	1	SL (3 tablets per day.)
ssd external cream 1 %	1	SL (3 tablets per day.)
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
clotrimazole mouth/throat troche 10 mg	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
econazole nitrate external cream 1 %	2	SL (3 tablets per day.)
EXELDERM EXTERNAL CREAM 1 % (sulconazole nitrate)	3	SL (3 tablets per day.)
EXELDERM EXTERNAL SOLUTION 1 % (sulconazole nitrate)	3	SL (3 tablets per day.)
GYNAZOLE-1 VAGINAL CREAM 2 % (butoconazole nitrate (1 dose))	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JUBLIA EXTERNAL SOLUTION 10 % (efinaconazole)	4	PA; ST; SL (4 ml per month.)
ketoconazole external cream 2 %	1	SL (3 tablets per day.)
ketoconazole external foam 2 %	3	ST; SL (3 tablets per day.)
ketoconazole external shampoo 2 %	1	SL (3 tablets per day.)
ketodan external foam 2 %	3	ST; SL (3 tablets per day.)
miconazole 3 vaginal suppository 200 mg	1	
ORAVIG BUCCAL TABLET 50 MG (miconazole)	3	SL (3 tablets per day.)
oxiconazole nitrate external cream 1 %	3	SL (3 tablets per day.)
OXISTAT EXTERNAL CREAM 1 % (oxiconazole nitrate)	4	SL (30 grams per prescription.)
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	
PHEOXIA EXTERNAL CREAM 2-4 %	3	
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % (ketoconazole-urea)	3	
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	3	SL (3 tablets per day.)
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	3	SL (3 tablets per day.)
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (ketoconazole-hydrocortisone)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (ketoconazole & pyrithione zinc)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (ketoconazole & pyrithione zinc)	3	
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (salicylic acid-lactic acid)	2	
methyl salicylate external liquid	1	SL (3 tablets per day.)
PRONAL EXTERNAL GEL 40-10 % (urea-lactic acid)	3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (salicylic acid-urea in lactac)	3	SL (3 tablets per day.)
turpentine external spirit	1	SL (3 tablets per day.)
VITAMIN C BRIGHTENING SERUM EXTERNAL LIQUID	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (benzoyl peroxide-hyaluronate)	3	SL (3 tablets per day.)
BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin		
calcipotriene external cream 0.005 %	2	SL (3 tablets per day.)
calcipotriene external ointment 0.005 %	2	SL (3 tablets per day.)
calcipotriene external solution 0.005 %	1	SL (60 mL per prescription)
CALCITRENE EXTERNAL OINTMENT 0.005 % (calcipotriene)	3	SL (3 tablets per day.)
DIOOXIA EXTERNAL CREAM 0.005-4 %	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	4	SL (3 tablets per day.)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (collagenase)	3	SL (3 tablets per day.)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (calcipotriene-betameth diprop)	3	SL (3 tablets per day.)
BASIC POWDERS AND DEMULCENTS - Drugs for the Skin		
benzoin compound external tincture	1	SL (3 tablets per day.)
benzoin external tincture	1	SL (3 tablets per day.)
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (clindamycin-tretinoin-cholesty)	3	PA; SL (3 tablets per day.)
KEVARTIA EXTERNAL EMULSION 6-0.05 %	3	
KUTAR EXTERNAL EMULSION 8-0.025 %	3	
KUTARVIA EXTERNAL EMULSION 8-0.025 %	3	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	3	SL (20 grams per prescription.)
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ALA SCALP EXTERNAL LOTION 2 % (hydrocortisone)	4	
alclometasone dipropionate external cream 0.05 %	1	SL (3 tablets per day.)
alclometasone dipropionate external ointment 0.05 %	1	
amcinonide external cream 0.1 %	3	
amcinonide external ointment 0.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)	4	SL (3 tablets per day.)
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)	4	SL (3 tablets per day.)
ANALPRAM-HC EXTERNAL CREAM 1-1 % (hydrocortisone ace-pramoxine)	4	SL (3 tablets per day.)
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (hydrocortisone ace-pramoxine)	3	SL (3 tablets per day.)
anucort-hc rectal suppository 25 mg	2	
ANUSOL-HC EXTERNAL CREAM 2.5 % (hydrocortisone)	4	SL (3 tablets per day.)
APEXICON E EXTERNAL CREAM 0.05 % (diflorasone diacet emoll base)	2	SL (3 tablets per day.)
betamethasone dipropionate aug external cream 0.05 %	1	SL (3 tablets per day.)
betamethasone dipropionate aug external gel 0.05 %	1	SL (3 tablets per day.)
betamethasone dipropionate aug external lotion 0.05 %	3	
betamethasone dipropionate aug external ointment 0.05 %	3	
betamethasone dipropionate external cream 0.05 %	2	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	2	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
budesonide rectal foam 2 mg, 2 mg/act	2	SL (3 tablets per day.)
clobetasol propionate e external cream 0.05 %	2	SL (3 tablets per day.)
clobetasol propionate external cream 0.05 %	2	SL (3 tablets per day.)
clobetasol propionate external gel 0.05 %	2	SL (30 grams per prescription.)
clobetasol propionate external liquid 0.05 %	1	SL (3 tablets per day.)
clobetasol propionate external ointment 0.05 %	2	SL (3 tablets per day.)
clobetasol propionate external solution 0.05 %	1	SL (25 ml per prescription.)
CLOBETAVIX EXTERNAL KIT 0.05 %	3	SL (3 tablets per day.)
clocortolone pivalate external cream 0.1 %	3	ST; SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (flurandrenolide)	3	SL (1 packet per prescription.)
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (hc-pramoxine-chloroxylonol)	4	SL (3 tablets per day.)
CORTENEMA RECTAL ENEMA 100 MG/60ML (hydrocortisone)	4	SL (3 tablets per day.)
CORTIFOAM EXTERNAL FOAM 10 % (hydrocortisone acetate)	2	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (fluocinolone acetonide)	4	SL (3 tablets per day.)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (fluocinolone acetonide)	4	SL (3 tablets per day.)
desonide external cream 0.05 %	2	SL (15 grams per prescription.)
desonide external gel 0.05 %	3	ST; SL (3 tablets per day.)
desonide external lotion 0.05 %	3	SL (3 tablets per day.)
desonide external ointment 0.05 %	2	SL (15 grams per prescription.)
DESOWEN EXTERNAL CREAM 0.05 % (desonide)	3	SL (15 grams per prescription.)
desoximetasone external cream 0.05 %	1	SL (3 tablets per day.)
desoximetasone external cream 0.25 %	1	SL (15 grams per prescription.)
desoximetasone external gel 0.05 %	3	SL (3 tablets per day.)
desoximetasone external ointment 0.05 %	3	SL (3 tablets per day.)
desoximetasone external ointment 0.25 %	3	SL (15 grams per prescription.)
diflorasone diacetate external cream 0.05 %	3	SL (3 tablets per day.)
DIPROLENE EXTERNAL OINTMENT 0.05 % (betamethasone dipropionate aug)	4	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	4	SL (3 tablets per day.)
EPIFOAM EXTERNAL FOAM 1-1 % (pramoxine-hc)	2	
fluocinolone acetonide body external oil 0.01 %	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluocinolone acetonide external cream 0.01 %, 0.025 %	3	SL (15 grams per prescription.)
fluocinolone acetonide external ointment 0.025 %	2	SL (3 tablets per day.)
fluocinolone acetonide external solution 0.01 %	3	SL (3 tablets per day.)
fluocinolone acetonide scalp external oil 0.01 %	3	
fluocinonide emulsified base external cream 0.05 %	1	
fluocinonide external cream 0.05 %	1	
fluocinonide external gel 0.05 %	1	
fluocinonide external ointment 0.05 %	1	
fluocinonide external solution 0.05 %	1	
FLUOXIA EXTERNAL CREAM 0.05-4 %	3	
flurandrenolide external cream 0.05 %	3	ST; SL (3 tablets per day.)
flurandrenolide external lotion 0.05 %	3	ST; SL (3 tablets per day.)
fluticasone propionate external lotion 0.05 %	3	ST; SL (3 tablets per day.)
halcinonide external cream 0.1 %	3	ST; SL (30 grams per prescription.)
halobetasol propionate external cream 0.05 %	2	SL (15 grams per prescription.)
halobetasol propionate external foam 0.05 %	4	SL (3 tablets per day.)
halobetasol propionate external ointment 0.05 %	2	SL (3 tablets per day.)
HALOG EXTERNAL OINTMENT 0.1 % (halcinonide)	3	ST; SL (30 grams per prescription.)
hydrocortisone (perianal) external cream 2.5 %	1	SL (3 tablets per day.)
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	SL (3 tablets per day.)
hydrocortisone acetate rectal suppository 25 mg, 30 mg	2	
hydrocortisone butyrate external cream 0.1 %	1	SL (3 tablets per day.)
hydrocortisone butyrate external ointment 0.1 %	1	SL (3 tablets per day.)
hydrocortisone butyrate external solution 0.1 %	1	SL (3 tablets per day.)
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	SL (3 tablets per day.)
hydrocortisone external ointment 1 %	1	
hydrocortisone external ointment 2.5 %	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone rectal enema 100 mg/60ml	1	SL (3 tablets per day.)
hydrocortisone valerate external cream 0.2 %	2	SL (15 grams per prescription.)
hydrocortisone valerate external ointment 0.2 %	3	SL (3 tablets per day.)
hydrocortisone-iodoquinol external cream 1-1 %	1	SL (3 tablets per day.)
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	SL (3 tablets per day.)
kourzeq mouth/throat paste 0.1 %	1	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
NUCORT EXTERNAL LOTION 2 % (hydrocortisone acetate)	3	
oralone mouth/throat paste 0.1 %	1	SL (3 tablets per day.)
PANDEL EXTERNAL CREAM 0.1 % (hydrocortisone probutate)	3	SL (3 tablets per day.)
PRAMOSONE EXTERNAL CREAM 1-1 % (pramoxine-hc)	2	SL (3 tablets per day.)
PRAMOSONE EXTERNAL CREAM 1-2.5 % (pramoxine-hc)	4	SL (3 tablets per day.)
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (pramoxine-hc)	2	SL (3 tablets per day.)
PRAMOSONE EXTERNAL OINTMENT 1-1 % (pramoxine-hc)	2	SL (3 tablets per day.)
PRAMOSONE EXTERNAL OINTMENT 1-2.5 % (pramoxine-hc)	4	SL (3 tablets per day.)
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	2	
procto-med hc external cream 2.5 %	1	SL (3 tablets per day.)
proctosol hc external cream 2.5 %	1	
proctozone-hc external cream 2.5 %	1	SL (3 tablets per day.)
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (hc & sal acid-sulfur & shampoo)	3	SL (3 tablets per day.)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (calcipotriene-betameth diprop)	3	SL (3 tablets per day.)
TEXACORT EXTERNAL SOLUTION 2.5 % (hydrocortisone)	2	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (desoximetasone)	4	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOPICORT EXTERNAL GEL 0.05 % (desoximetasone)	4	SL (3 tablets per day.)
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (desoximetasone)	4	SL (3 tablets per day.)
triamcinolone acetonide external aerosol solution 0.147 mg/gm	2	SL (3 tablets per day.)
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	SL (3 tablets per day.)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide mouth/throat paste 0.1 %	1	
triderm external cream 0.5 %	1	SL (15 grams per prescription.)
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (ketoconazole-hydrocortisone)	3	
DEPIGMENTING AGENTS - Drugs for the Skin		
KEVARTIA EXTERNAL EMULSION 6-0.05 %	3	
KUTAR EXTERNAL EMULSION 8-0.025 %	3	
KUTARVIA EXTERNAL EMULSION 8-0.025 %	3	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS - Drugs for the Skin		
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (benzoyl perox-salicyl ac-vit e)	3	SL (3 tablets per day.)
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (benzoyl perox-salicyl ac-vit e)	3	SL (3 tablets per day.)
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (benzoyl peroxide-vitamin e)	3	SL (3 tablets per day.)
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ciclodan external solution 8 %	1	SL (3 tablets per day.)
ciclopirox external gel 0.77 %	1	
ciclopirox external shampoo 1 %	2	
ciclopirox external solution 8 %	1	SL (3 tablets per day.)
ciclopirox olamine external cream 0.77 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ciclopirox olamine external suspension 0.77 %	1	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
IMMUNOMODULATORY AGENT(S) - Drugs for the Skin		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (tralokinumab-ldrm)	2	PA; M; SL (3 tablets per day.); SMCS; SP
HYFTOR EXTERNAL GEL 0.2 % (sirolimus)	4	PA; SL (10 g per 23 days.)
NUJO EXTERNAL SOLUTION 0.1 %	3	
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	4	
sirolimus oral solution 1 mg/ml	2	SL (3 tablets per day.)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (risankizumab-rzaa)	2	PA; M; SL (1 ml per 63 days.); SMCS; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (risankizumab-rzaa)	2	PA; M; SL (1 ml per 63 days.); SMCS; SP
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (spesolimab-sbzo)	4	PA; SL (2 prefilled syringes per month.); SMCS; SP
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (guselkumab)	2	PA; M; SL (3 tablets per day.); SMCS; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (guselkumab)	2	PA; M; SL (3 tablets per day.); SMCS; SP
JANUS KINASE INHIBITORS - Drugs for the Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
KERATOLYTIC AGENTS - Drugs for the Skin		
acitretin oral capsule 10 mg	1	SL (3 tablets per day.)
acitretin oral capsule 17.5 mg, 25 mg	1	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (sulfacetamide sodium-sulfur)	4	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (sulfacetamide sodium-sulfur)	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 % (sulfacetamide sodium-sulfur)	3	
AVAR-E LS EXTERNAL CREAM 10-2 % (sulfacetamide sodium-sulfur)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVIDOXY DK COMBINATION KIT 100 MG (doxycycline-sunscreen-sal acid)	3	SL (3 tablets per day.)
bp 10-1 external emulsion 10-1 %	1	SL (3 tablets per day.)
EXODERM EXTERNAL LOTION 25-1 % (sod thiosulfate-salicylic acid)	3	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (salicylic acid-lactic acid)	2	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
HYDRO 40 EXTERNAL FOAM 40 % (urea)	3	SL (3 tablets per day.)
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (benzoyl perox-salicyl ac-vit e)	3	SL (3 tablets per day.)
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (benzoyl perox-salicyl ac-vit e)	3	SL (3 tablets per day.)
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % (ketoconazole-urea)	3	
PRONAL EXTERNAL GEL 40-10 % (urea-lactic acid)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
RAYASAL EXTERNAL CREAM 5.9 %	3	
SALICATE EXTERNAL LIQUID 10 % (salicylic acid)	3	SL (3 tablets per day.)
salicylic acid external solution 26 %	1	SL (3 tablets per day.)
SALIMEZ EXTERNAL CREAM 6 %	3	SL (3 tablets per day.)
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (salicylic acid-urea in lactac)	3	SL (3 tablets per day.)
SALYCIM EXTERNAL CREAM 6 % (salicylic acid)	3	SL (3 tablets per day.)
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (hc & sal acid-sulfur & shampoo)	3	SL (3 tablets per day.)
sss 10-5 external cream 10-5 %	1	SL (3 tablets per day.)
SSS 10-5 EXTERNAL FOAM 10-5 %	3	SL (3 tablets per day.)
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	SL (3 tablets per day.)
sulfacetamide sodium-sulfur external lotion 10-5 %	1	SL (3 tablets per day.)
sulfacetamide sodium-sulfur external suspension 10-5 %	1	SL (3 tablets per day.)
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	
sulfamez wash external emulsion 10-1 %	1	SL (3 tablets per day.)
SUMAXIN EXTERNAL PAD 10-4 % (sulfacetamide sodium-sulfur)	4	SL (3 tablets per day.)
urea external cream 20 %, 45 %	1	SL (3 tablets per day.)
urea external cream 40 %	1	
urea external lotion 40 %	1	
urea nail external gel 45 %	1	SL (3 tablets per day.)
UREMEZ-40 EXTERNAL CREAM 40 %	3	SL (3 tablets per day.)
KERATOPLASTIC AGENTS - Drugs for the Skin		
coal tar external solution 20 %	1	SL (3 tablets per day.)
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	SL (45 grams per prescription)
benzalkonium chloride external solution	2	SL (3 tablets per day.)
benzalkonium chloride external solution 50 %	1	SL (3 tablets per day.)
BENZAMYCIN EXTERNAL GEL 5-3 % (benzoyl peroxide-erythromycin)	2	SL (23.3 grams per prescription.)
benzoyl peroxide-erythromycin external gel 5-3 %	1	SL (3 tablets per day.)
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (hc-pramoxine-chloroxylonol)	4	SL (3 tablets per day.)
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (sulfuric acid-sulf phenolics)	2	SL (3 tablets per day.)
FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid-oxyquinoline)	4	
hydrocortisone-iodoquinol external cream 1-1 %	1	SL (3 tablets per day.)
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (benzoyl perox-salicyl ac-vit e)	3	SL (3 tablets per day.)
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (benzoyl perox-salicyl ac-vit e)	3	SL (3 tablets per day.)
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (benzoyl peroxide-vitamin e)	3	SL (3 tablets per day.)
iodine tincture external tincture 2 %	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	SL (3 tablets per day.)
mafenide acetate external packet 5 %	3	SL (3 tablets per day.)
neuac external gel 1.2-5 %	3	SL (3 tablets per day.)
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	4	SL (3 tablets per day.)
periogard mouth/throat solution 0.12 %	1	
selenium sulfide external lotion 2.5 %	1	SL (3 tablets per day.)
SILVADENE EXTERNAL CREAM 1 % (silver sulfadiazine)	4	SL (3 tablets per day.)
silver sulfadiazine external cream 1 %	1	SL (3 tablets per day.)
ssd external cream 1 %	1	SL (3 tablets per day.)
SULFAMYLON EXTERNAL CREAM 85 MG/GM (mafenide acetate)	3	
SULFAMYLON EXTERNAL PACKET 5 % (mafenide acetate)	4	SL (3 tablets per day.)
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (ketoconazole & pyrithione zinc)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (ketoconazole & pyrithione zinc)	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (benzoyl peroxide-hyaluronate)	3	SL (3 tablets per day.)
ZACLIR CLEANSING EXTERNAL LOTION 8 %	3	SL (3 tablets per day.)
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
diclofenac sodium external gel 3 %	2	PA; SL (100 grams per prescription.)
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA; SL (3 tablets per day.)
ENOVARX-IBUPROFEN EXTERNAL CREAM 10 %	3	PA
ENOVARX-NAPROXEN EXTERNAL CREAM 10 %	3	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA; SL (3 tablets per day.)
FROTEK EXTERNAL CREAM 10 % (ketoprofen)	3	PA; SL (3 tablets per day.)
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (ketoprofen-baclofen-gabap-lido)	3	PA; SL (3 tablets per day.)
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	SL (3 tablets per day.)
VP FC KIT EXTERNAL CREAM	3	PA; SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA; SL (3 tablets per day.)
OXABOROLES - Drugs for the Skin		
tavaborole external solution 5 %	3	PA; ST; SL (3 tablets per day.)
PIGMENTING AGENTS - Drugs for the Skin		
methoxsalen rapid oral capsule 10 mg	1	SL (3 tablets per day.)
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
klayesta external powder 100000 unit/gm	1	SL (3 tablets per day.)
nyamyc external powder 100000 unit/gm	1	SL (120 grams per prescription.)
nystatin external cream 100000 unit/gm	1	SL (90 grams per prescription.)
nystatin external ointment 100000 unit/gm	1	SL (3 tablets per day.)
nystatin external powder 100000 unit/gm	1	SL (120 grams per prescription.)
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	2	SL (3 tablets per day.)
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	2	
nystop external powder 100000 unit/gm	1	SL (120 grams per prescription.)
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
AVEIDA EXTERNAL GEL 1-1 %	3	
CROTAN EXTERNAL LOTION 10 % (crotamiton)	3	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
malathion external lotion 0.5 %	1	SL (3 tablets per day.)
OVIDE EXTERNAL LOTION 0.5 % (malathion)	4	SL (3 tablets per day.)
permethrin external cream 5 %	1	
SOOLANTRA EXTERNAL CREAM 1 % (ivermectin)	4	SL (45 grams per prescription.)
spinosad external suspension 0.9 %	3	SL (3 tablets per day.)
sulfurated lime external solution	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM 8-4-10-4 % (amantad-amitrip-gabap-cycloben)	3	PA; SL (3 tablets per day.)
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	SL (3 tablets per day.)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (tralokinumab-ldrm)	2	PA; M; SL (3 tablets per day.); SMCS; SP
AKLIEF EXTERNAL CREAM 0.005 % (trifarotene)	4	PA; SL (45 grams per prescription.)
ALEVAMAX EXTERNAL CREAM	3	SL (3 tablets per day.)
AMELUZ EXTERNAL GEL 10 % (aminolevulinic acid hcl)	3	SL (3 tablets per day.)
amnestem oral capsule 10 mg, 20 mg, 40 mg	2	
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (fibrin sealant component)	3	
ARTISS EXTERNAL SOLUTION (fibrin sealant component)	3	
AZELEX EXTERNAL CREAM 20 % (azelaic acid)	3	SL (30 grams per prescription.)
B & C EXTERNAL OINTMENT	3	
balsam peru-castor oil external ointment	1	
bexarotene external gel 1 %	3	SL (3 tablets per day.); SMCS; SP
brimonidine tartrate external gel 0.33 %	3	PA; SL (3 tablets per day.)
calcipotriene external ointment 0.005 %	2	SL (3 tablets per day.)
calcipotriene external solution 0.005 %	1	SL (60 mL per prescription)
CALCITRENE EXTERNAL OINTMENT 0.005 % (calcipotriene)	3	SL (3 tablets per day.)
calcitriol external ointment 3 mcg/gm	1	SL (3 tablets per day.)
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (clindamycin-tretinoin-cholesty)	3	PA; SL (3 tablets per day.)
CONDYLOX EXTERNAL GEL 0.5 % (podofilox)	4	
COPASIL EXTERNAL GEL (scar treatment products)	3	PA; SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.072 mL per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.036 mL per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (secukinumab)	3	PA; ST; M; SL (0.018 ml per day.); SMCS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.072 mL per day.); SMCS; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.036 mL per day.); SMCS; SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (secukinumab)	3	PA; ST; SL (0.072 ml per day.); SMCS; SP
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
DERMASO PLUS EXTERNAL CREAM (dermatological products, misc.)	3	SL (3 tablets per day.)
DIOOXIA EXTERNAL CREAM 0.005-4 %	3	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA; SL (3 tablets per day.)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (dupilumab)	2	PA; M; SL (0.09 ml per day.); SMCS; SP
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (dupilumab)	2	PA; M; SL (0.15 ml per day.); SMCS; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (dupilumab)	2	PA; M; SL (0.15 ml per day.); SMCS; SP
EFUDEX EXTERNAL CREAM 5 % (fluorouracil)	4	
ENOVARX-TRAMADOL EXTERNAL CREAM 5 %	3	PA
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	4	SL (3 tablets per day.)
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA; SL (3 tablets per day.)
FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid-oxyquinoline)	4	
FINACEA EXTERNAL FOAM 15 % (azelaic acid)	4	SL (3 tablets per day.)
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	SL (3 tablets per day.)
FLUOXIA EXTERNAL CREAM 0.05-4 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HALUCORT EXTERNAL GEL (dermatological products, misc.)	3	PA
HYFTOR EXTERNAL GEL 0.2 % (sirolimus)	4	PA; SL (10 g per 23 days.)
imiquimod external cream 5 %	1	SL (3 tablets per day.)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (ketoprofen-baclofen-gabap-lido)	3	PA; SL (3 tablets per day.)
KLISYRI EXTERNAL OINTMENT 1 % (tirbanibulin)	4	ST; SL (5 units per prescription)
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (aminolevulinic acid hcl)	3	SL (3 tablets per day.)
LITFULO ORAL CAPSULE 50 MG (ritlecitinib tosylate)	3	PA; SL (1 capsule per day.); SMCS; SP
MEDERMA SPF 30 EXTERNAL CREAM (scar treatment products)	3	PA
MIRVASO EXTERNAL GEL 0.33 % (brimonidine tartrate)	2	PA; SL (30 grams per prescription.)
NEOSALUS EXTERNAL CREAM (dermatological products, misc.)	3	
nitroglycerin rectal ointment 0.4 %	3	SL (30 grams per month.)
NUJO EXTERNAL SOLUTION 0.1 %	3	
OPZELURA EXTERNAL CREAM 1.5 % (ruxolitinib phosphate)	4	PA; SL (3 tablets per day.); SMCS; SP
OTEZLA ORAL TABLET 30 MG (apremilast)	2	PA; SL (3 tablets per day.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	2	PA; SL (3 tablets per day.); SMCS; SP
PANRETIN EXTERNAL GEL 0.1 % (alitretinoin)	3	SL (3 tablets per day.)
PHEOXIA EXTERNAL CREAM 2-4 %	3	
pimecrolimus external cream 1 %	3	SL (3 tablets per day.)
PODOCON-25 EXTERNAL SOLUTION 25 % (podophyllum resin)	3	
podofilox external gel 0.5 %	3	
podofilox external solution 0.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
RECTIV RECTAL OINTMENT 0.4 % (nitroglycerin)	4	SL (3 tablets per day.)
REGRANEX EXTERNAL GEL 0.01 % (becaplermin)	2	PA; SL (3 tablets per day.)
REMIGEN EXTERNAL CREAM	3	SL (3 tablets per day.)
RHOFADE EXTERNAL CREAM 1 % (oxymetazoline hcl)	4	PA; SL (3 tablets per day.)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (collagenase)	3	SL (3 tablets per day.)
SCARCIN EXTERNAL CREAM	3	PA; SL (3 tablets per day.)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (risankizumab-rzaa)	2	PA; M; SL (1 ml per 63 days.); SMCS; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (risankizumab-rzaa)	2	PA; M; SL (1 ml per 63 days.); SMCS; SP
SOTYKTU ORAL TABLET 6 MG (deucravacitinib)	4	PA; ST; SL (1 tablet per day.); SMCS; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (ustekinumab)	2	PA; M; SL (3 tablets per day.); SMCS; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (ustekinumab)	2	PA; M; SL (3 tablets per day.); SMCS; SP
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (calcipotriene-betameth diprop)	3	SL (3 tablets per day.)
tacrolimus external ointment 0.03 %, 0.1 %	2	SL (3 tablets per day.)
tazarotene external cream 0.1 %	3	PA; SL (3 tablets per day.)
tazarotene external gel 0.05 %	3	PA; SL (3 tablets per day.)
tazarotene external gel 0.1 %	3	PA; SL (30 grams per prescription.)
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (tazarotene)	4	PA; SL (30 grams per prescription.)
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (tazarotene)	4	PA; SL (30 grams per prescription.)
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (fibrin sealant component)	3	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (guselkumab)	2	PA; M; SL (3 tablets per day.); SMCS; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (guselkumab)	2	PA; M; SL (3 tablets per day.); SMCS; SP

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	SL (3 tablets per day.)
VALCHLOR EXTERNAL GEL 0.016 % (mechlorethamine hcl (topical))	2	PA; SL (3 tablets per day.); SMCS; SP
VENELEX EXTERNAL OINTMENT (balsam peru-castor oil)	3	SL (3 tablets per day.)
VEREGEN EXTERNAL OINTMENT 15 % (sinecatechins)	3	ST; SL (3 tablets per day.)
VP FC KIT EXTERNAL CREAM	3	PA; SL (3 tablets per day.)
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA; SL (3 tablets per day.)
VTAMA EXTERNAL CREAM 1 % (tapinarof)	4	PA; SL (60 grams per prescription.)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	SL (3 tablets per day.)
ZORYVE EXTERNAL CREAM 0.3 % (roflumilast)	4	PA; SL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (roflumilast (antiseborrheic))	4	PA; SL (60 grams per prescription.)
SUNSCREEN AGENTS - Drugs for the Skin		
AVIDOXY DK COMBINATION KIT 100 MG (doxycycline-sunscreen-sal acid)	3	SL (3 tablets per day.)
THIOCARBAMATES(SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
MYCOZYL AL EXTERNAL SOLUTION 1 % (tolnaftate)	3	SL (3 tablets per day.)
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
flavoxate hcl oral tablet 100 mg	1	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg	2	SL (3 tablets per day.)
oxybutynin chloride er oral tablet extended release 24 hour 15 mg, 5 mg	2	
oxybutynin chloride oral solution 5 mg/5ml	1	SL (3 tablets per day.)
oxybutynin chloride oral tablet 2.5 mg	3	SL (3 tablets per day.)
oxybutynin chloride oral tablet 5 mg	1	
solifenacin succinate oral tablet 10 mg, 5 mg	2	
tolterodine tartrate oral tablet 1 mg	3	SL (3 tablets per day.)
tolterodine tartrate oral tablet 2 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tropium chloride oral tablet 20 mg	3	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
elixophyllin oral elixir 80 mg/15ml	3	SL (3 tablets per day.)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	SL (3 tablets per day.)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	SL (3 tablets per day.)
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	SL (3 tablets per day.)
theophylline oral elixir 80 mg/15ml	1	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	SL (3 tablets per day.)
ATABEX OB ORAL TABLET 29-1 MG (prenatal vit w/ fe bisg-fa)	3	SL (3 tablets per day.)
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (prenat-fecb-fefum-fa-dha w/o a)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (prenatal vit-iron carbonyl-fa)	3	
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa-omega)	3	SL (3 tablets per day.)
M-NATAL PLUS ORAL TABLET 27-1 MG	3	SL (3 tablets per day.)
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	SL (3 tablets per day.)
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	SL (3 tablets per day.)
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	SL (3 tablets per day.)
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	SL (3 tablets per day.)
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	SL (3 tablets per day.)
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	SL (3 tablets per day.)
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	SL (3 tablets per day.)
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEONATAL 19 ORAL TABLET 1 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG	3	SL (3 tablets per day.)
NEONATAL COMPLETE ORAL TABLET 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (prenat-fe-methylfol-dha w/o a)	3	SL (3 tablets per day.)
NESTABS ORAL TABLET 32-1 MG (prenat-fe bisgly-fa-w/o vit a)	3	SL (3 tablets per day.)
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	SL (3 tablets per day.)
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (ped multivitamins-fl-iron)	3	SL (3 tablets per day.)
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (ped multivitamins-fl-iron)	3	SL (3 tablets per day.)
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa-ginger)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	SL (3 tablets per day.)
prenatal oral tablet 27-1 mg	1	SL (3 tablets per day.)
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	SL (3 tablets per day.)
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (prenatal-feaspgly-methylfol-fa)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (prenat mv-min-methylfolate-fa)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATOL-M ORAL TABLET 27-1.2 MG (prenatal vit-fe fumarate-fa)	3	SL (3 tablets per day.)
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (pren-fe-meth-fa-omeg w/o a)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (pediatric multivitamins-fl)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins-fl)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	SL (3 tablets per day.)
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (prenatal vit-fe psac cmplx-fa)	4	
TRINATE ORAL TABLET (prenatal vit-fe fumarate-fa)	3	SL (3 tablets per day.)
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (ped vit a-c-d-methylfolate-fl)	3	SL (3 tablets per day.)
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	SL (3 tablets per day.)
VINATE ONE ORAL TABLET 60-1 MG (prenatal vit-fe fumarate-fa)	3	SL (3 tablets per day.)
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL STRIPS ORAL FILM 1 MG (prenatal-b6-b12-d3-folic acid)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (prenatal-fe fum-methf-fa w/o a)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (prenat w/o a-fe-methfol-fa-dha)	3	SL (3 tablets per day.)
vitamins acd-fluoride oral solution 0.25 mg/ml	1	SL (3 tablets per day.)
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (prenat-fefum-fered-fa-dha w/oa)	3	SL (3 tablets per day.)
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	4	SL (3 tablets per day.)
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	SL (3 tablets per day.)
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	SL (3 tablets per day.)
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	SL (3 tablets per day.)
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	SL (3 tablets per day.)
VITAMIN A		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	SL (3 tablets per day.)
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (ped vit a-c-d-methylfolate-fl)	3	SL (3 tablets per day.)
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	SL (3 tablets per day.)
vitamins acd-fluoride oral solution 0.25 mg/ml	1	SL (3 tablets per day.)
VITAMIN B COMPLEX		
ATABEX OB ORAL TABLET 29-1 MG (prenatal vit w/ fe bisg-fa)	3	SL (3 tablets per day.)
CALCIFOL ORAL WAFER 1342-1.6 MG (ca carb-fa-d-b6-b12-boron-mg)	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (prenat-fecb-fefum-fa-dha w/o a)	3	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	M
cyanocobalamin nasal solution 500 mcg/0.1ml	3	M; SL (3 tablets per day.)
DODEX INJECTION SOLUTION 1000 MCG/ML (cyanocobalamin)	4	M
drosipren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	4	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELITE-OB ORAL TABLET 50-1.25 MG (prenatal vit-iron carbonyl-fa)	3	
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa-omega)	3	SL (3 tablets per day.)
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg	E	H
folic acid oral tablet 800 mcg	E	SL (3 tablets per day.); H
hematinic/folic acid oral tablet 324-1 mg	1	SL (3 tablets per day.)
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	SL (3 tablets per day.)
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	SL (3 tablets per day.)
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	SL (3 tablets per day.)
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	SL (3 tablets per day.)
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	SL (3 tablets per day.)
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	SL (3 tablets per day.)
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	SL (3 tablets per day.)
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (cyanocobalamin)	3	M; SL (3 tablets per day.)
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG	3	SL (3 tablets per day.)
NEONATAL COMPLETE ORAL TABLET 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (prenat-fe-methylfol-dha w/o a)	3	SL (3 tablets per day.)
NESTABS ORAL TABLET 32-1 MG (prenat-fe bisgly-fa-w/o vit a)	3	SL (3 tablets per day.)
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	SL (3 tablets per day.)
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa-ginger)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
prenatal oral tablet 27-1 mg	1	SL (3 tablets per day.)
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	SL (3 tablets per day.)
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (prenatal-feasp-gly-methylfol-fa)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (prenat-mv-min-methylfolate-fa)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATOL-M ORAL TABLET 27-1.2 MG (prenatal vit-fe fumarate-fa)	3	SL (3 tablets per day.)
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (pren-fe-meth-fa-omeg w/o a)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	SL (3 tablets per day.)
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (prenatal vit-fe psac cmlx-fa)	4	
TRINATE ORAL TABLET (prenatal vit-fe fumarate-fa)	3	SL (3 tablets per day.)
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (ped vit a-c-d-methylfolate-fl)	3	SL (3 tablets per day.)
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
TRUE FOLIC ACID ORAL TABLET 400 MCG	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tydemy oral tablet 3-0.03-0.451 mg	4	SL (3 tablets per day.); H
VINATE ONE ORAL TABLET 60-1 MG (prenatal vit-fe fumarate-fa)	3	SL (3 tablets per day.)
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (prenatal-fe fum-methf-fa w/o a)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (prenat w/o a-fe-methfol-fa-dha)	3	SL (3 tablets per day.)
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (prenat-fefum-fered-fa-dha w/oa)	3	SL (3 tablets per day.)
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	4	SL (3 tablets per day.)
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	SL (3 tablets per day.)
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	SL (3 tablets per day.)
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	SL (3 tablets per day.)
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	SL (3 tablets per day.)
VITAMIN C		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	SL (3 tablets per day.)
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (peg-kcl-nacl-nasulf-na asc-c)	3	SL (3 tablets per day.)
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	3	SL (3 tablets per day.)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	3	SL (1 kit per prescription.)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (peg-kcl-nacl-nasulf-na asc-c)	3	SL (3 tablets per day.)
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (ped vit a-c-d-methylfolate-fl)	3	SL (3 tablets per day.)
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
vitamins acd-fluoride oral solution 0.25 mg/ml	1	SL (3 tablets per day.)
VITAMIN D		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	SL (3 tablets per day.)
CALCIFOL ORAL WAFER 1342-1.6 MG (ca carb-fa-d-b6-b12-boron-mg)	3	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
doxercalciferol oral capsule 0.5 mcg	1	
doxercalciferol oral capsule 1 mcg, 2.5 mcg	1	SL (3 tablets per day.)
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (ergocalciferol)	4	SL (3 tablets per day.)
ergocalciferol oral capsule 1.25 mg (50000 ut)	1	SL (3 tablets per day.)
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (sodium fluoride-vitamin d)	3	SL (3 tablets per day.)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (alendronate-cholecalciferol)	3	
paricalcitol oral capsule 1 mcg, 2 mcg	1	SL (3 tablets per day.)
paricalcitol oral capsule 4 mcg	1	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (calcitriol)	4	SL (3 tablets per day.)
ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)	4	SL (3 tablets per day.)
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (ped vit a-c-d-methylfolate-fl)	3	SL (3 tablets per day.)
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	SL (3 tablets per day.)
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	SL (3 tablets per day.)
vitamins acd-fluoride oral solution 0.25 mg/ml	1	SL (3 tablets per day.)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)	4	
VITAMIN E		
wheat germ oil oral oil	1	SL (3 tablets per day.)
VITAMIN K ACTIVITY		
phytonadione oral tablet 5 mg	3	SL (3 tablets per day.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

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